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BJA Report: Drug Courts May Be an Effective Tool for Communities Facing Methamphetamine Problems

Methamphetamine use is a growing problem in many parts of the United States, overwhelming the resources of not only drug treatment programs but also the criminal justice system.* Drug courts—which were first implemented in the early 1980s to provide treatment for cocaine- and heroin-addicted offenders—are now being used in several states to adjudicate methamphetamine-using offenders, according to a recent report from the Bureau of Justice Assistance (BJA). Drug courts can be effective with this population because they provide increased accountability, supervision, monitoring, and structure. They are also an ideal setting for providing comprehensive, long-term, and evidence-based treatment specific to methamphetamine abuse. For example, drug courts can provide services for methamphetamine addicts that are more intensive and longer in duration than those received by offenders addicted to other drugs. The BJA report, available online at http://www.ncjrs.gov/pdffiles1/bja/209549.pdf, offers the following recommendations for existing drug courts planning to target a methamphetamine-using population.

- Make sure that community supervision strategies include random, unannounced home visits and drug testing, using probation and law enforcement officers who are trained in detecting methamphetamine laboratories and use.
- Increase the frequency of drug court status hearings (e.g., weekly) for the first 90 days of the program to increase the methamphetamine user's accountability.
- Set short-term treatment compliance and abstinence goals and provide positive reinforcements (e.g., public praise, vouchers for goods or services, free dental care) when these goals are achieved.
- Ensure that treatment services are longer, evidence-based, and relevant to the methamphetamine-using population. Offer stimulant abuse-specific strategies and use cognitive-behavioral treatment modalities, including treatment for co-occurring mental health disorders.
- Provide total service coordination and comprehensive case management during treatment. Provide physical health, comprehensive relapse prevention, community reinforcement, and continuing care and aftercare services before discharge. Maintain monthly telephone contact and provide ongoing alumni with support meetings after discharge.

*See CESAR, *The Developing Methamphetamine Problem: Selected Publications,1996-2005*, 2005 (http://www.cesar.umd.edu/cesar/pubs/20050801.pdf) for more information on methamphetamine use and related-consequences.

SOURCE: Adapted by CESAR from Bureau of Justice Assistance, U.S. Department of Justice. *Drug Courts: An Effective Strategy for Communities Facing Methamphetamine*, 2005.

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