

Kishore: The 'middle ground': Drug courts

By P.S. Kishore, M.D./Guest columnist

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Should drugs be legalized in the United States? It is a debate that has raged for decades. Human nature being what it is, we are drawn to clean and simple answers. Shades of gray are unsatisfying, so we prefer to make a definitive choice. Like drugs, it feels good - for a while. But until fundamental changes are made in the way this country approaches drug use and drug users, the "legalize or don't legalize" question needs to be placed on the back burner.

Those opposing legalization generally view the issue in legal terms: drug abusers break the law, therefore they should be penalized. It takes addicts off the streets, at least for a short time. But the fact is that while they are incarcerated, they do not receive the treatment needed to cure their disease. Soon enough they're back on the streets with the same problem.

For those favoring legalization, the "solution" is to provide social groups, such as Narcotics Anonymous, to help substance abusers treat their addictions. But that approach has its own drawbacks.

Social groups don't account for the uniqueness of the human genome: They provide uniform treatment to all addicts. Each individual will have a substantially different reaction to different alcohol and drug substances which enter his/her body, since no two people have the same biological, psychological, social or spiritual make-up. A treatment program that works for one individual may not work for another.

Given the drawbacks of each approach, society has sought a middle ground incorporating both treatment and legal sanctions. It has found it in a system that is a model of institutionalized "tough love": drug courts.

First established in Miami Dade County in Florida in 1989, there are now more than 1,700 drug courts in the United States. Taking the form of adult, juvenile and family and driving while intoxicated courts, they place substance abusers under strict court monitoring and community supervision, while providing them with effective, long-term treatment services.

Instead of going to jail, the participant undergoes intense treatment, testing and probation supervision, while reporting to status hearings before a judge who has expertise in the drug court system. In some cases, job and life-skill training and family counseling is offered.

However, in keeping with the middle-ground approach, the "stay out of jail card" that offenders receive while under treatment is not irrevocable. If an individual commits a crime while in the program, the judge can send them to jail.

In Massachusetts, drug courts are open to convicted drug offenders who have no record of violence or gun offenses. More than 1,200 drug offenders are enrolled in drug court sessions, which are in about half of the state's 62 district courts.

The system has its critics here. For example, some object to the fact that judges can conduct case reviews in which they can monitor individuals' activities privately as opposed to open court sessions.

Indeed, the system is not perfect. There is no trained medical staff present in drug courts for hearings and probation sentences. There also should be sessions for diverse treatment groups based on drugs of choice, age groups, family and victim support groups and gender.

But there is a clear national consensus that drug courts have been very effective overall. In a February 2005 report, the Government Accountability Office said that adult drug court programs were found to reduce crime by lowering re-arrest and conviction rates among drug court graduates.

The state pays for the program, but like so many worthwhile programs in this tough economy, there are no sacred cows. However, it is to be hoped that the drug court system in Massachusetts receives the funding it needs, because this is one program that is working for all of us.

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