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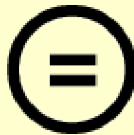
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Master's Degree Thesis

A Critical Review on the System of a Drug
Court in the United States

2013

Oh, Seong Kook

Major in Addiction Studies

Dept. of Addiction and Rehabilitation

Graduate School of Public Administration

Hansung University

Master's Degree Thesis

Academic Adviser, Ph. D., SungKwan Cho

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ABSTRACT

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This study was designed to show American drug court to Korean criminal justice system for the treatment and rehabilitation programs of drug-involved personnel. Drug courts have proliferated at remarkable rates, to over 2700 drug courts by Dec. 2011 since the first drug court was established in Dade county, Florida in 1989 as an alternative to the traditional, adversarial prosecution of individuals who use or abuse drugs. Literature has shown that drug courts are generally effective for reducing recidivism, drug use and low operational cost in correctional institution although they have the pros and the cons as to the statistical reliability. Therefore, this study reviews American drug court to provide the best alternatives to drug-depending personnel.

* **KEYWORDS.** drug court, recidivism rate, substance addiction, prevention, criminal justice system, rehabilitation

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I. Introduction

1. Problems

Social and political problems associated with drugs in the United States pose big issues such as political and social policies for us (Kim, 2007 : 21-198). For them, we are in need of looking into demographic characteristics for drug population, is related to a drug treatment court as well. Once the drug court begins to take care of drug users, what isn't working will quickly become deleted and must be adjusted or modified. All key personnel related to the drug courts including drug offenders will change for education, treatment, and rehabilitation over time. Experience will bring growth and expansion. Mechanism has to already be in place to address these challenges (OJP, 1997 : 8). Although drug courts are not a one-size-fits-all program for all of drug-involved offenders, they may be available for drug users only at least (Listwan, 2009 : 639). Whereas some studies have found that drug courts are effective in reducing recidivism rates, others have found a null effect and the others have also reached to the conclusion that participation in drug courts was associated with increased rates of recidivism (Shaffer, 2006 : 3-4).

According to Bonta's view (2002) on this matter, he poses that people learn "criminal behavior through complex interactions between emotional, cognitive, personality, and biological factors and environmental reward-cost contingencies." For instance, the variables strongly correlated with recidivism for female offenders are known as criminal histories, antisocial personalities, antisocial attitudes, and social supports for crime (Holtfreter, 2007 : 365). Demographical traits are being considered for drug-related

personnel such as children, juveniles, men, females, and the elderly in order to take care of the problem drugs, or marijuana, cannabis, cocaine, opiate, and synthetic drug, ecstasy, LSD, amphetamine, methamphetamine, a new type of drug, and the like(Bath Salt, JWH-122, 210). Drug court personnel are overwhelmingly male, have limited employment and educational achievements, fairly extensive criminal records, and prior to failed treatments. Drug offenders generally use cocaine or crack (Belenko, 2001 : 19-20).

First of all, research has shown for children that in general, abused or neglected children are likely candidates for delinquency and adult criminality but the relationship between child maltreatment and subsequent drug or alcohol misuse is unclear. Also, research examined the connection between childhood maltreatment and later arrest, such as adult arrest, for alcohol and drug-related offenses. The finding indicated that childhood maltreatment is a significant predictor of adult arrests for alcohol and/or drug-related offenses whereas there is no significant relationship between childhood victimization and juvenile arrest for alcohol and other drugs(Ireland, 1995 : 1-3). For reference, they have five reasons to use alcohol and other drug: to feel grownup, to fit in and belong, to relax and feel good, to take risks and rebel, and to satisfy curiosity.

Children like to imitate adults' behaviors to feel grownup, which also means freedom, such as their making decision, driving a car, having a baby, and so forth. And the reason on relaxing and feeling good is to reduce stress in children's life. This is that children want to feel good when using illicit substance and to relax with their friends using illegal substance. Finally, children say that taking a risk and rebelling against adults are to play a hero generally and satisfying curiosity is one of

various traits for children to use illicit substance, or alcohol and other drugs(U.S. Department of Education, Official of Educational Research and Improvement, 2002 : 1-29).

Second, to date, there have been many types of juvenile using substance worldwide involving Korean cases(Joo, 2002 : 272-296). According to McCollister's and others' studies on drug courts for juvenile, almost 80% of juveniles under arrest has addictive substance problems, drug law violations, positive responses for drug test in arresting, and under influence of drugs and/or alcohol the time when they commit the offense(s). Drug users including juveniles have steadily increased in the United States, For instance, by age 13, 50% of American teenagers says that they are able to buy marijuana while 43% of them says that they can buy acid, cocaine, or heroin(McCollister, 2009 : 112-125).

An empirical study in 1996 for the grade 10th showed that there are three correlated higher-order dimensions of behavior with drug: alcohol use and sociability; deviant behavior, including drug-use other than alcohol; and rebelliousness(Hays, 1996 : 295-300). National Highway Traffic Safety Administration says for the deviant behavior as one of the high correlations among them that frequent alcohol use carries serious public health implications and accidents are the leading causes of death among young people and alcohol use is involved in most teenage accidents(U.S. National Highway Traffic Safety Administration, Department of Transportation, March 1997 : 3). According to many reviews' findings on substances and violences, research shows that methamphetamine and violence is methodologically problematic and limited merely to a vast accumulation of findings from correlational studies and some evidence from experimental studies. There are still outcomes to find that

methamphetamine is associated with violent behavior even if the nature of this relation remains poorly understood largely because of methodological shortcomings(Tyner, 2008 : 285-287).

There are a variety of prevention on alcohol and other drugs for juveniles at schools. Alcohol and other drugs prevention for Community College students claims special challenges. The challenges include the following five key elements related to the prevention of alcohol and other drugs for the community college students: Clear Policies, Policy Enforcement, Education, Intervention and Referral for treatment, Campus Assessment and Program Evaluation(Ryan, 1998 : 9-32). An example also shows for the prevention of Greek university students that there are six principle AOD the prevention programs: Information dissemination; providing alternatives to drinking and drug use; problem identification and referral; education; community-based activities; and efforts to change the environment (Enos, 1996 : 2-5).

Third, women have peculiar attributes to demographical characteristics. Female offenders often have histories of drug abuse, mental health issues, and lack education, and possess limited employment skills. Sexual abuse as a child and victimization as an adult are also common to women offenders(Holtfreter, 2007 : 367). According to 2007 Federal Bureau of Investigation, drug-abusing women nationwide have been social issues that they are past trauma and abuse, mental health, family and intimate relationship, and for some, poverty of greed. Due to the issues, the unique treatment needs should be required for women. Although drug courts have been found to diminish recidivism rates, relatively little is known about the efficacy of this model for women on drug court success.

A study found that they were also significantly more likely to successfully complete the program when compared to men although women were significantly more likely to self-report depression, anxiety, and the use of prescription medication for mental health issues. Women were more likely to graduate if women-focused services were offered through the drug court. Some studies have presented graduation rates from 35% to 54% but others have varied from as low as 1% to as high as 70%(Wolfe, 2002 : 1156). As far as employment is concerned for women, a literature indicates that there are gender differences between male and female in employment with substance-using women less likely to obtain and maintain employment when compared to men. Although employment problems may be common among substance-using offenders, employment is more problematic for female offenders than male offenders(Staton-Tindall, 2011 : 530-547).

Fourth, the number of drug offenders for men increases consistently. In the U.S.A, it is reported that the prevalence of men is for 76% while women for 65%(Lee, 2002 : 10). Drug court participants across the states were more likely to be males over 30 years of age, and single, divorced, or widower. Most of them had used drugs for more than 15 years, used multiple drugs including alcohol, since they had the first experience to involve the substance abuse and 25% had been in drug treatment in the past(Wolfe, 2002 : 1155-1171).

Table-1. Age at arrest of felony defendants, by most serious arrest charge, in the U.S.A, 2006 * Average age at arrest (years) : age 32

Age	Under 18	18-20	21-24	25-29	30-34	35-39	40 or older
Drug Offenses	424	2758	3607	3183	2758	2546	5942
Percentage (%)	2	13	17	15	13	12	28

Source : U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, May 2010

It is said that there is a close relationship between substance abuse and criminal offense. According Rajita and Caroline's review, the punishment rates of substance crimes are more than 60% and 70% of drug offenders in arrest is related to drug use.

Fifth, the issues of inappropriate drug use among the elderly are not new stories around us. Although concerns about alcohol and drug abuse among them are more recent, about the misuse of drugs they have existed for more than 50 years. They take various medications in the hospitals. One of the greatest barriers to the timely intervention of elderly drug and alcohol use problems is the difficulty of recognition and correct identification of the problem by physicians, caretakers, family and even the elderly themselves. On average, more than aged 65 administer 4 types of medicines for their treatment. Many cases on alcohol abuse are not recognized that old men are greater alcohol consumers than old women(Kim, 2012 : 140-145). Medically speaking, early-onset elderly drinkers were more likely to have more characterological psycho-pathologies and personality dysfunctions than late-onset drinkers who used alcohol as a coping mechanism to adapt to the stresses of old age(Coombs, 1995 : 432-442).

Demographically speaking, United Nations Office on Drugs and Crime(UNODC) evaluates that the number of problem drug users, aged from 15 through 64, is about 16 and 38 million persons in 2008 and between 149 and 272 million people of the world population, aged from 15 through 64, used illegal substances at least once in 2009. Approximately, half of those numbers are appraised to have been present drug users, that is, having used illicit drugs at least once during the past month prior to the date of estimation.

2. Purpose of study

In 2010, President Obama in the United States announced that National Drug Control Strategy which requests the specific actions of Federal departments and agencies had been taking measures so as to achieve the Obama Administration's two main drug-control goals to reduce drug use by 2015 and the adequate funding for the strategy dedicated to those efforts. This plan demands on a balanced approach for drug-using dependents, as it were, drug prevention education, substance treatment, law enforcement, drug interdiction, and international partnership to achieve a 15% reduction in the rate of youth drug use over 5 years, as well as similar decreases in chronic drug use and drug-related consequences, such as drug deaths and drugged driving. The President's Fiscal Year(FY) 2012 National Drug Control Budget requests about \$37 billion to decrease drug use and its consequences and support demand reduction in the United States as well. Besides, the FY 2012 request considers a significant restructure of the National Drug Control Budget to supply a transparent and accurate depiction of Federal funding in support of the President's 2011 Strategy(National Drug Control Strategy FY 2012 Budget and Performance Summary, 2012 : 5).

Over the years, U.S. counter-drug policy efforts have expanded to include a variety of tools to attack the drug trade using several approaches: multilateral cooperation, foreign assistance restriction, crop eradication, alternative development, drug interdiction, drug extradition, anti-money laundering, and correctional facility. Each tool has its own characteristics in order not to produce, sale, and use drugs. Major U.S.A programs to combat drug production and trafficking exist in the Andean region of South America(McCoy, 1992 : 67-233), Afghanistan, and

Mexico(Fleming, 2008 : 137-157). In particular, countries from the region of South America have provided a variety of illicit drugs for drug-using Americans (Cho, 2011 : 236-354). The American criminal justice system has a great burden of drug addicts arrested for substance use and illegal behaviors that occur as a consequence of addiction. These international drug trades generate between \$100 billion and \$ 1trillion in illicit profits per year. Revenue of the illegal drug industry supplies international drug trafficking organizations with the resources to evade and compete with law enforcement officials; penetrate legitimate economic structures through money laundering(Wyler, 2009 : 6-17).

As the costs related to incarceration continue to rise, Concerns grow about if incarceration is the most effective and efficient way to reduce crime rates, particularly drug-involved crimes among substance-abusing offenders. Under the circumstances, drug courts for drug treatment provide an alternative to incarceration and reduce recidivism rates and drug use save money in tax dollars, increase retention in substance use treatment and provide affordable treatment.

Substance use and abuse have long been considered one of the grass-roots causes of criminality. Research on this criminal justice intervention demonstrates that drug courts can often successfully reduce the demand for drugs among participants, recidivism rates, and promote positive outcomes for participants(Franco, 2010 : 27; Zaller, 2007 : 154). Unfortunately, the advanced drug court system like the American drug court system has not been in existence in Korean criminal justice system yet.

Table - 2. Yearly drug offenders in the South Korea

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
No. D r u g Offender s	10,304	10,102	10,673	7,546	7,747	7,154	7,709	10,649	9,898	11,875	9,732

Source : 2010 Research Report of Korean Cognition on Drug Severity, Korean Association Against Drug Abuse, 2010.

Drug courts have so far had many reasons to be established since they were established at first in the U.S.A in 1989. We will see some of the reasons from one of problem-solving courts, or American drug treatment court as a drug court. In order to introduce the new paradigm(Preston, 2008 : 10-13) of the drug courts for Korean drug-related personnel, this study reviews American drug courts that work very effectively to decrease recidivism rates, reduce drug uses, save operation cost of correctional institutions, treat and rehabilitate the drug offenders and considers introducing and implementing(Kim, 1998 : 1-69) the efficient and effective systems of the courts to Korean criminal justice system for drug offenders in Korea. To date, Korean criminal justice system about the drug control policy and the rehabilitation program for the drug offenders has various problems. For instance, the number of drug-related offenders grows whereas the rehabilitation programs for them stay at the very rudimentary levels(Kim, 2005 : 79). So, new paradigms are required to change the Korean holistic drug policy and treatment. This study has the purpose to show the optimal alternative to solve the drug problems reviewing the characteristics of American drug courts.

3. Scope and Methodology of Study

Historically, the drug control policy of the United States has been governed by law enforcement efforts to decrease the use of available illicit

drugs. In general, the drug control policy means a supply and demand-side reduction strategy, which are interacted. The supply-side reduction strategy enforcing strict drug law and restriction has been followed by the demand reduction activities with treatment and rehabilitation-focused rather than law and control-oriented. Of two reduction strategies, the latter, a demand-side reduction strategy, has also a substance abuse prevention strategy, that is to say, reducing drug use. The demand-side reduction strategy mainly focuses on substance prevention strategy(Kang, 2004 : 25), drug prevention education, rehabilitation and cure program, etc(Kim, 2004 : 101).

Drugs such as alcohol(Cheon, 2010), cigarettes, and marijuana are famous for the gateway drugs. The substance addiction comes from by using illegal drugs. The most common illegal drugs include marijuana, cannabis, cocaine, opiate, and synthetic drug, including ecstasy, LSD, amphetamine, methamphetamine, a new type of drug, such as Bath Salt, JWH-122, 210, and the like(Minnesota Police and Peace Officers Association, 1995:1-42 & the Korea Times, July, 19th. 2012). More than half of the world's opiate users are in Asia whereas North America has the largest regional cocaine market, with close to 40% of the global cocaine-using population. The report shows that heroin is the most widely consumed illicit opiate in the world as well(WORLD DRUG REPORT, 2010; 2011).

The historical explanation on various drugs fully comes with the book of "A Brief History of Drugs(Escohotado, 1999 : 1-161)." Many studies have indicated that the young are unlikely to involve marijuana if they have not used alcohol or cigarettes; they are even less likely to use the hard drugs if they have not used marijuana. Moreover, the use of illegal drugs other than marijuana tends not to occur in the absence of problem drinking,

Thus, paying attention on the gateway drugs offers the prospect of curbing use of hard drugs as well(Coombs, 1995 : 93-94).

In an effort to get over the limitations of literature review, many scholars have started using meta-analysis(Oh, 2011 : 14-22) to sum up their findings of "how effectively drug courts work?" although the analysis has weak points. At this point, we focus on them in the domains of drug court programs. The meta-analysis has been used to show a variety of advantages in the drug court programs, such as assessing the applicability of cognitive behavioral groups across varying types of offenders and characteristics associated with effective interventions for offenders, examining predictors of job stress among correctional officers, and evaluating the effectiveness of relapse prevention programming.

A variety of literatures can be available for this study. Because researchers have traditionally depended on the literature reviews to synthesize and make researches(Shaffer, 2006 : 4; Choi, 2008 : 106-118). So has this study. The scope of this study is limited to American drug treatment courts to find out the best alternatives to traditional criminal justice system for the drug users. This study is called the exploratory research with a type of research for a problem that has not been clearly defined. The exploratory research helps find out the best designs of researches, the methods of optimal data collections and selections of subjects. (Kim, 2008 : 59-61). This finding based upon literature reviews shows as follows: "what is ongoing American drug treatment courts? and how does American criminal justice system use the system of drug courts for drug-related offenders?" Then, the drug courts are reviewed to introduce and implement to Korean criminal justice system.

II. Theoretical Perspectives

In the field of addictions, people who relate to treat and rehabilitate the addicts need precise operational definitions of addiction because of acute confrontation. To avoid the confrontation and the confusion among them, they have developed convenient operational schemes to reduce discrepancy, such as behavior that is motivated by emotions ranging along the craving to compulsion spectrum, continued use in spite of adverse consequences and loss of control(www.divisiononaddiction.org/html/whatisaddiction.htm).

1. The Conceptional Definition of Addiction

The conceptional definition of addiction is very various and confused. In particular, addiction medicine and addiction psychiatry show sharp confrontation with regard to the definition(Freed, 2010 : 130-163). In general, addiction is the continued use of a mood altered by substance or behaviour despite adverse consequences, or a neurological impairment leading to such behaviors. It is a chronic disease triggered by the effect of compulsive drug abuse on the brain and is elementarily tied to changes in brain structure and function. Especially, metaphorical switch in the brain, related to prolonged drug use, has an influence on drug addiction.

At the beginning, drug use is a voluntary behavior, but when that switch is on, the individual moves into the state of addiction, characterized by compulsive drug seeking and use(Leshner, 1997 : 46). In particular, opioid addiction is associated with the high mortality as well as the risk of premature death. Long-term abstinence from opioid drug use is related to less mortality and better social adjustment. As a matter of fact, predictors of morbidity involve male gender and older age, degree of disability, length

of drug use and heavy alcohol use(Sørensen, 2005 : 244). It is said that addictions can include, but are not limited to, substance and behavior addiction shown below: alcohol and drug addiction, gambling addiction, sexual addiction, exercise addiction, internet addiction, etc. Habits and patterns associated with holistically conceptual addiction are typically characterized by immediate gratification (short-term reward), coupled with delayed deleterious effects (long-term costs)(Wikipedia, the free encyclopedia, 2012).

1) Substance Addiction

In spite of problems related to the use of the substance, an individual persisting in use of alcohol or other drugs may be diagnosed as substance addiction. Compulsive and repetitive use may result in tolerance to the effect of the drug and withdrawal symptoms when use is reduced or stopped. This, along with substance abuse, are considered as substance use disorders. Substance abuse comes with various psycho diseases and has at least dual disorders(Black, 2002 : 1-5). A study indicates that overall 12-month prevalence of an addiction among adults varies from 15% to 61%. It means that 47% of the U.S. adult population suffers from maladaptive signs of an addictive disorder over a 12-month period and that it may be useful to see addictions as problems of lifestyle as well as to person-level factors(Sussman, 2010 : 1-57).

2) Behavioral Addiction

Behavioral (or non-chemical) addiction is a form of addiction which does not rely on drugs like alcohol and psychoactive substance. The non-chemical addiction occurs in gambling, sexual behavior, exercise,

internet, etc. Increasingly, referred to as process addiction or non-substance-related addiction behavioral addiction includes a compulsion to repeatedly engage in an action until said action causes serious negative consequences to the person's physical, mental, social, and/or financial well-being. One sign that a behavior has become addictive is if it persists despite these consequences (Shaffer, 2012, <http://www.divisiononaddiction.org/html/whatisaddiction.htm>). To put a word on the addiction treatment and rehabilitation, everyone including judges, lawyers, staff, community-oriented providers, counselors, et. al., that fights with the monster such as the addiction won't forget the famous aphorism of Nietzsche as follows;

"He who fights with monsters should look to it that he himself does not become a monster. And when you gaze long into an abyss, the abyss also gazes into you." (Hollingdale, 1990 : 102)

A bunch of theories have reached to the conclusion that two critical issues are confused about the description of drug use and addiction. First, many a theory does not distinguish clearly between those factors that contribute to the reasons to firstly use a drug, to maintain drug use, and to be for relapse. According to a study (Lindesmith, 1947 : 20-103), it shows that there are different influences on drug availability and peer pressure for substance use, or drug addiction. Their effects may contribute most strongly to start drug experimentation. Second, other issues are related to the difficulty in distinguishing between factors that precede or cause drug abuse, those that result from drug abuse. For instance, depression is common among drug users. "Were drug-related users depressed before they used drugs at first?", we can guess by the chance. At this point, it is unclear which one is the first or the second?

Theoretical perspectives of addiction have normally the following theories: psychological, sociological, biological, and integrating theory.

2. Theories of Addiction

1) Psychological Theory (Fishbein, 1996 : 87–100)

Physiological dependence takes place when the body adjusts to the substance by incorporating the substance into its 'normal' functioning creating the conditions of tolerance and withdrawal. The conclusion that we are able to draw from a review of countless studies is just right that scholars have searched out a predominance of psycho-pathology among drug abusing offenders. The presence of a psychological disease with an environment conducive to drug-taking behaviors increases the risk of addiction, but we can't specify the particular individual features that will consistently result in addiction. Antisocial personality disorder, psychopathy, impulsivity, affective disorder, and anxiety are described as a sort of psycho-pathology that appears to play a role in the development of excessive drug-taking behaviors. In general, some studies focusing on psychological traits have shown that diseases mentioned above are more prevalent among substance abusers than non-drug abusing populations.

2) Sociological Theory

Sociological perspectives are complex theoretical and methodological frameworks used to analyze and explain objects of social study and facilitate organizing sociological knowledge. Sociological theories have several categories: Cultural Transmission/Differential Associations Theory, Control Theory, Labeling Theory, Structural Strain Theory/Anomie Theory,

Subcultural Theories.

Sociological theory is constantly evolving and therefore, can never be presumed to be complete. It can involve analyses at a macro-level which focuses on social structures shaping the society, and at a micro-level which is a close-up study on social interaction taking place in specific situations. The sociological theory is defined as a set of interrelated ideas that allow for the systematization of knowledge of the social world. This knowledge is then used to explain the social world and make predictions about the future of the social world. Keep in mind that not all of the theories in reality fully support this definition.

3) Integrating Theory

Integrating Theory, or The Diathesis Stress Model, is swiftly becoming the bases for multidisciplinary theories of many forms of psycho-pathology. This model is a psychological theory that attempts to explain behavior as a result of genetic vulnerability together with stress from life experiences. Individuals vary considerably regarding their biological strength and weakness. In terms of drug addiction and abuse, biological weakness as a vulnerability act as influential conditions in an individual's risk for substance addiction and abuse.

4) Biological Theory(Peele, 1985 : 1-26)

Biological theory presenting a biological basis, such as genetic influences, for the vulnerability to abuse or become addicted to drugs or alcohol takes two interacting forms although the biological theory does not account for individual differences in the propensity to abuse drugs. To put it in

another way, the biological theory suggests that habitual users of drugs or alcohol have a biological abnormality that causes them to become addicted.

First, there is convincing evidence that drug abuse acts directly on brain mechanisms which are responsible for reward and punishment. In particular, they stimulate those domains of the brain that creates the sensation of pleasure and suppress the perception of pain, thereby reinforcing further drug-taking behavior. Therefore, the biological effects on the drug of abuse reinforce continued drug usage universally.

Second, the issue that the biological theory addresses is the possibility of inherited or acquired biological mechanisms that affect some individuals to abuse drugs. Evidence exists that some individuals may be more vulnerable to the rewarding effects of abusable drugs. Consequently, certain biological traits may increase the likelihood of eventual drug abuse or addiction, particularly in the presence of other external influences. The addiction of drug is the inevitable consequence of regular use.

3. Types of Addiction(Allamani, 2008 : 1704-1728)

These viewpoints on addiction are based upon values with different cultures, countries, communities, sectors, and professions, attributed to activities or objects and in the case of substances used, to the substance themselves and the behaviors by means of which people interact with them. Alcohol are mainly used daily or nearly daily at meals by the majority of population, and are generally endowed with the aspects of taste, pleasure, and conviviality. On the other hand, the use of illicit drugs is clearly considered to be a deviant behavior, as it is the case all

over the western community. The below presents the idea that there is no single perspective with which one can adequately understand the addiction phenomena; one needs to consider some relevant viewpoints including the moral, the clinical, the socio-political, and the spiritual views.

1) Moral Viewpoint

There are some circumstances where this view are obviously "graded"—a substance that may be acceptable in certain quantities becomes unacceptable in more quantities, such as food, alcoholic drinks, and medicinal products. In contrast, usage must not be acceptable in any quantity, shape, or illicit drugs. There are considerations, in a sense, frequency of use, context of use as well. Drug-using personnel in the Western society can be variously perceived as being socially acceptable and good, or indicating problematic acts, behavior and even lifestyles, with medical psychological and deviant implications, or immoral ones.

2) Clinical Viewpoint

Taking into account of social sides matters for substance use and misuse as to the population as a whole it behooves us to ask: Why should the social side concern us when one considers the need for intervention, such as treatment, prevention and research on addiction, control and policy of drug, etc. The one-to-one clinical approach is still prevalent in the Western society in the professional treatment of substance addiction despite obvious limitations in dealing with substance use and abuse.

This clinical perspective had been changed to a new pattern after family-centered treatment approach came out, though. The family treatment

approach(see more information on it at Kaufman, 1994 : 189-212) stems from the Al-Anon organized in the U.S.A in 1952. The Al-Anon(family members of alcoholics' groups) was the first means to pay attention to family members' problems and symptoms with the tagged alcoholic individual. The family-oriented treatment approach for drug-associated personnel interpreted the perspectives of the individual alcoholism into the alcoholic family, changing the individual-focused perception of the medicalized alcoholism problem into a family and social issue. Family members, according to the family treatment approach, are often affected by co-dependency(Beattie,1989 : 1-231) that has been characterized by a pathologized addiction.

3) Socio-Political Viewpoint

Social and political problems turn our attention to the task of safeguarding the disadvantaged. Thus, the social-political treatment approach on addiction may be used to view and give a macro-perspective to the world of addiction with its narcoscapes, social networks of users, and a range of stakeholders and gatekeepers. Also, this perspective asserts that there is no unique and/or specific treatment model for substance users and non-substance users. In addition, the approach indicates that substance users, representing a variety of group and patterns of use, continue to be treated in specialized programs.

4) Spiritual Viewpoint

The spiritual aspect of substance addiction regards the so-called illness of addiction as being actually a spiritual illness. In more in-depth terms, it is an inharmony of the relationship between body and spirit in which the

individual has the insufficient capacity to interpret or integrate. The program of spiritual-based therapy comes from acknowledging the limits or fallacies of professional-based models of therapy. This program was established on the advice that the psychiatrist C. G. Jung gave to an alcoholic patient who experienced uncountable failures.



III. The Establishment and Movement of Drug Courts in the United States

● History

Drug control policy in the U.S.A has two strategies: supply and demand side reduction strategies. Each has its own characteristic. The former is to strictly punish drug-involved users for drug use and control drug trafficking while the latter is to treat and rehabilitate drug-associated personnel as well as to support economic assistance for drug-producing countries around the world for drug eradication.

Drug control policy in the United States is shown in order as follows. The first drug control policy comes from Harrison Act in 1914. Then, national drug control bureau had supply side reduction strategy with the punishment and sanction for drugs from 1920's to 1950's. During the period of 1960's to 1970's, the drug control bureau had demand side reduction strategy involved the programs of treatment and rehabilitation for drug dependents. The number of drug offenders was 18,000 in 1965 while 188,000 in 1970. In the period of 1980's the government turned back to the hard line policy, or the supply side reduction strategy. In the 1990's, Clinton administration focused on the treatment and rehabilitation for drug-users whereas Bush administration turned to the original policy, or the supply side reduction strategy. Obama administration had treatment and rehabilitation-centered strategy related to the demand side reduction strategy. Namely, drug control policy in the United States shows that originally, it is the punishment-focused policy, or the supply side reduction policy for drug but time passing, the policy of demand and supply side reduction strategy repeats together or separately intermittently. In Reagan and Bush administration, Wars on drugs for the punishment-based policy causes the tremendous increases of inmates in prison(See Table-3)(Cho, 2002 : 223-260).

The use and demand of the illegal drugs and the number of the violence related to the illicit drug market increased during the 1980s due to the hard-line policy, or supply side reduction strategy. American Congress established more rigid penalties for drug offenses and offenders including

federal mandatory minimum prison sentences for specific quantities of certain drugs. Similarly, states augmented punishments associated with drug offenses and did focus on law enforcement over substance-abuse treatment or prevention efforts. In consequence, the number of prisons increased as drug offenders were incarcerated to the prison in large numbers and sentenced to longer periods of incarceration. The drug court was established in 1989 due to these reasons.

Also, it emerged partially in response to the organizational demands placed on the criminal justice system because of the "War on Drugs." There is empirical evidence on if Drug courts work effectively for the criminal justice system. Holsinger, Lowenkamp, and Latessa(2004) have concluded that, overall, drug courts work effectively although there is the failure of showing the evidence of the reduction in criminal behaviors.

1. Establishment of Drug Courts

In the late 1980s, the first drug court appeared in Florida in the U.S.A. partially in response to the "War on Drugs." One of the results of the war on drugs was an overburdened American court system and consequently, a taxed correctional system. In the period of 1980s, drug-associated offenders circulated through the community and prison but were never provided with any type of substance treatment. The number of prisons rapidly increased due to the circumstances and so did the call for alternative strategies to deal with drug offenders. These factors were the catalyst for the development of community-based drug courts. Drug courts are intended to provide an alternative to traditional criminal processing of drug users and typically includes being sent to prison where treatment may or may not be available(Shaffer, 2009 : 629).

The unique and important characteristics in the drug court program are reported as the level of cooperative relationships formed among the drug court team members, such as judges, lawyers, staff, community-oriented providers, et. al. During at the onset of the stage, Collaboration begins and continues throughout the operations of drug court. All main decision points from screening benchmarks and eligible participation requirements to termination and completion of the program result from collaborative agreements among drug court team members. The drug court judge provides the overall leadership of the team and represents the court authority to the drug court participants(See more information: www.courts.state.md.us). They offer treatment and guidance for drug-related personnel with criminal problems that come from substance abuse as well(Garrity, 2006 : 269-270).

Drug courts offer alternatives to traditional correctional institutions/or incarceration for nonviolent drug-involved offenders and take a collaborative approach to rehabilitation by combining efforts among judges, probation officers, courts, substance abuse treatment programs, substance treatment professionals, and other community-based services. The court programs were fast embraced by the correctional community, as evidenced by the quick proliferation of these programs over the past two decades' years(www.courts.state.md.us).

The first drug court was established in Florida, 1989 as a response to increasing numbers of drug-related cases overwhelming state and local courts. The drug court movement has spread throughout the United States, influencing how drug-involved offenders are treated in the criminal justice system. Experimentally, it started in Dade County, Florida, in 1989. Since then, many a drug court has been established across nationwide.

Nevertheless, a good many drug courts emerged in response to rapidly increasing felony drug caseloads that strained the nation's courts and overflowed its jails and prisons. Evidence of the speedy rise in drug-related offending during the 1980s was obvious at both the state and federal level. The total prison population also swelled at both the federal and state level during the 1980s due to one of reasons like War on Drugs. The below shows the number of arrest for drug offenses in the United States from 1980 through 2008.

Table-3. Number of arrest by the authorities for drug offenses from 1980 through 2008.

Y e a r	1980	1989	2008
Offenses			
Drug Offenses	580,900	1,362,000	over 1,700,000
Total	10,373,214	14,336,842	14,000,000

Source: adopted. Franco, "Drug Courts: Background, Effectiveness, and Policy Issues for Congress": Oct. 2010, p. 3.

The increase in the number of drug offenders in the system led to overcrowded jails and prisons. The drug court methodology has also been adapted to grapple with other problems associated with criminal court populations, including community issue, domestic violence, and mental health.

2. Movement of Drug Courts

The purport of the drug court movement has directly and indirectly spawned a variety of related innovations, so that we can now speak of "problem-solving" or "problem-centered" court to refer to a more active, "hands-on," judicial and justice-system philosophy(Goldkamp, 2001 : 28). Traditional law enforcements and correctional institutions alone were not

having the influence on the supply and demand of drug that the proponents of the war against drugs had hoped. As a result, an administrative order from the chief judge of Florida's 11th judicial circuit established the first drug court during the summer of 1989 to help relieve the pressure caused by increasing dockets on the state's judicial and corrections system because there was the influx of growing drug offenders into the system.

The number of drug courts has steadily increased over the past two decades. Such a fast growth in the number of drug courts has led a great number of criminal justice researchers to see their development as a "movement" because the basis of their adoption preceded empirical evidence of effectiveness. The movement of the drug court considered a fundamental change from law enforcement's emphasis on diminishing drug use by restraining from the availability of drugs to decrease the demand for illicit drugs by treating the early addiction(<http://www.ncjrs.gov/pdffiles/drgctmov.pdf>).

According to the National Survey on Drug Use and Health, there were nearly 20million active drug users in the U.S.A. in 2007. The most mainly used illegal drug were marijuana(14.4 million), followed by psycho-therapeutics (6.9 million), cocaine (2.1 million), and heavy drinkers (17 million) aged 12 and over(Shaffer, 2011 : 155-156). As of May 31 in 2012, there were approximately 2700(including 70 other drug courts) drug courts operating across the U.S.A as follows.

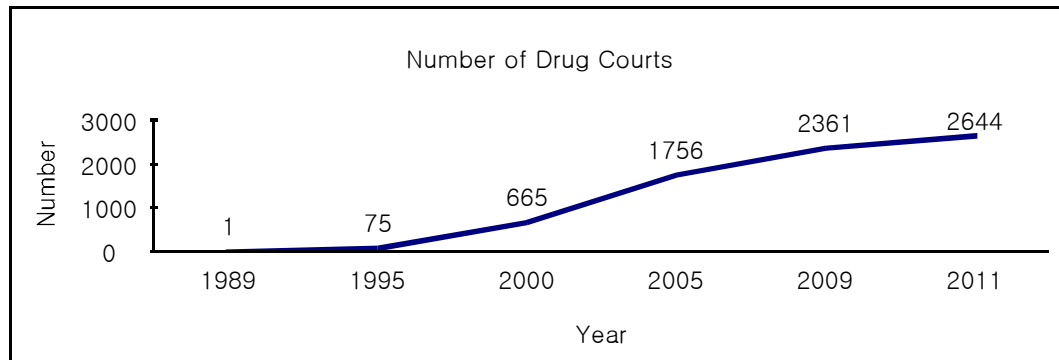
- 1,435 adult drug courts; most of drug courts for adults.
- 458 juvenile drug courts: programs that concentrate on juvenile delinquency (e.g, criminal) matters and status offenses(e.g., truancy)

that involve substance-abusing juvenile;

- 329 family dependency treatment courts: programs that deal with cases involving custody and visitation disputes; abuse, neglect, and dependency matters; petitions to terminate parental rights; guardianship proceedings; and other loss, restriction, or limitation of parental rights;
- 79 tribal drug courts: programs that deal with substance-abusing adult, juvenile, and family tribal offenders;
- 192 designated DUI(Driving Under the Influence)or DWI(Driving While Intoxicated) courts : programs that provide substance-abuse interventions and treatment for defendants who plead guilty to driving while intoxicated or under the influence of an illegal substance;
- 5 campus drug courts: programs targeting college students whose excessive use of substances has continued and had serious consequences for themselves or others;
- 31 state and federal reentry drug courts: programs that provide reentry services aimed at reducing recidivism among low-level, drug-trafficking defendants, including close supervision, employment, education, parenting, and child supports services, and that require participants to perform up to 220 hours of community services;
- 95 veterans drug courts including co-occurring disorder courts: hybrid programs that combine drug and mental health court models to serve veterans with addiction, or serious mental illness. They provide a coordinated response involving drug and mental health courts for the U.S. Department of Veterans Affairs health care, the Veterans' Benefits Administration, Volunteer veteran mentors and veterans and veterans' family support organizations
- 70 other drug courts including federal reentry drug courts and co-occurring disorder courts.

Drug courts for adults make up just over half (54.27%) of the total number of different drug courts, referred to more broadly by some as "problem-solving" courts, that have been implemented in communities across the U.S.A.

Figure-1. Number of Drug Courts in the United States from 1989 to 2011



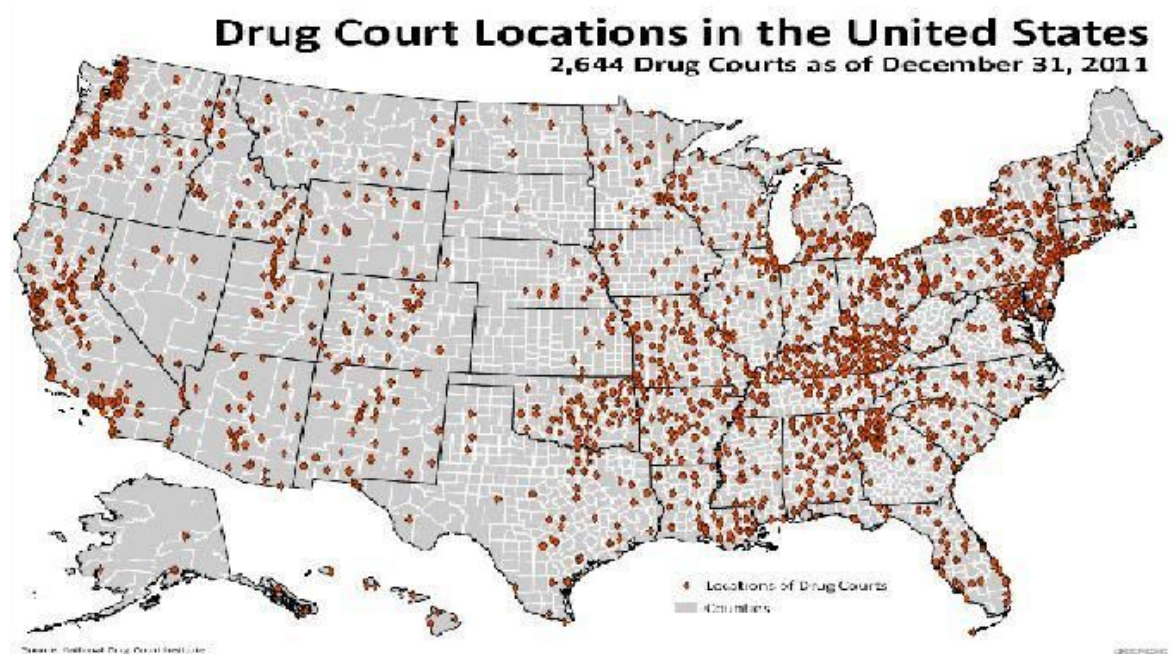
(Source: <http://www.ojp.usdoj.gov/nij/topics/courts/drug-courts/welcome.htm>)

A group of researches suggest to us several points. They are that their criminal behaviors and drug uses decline significantly while drug users are in the drug court program and criminal behaviors are lower especially for those who graduated from the drug courts. Besides, reduced jail and prison time and criminal misdoings with lower criminal justice system costs lead to savings at least in the short term. That is to say, drug courts lead to a reduction in recidivism for participants during and after program participation and saving the cost of the criminal justice system in the federal government (Hickert, 2009 : 149-150).

1) Treatment of Drug Addiction

A variety of programs and medicines should be developed for the drug users. Drug addiction is a treatable illness of the brain according to the National Institute on Drug Abuse.

Figure-2. Drug Court Locations in the U.S.A, 2011



The majority of the biomedical communities now think of addiction as a brain disease, given the findings that reveal persistent changes in brain structure and function. The disease of addiction must come to be understood as a chronic, not acute, disorder that is in need of a sophisticated treatment approach(Lutze, 2007 : 231-232).

Determining people's behavior, nothing is more powerful than people's attitudes. And no strategy for regulating illicit drug use is more effective than a nationwide effort to change tolerant public attitudes about illegal drugs. The best way to decrease drug abuse is to prevent early drug experimentation. And the best places to start the educational process with drug prevention are just at home and in school. The critical importance of preventing early drug use is shown by research that people who pass over aged 21 without using illicit drug uses nearly certainly will never use

them. Also, it is said, in probabilistic view, that having a job is one of the best prevention for drug users in order not to use drug. It is reported that the nationwide drug problem is a symptom of deeper social problems. Expanding prevention programs for families at risk of domestic violence, joblessness, and other crisis would address these social problems as well as reduce drug abusers(National Issues Forums, *Illegal drugs: An issue book*, 1997 : 2-20).

According to a study of differences in treatment motivation for drug treatment of males and females, the finding demonstrates that a variety of factors such as gender, mental health, age, problem severity, peer deviancy, social support, and education status have influences on substance treatment motivation for drug dependents. For instance, both males and females living with minor children in correctional institutions were more likely to enter and complete drug treatment programs. Also, mental health was predictive of internal treatment motivation among males and females.

Female drug users consistently report significantly greater levels of mental health problems than male drug users including higher levels of depression and anxiety, and significantly lower levels of self-esteem than male drug users. They are also significantly more likely to report histories of physical and sexual abuse than male drug users. Typically, female substance users experience greater overall mental health problem severity than males(Webster, 2006 : 441-447). A few drug treatments for drug offenders are shown as follows.

(1) Methods of Drug Testing

There are several methods of drug testing for drug-involved offenders. First, urine testing, including laboratory-based urine testing and on-site

urinalysis, is relatively inexpensive and represents the most widely accepted methodology for drug testing over the world. It is scientifically reliable and as a result, many states and federal courtrooms have upheld urinalysis results. Second, hair analysis has been accepted by a number of courts for cocaine testing although the courts also recognize some potential limitations. Thrice, sweat patch and saliva testing are emerging methods that are currently being used in limited situations. The former are used in the industry for pre-employment testing and the latter, by the criminal justice system for monitoring parolees and prisoners. Those methods can reduce cost spending for drug offenders. Cost can be reduced by randomly testing only a portion of the applicants rather than testing every applicant. It is likely that test costs will increase if specimens other than urine are used, though. (U.S. National Highway Traffic Safety Administration. Department of Transportation, 1997 : 12-14).

(2) Acupuncture Treatment

A few studies have, since Wen and Cheungs began to study with the interest for the use of acupuncture in the treatment of substance addiction, examined acupuncture effect on drug-related addiction although many studies on acupuncture treatment for drug abusers have been reported as the pros and the cons for them. A study indicates that acupuncture treatments are very helpful to take care of the substance-involved offenders. The finding showed that the acupuncture treatment could affect drug addiction treatment related to psychoactive chemical, nicotine, marijuana, etc.

In basic research, they have proven that the acupuncture can be a useful therapeutic tool to alleviate addictive disorders. For example, acupuncture treatments have been clinically used in the treatment of patients addiction

to alcohol, smoking and other drugs of abuse, which is known to be simple, economic, painless, and non-traumatic therapeutic methods, being able to inhibit the abstinence syndrome. Although more rigorous clinical studies are also needed to define acupuncture's role in drug abuse, the inhibitory effects of acupuncture on drug addiction, such as alcohol and other drugs, have played key roles in drug addiction treatment(Oh, 2004 : 65-69).

A consensus by the National Institutes of Health concludes that there is clear evidence that needle acupuncture treatment is effective for postoperative and chemotherapy nausea and vomiting, nausea of pregnancy, and postoperative dental pain. It also reaches to the conclusion that there are a number of other conditions for which acupuncture may be effective, including addiction(NIH consensus conference, 1998 : 1518-1524)

(3) Trans-Theoretical Treatment Model

This model, called as TTM, provides a combined framework for understanding the process of human behavior change whether that change involves the initiation, the modification, or the cessation of a particular behavior. The primary goal of TTM is to promote personal growth to the point where drug-related personnel no longer need treatment providers and the staff in the court(Roes, 2011 : 78).

There are five stages of the behavior change for TTM: an initial pre-contemplation stage, where he or she is not currently considering change; to contemplation, where he or she undertakes a serious evaluation of considerations for or against change; and then to preparation, where planning and commitment are secured; and next, action stage, where he or she is beginning to advocate successfully for themselves, and are able to

evaluate their own progresses; the fifth stage of change, maintenance, in which the person works to maintain and sustain long-term change. These stages appear to be application to the larger process of behavior change, whether that change occurs with or without the help of a therapist, an intervention, or a treatment program (Miller, 2002 : 201-202).

(4) Cognitive-behavioral Treatment

Many researchers studying drug addiction treatment assert that any treatment is not necessarily good treatment that will result in the intended consequence. The disease of addiction has to be understood as a chronic, not acute, illness that is in need of a treatment approach, or the Cognitive-behavioral treatment with seven basic assumptions including learning, changing behavior, environmental factor, engaging in new behavior, unique context of each participant, and unique Cognitive-behavioral Treatment.

The Cognitive-behavioral Treatment is effective for the treatment of a variety of conditions and addictions, including substance abuse, alcoholism, etc. The therapy has to not only address the addiction, but it has to also address the circumstances of offenders lives that may have made them more susceptible to using drugs, such as prior victimization abuse, or is a result of drug use relative to unemployment, homeless, etc.

Researchers continued to document that Cognitive-behavioral models reduce illegal substance use and criminal behavior both during the treatment period and after treatment participation. Cognitive-behavior models help participants connect their thought to specific behaviors so that they can identify their thinking errors related to using drugs or committing criminal offenses and then adjust accordingly.

Besides the advantages of the treatment, we see the disadvantages of the Cognitive-behavioral treatment as well. The disadvantages have more to do with the current state of scientific knowledge than with any inherent difficulties with Cognitive-behavioral treatments. First, while there is evidence of unique effectiveness for the Cognitive-behavioral treatment, the accurate reason for this is unclear, though. Second, there is a lack of empirical support for the advantage of adding relapse prevention procedures to treatment to enhance long-term outcomes. Tertiary, Few treatment providers are well trained in cognitive-behavioral techniques(Rotgers, 2006 : 169-185).

3. 10 Key Components for the Drug Court

Drug treatment courts suspend adversarial behaviors among drug offenders and staff members in the drug court room and ongoing interactions between the judge and program participants which reveal more personal needs and issues than the traditional courtroom process allows. One of problem-solving courts, a drug court, is pictured as a paradigm shift away from a prevalently punishment-oriented to one that focuses on treatment, investment in human potential, second or third chances, and restoration. Drug courts require coordinated, systemic approaches to drug-related offenders. In a word, a drug court, as a problem-solving court, represents a coordinated strategy with the judiciary, defense bar, prosecution, probation, treatment, law enforcement, mental health, social service and so on.

These approaches work together to provide an entire domain of substance abuse and mental health treatment, case work management, drug testing, and probation supervision for the drug court participants as well as status hearings before a judge with specialized drug court training and

expertise. Additionally, a few drug courts provide family or group counseling, job skill training, and many other life-skill enhancement services. So, the comprehensive planning for the drug court is very important.

The mission of drug courts is to stop the abuse of alcohol and other drugs and related criminal activity. A mission statement evolves from this vision as it gives rise to goals and objectives that create the form and function of drug courts. The courts provide a coerced choice for personnel whose the involvement of criminal justice system stems from alcohol and other drug uses: participation in treatment. In return for the completion of the drug treatment program, the court may dismiss the original charge, reduce or set aside a sentence, offer some lesser penalty, or offer a combination of these(OJP, 1997 : 7)

Drug treatment courts vary broadly in their own structures, the extent and intensity of the services they provide, and the populations they target. Drug court programs vary also from state to state in the U.S.A although these programs are generally designed to address the underlying cause of an offender's behavior: substance abuse. Drug court programs generally offer community-based substance-abuse treatment.

There is no one-size-fit-all model for the court; however, drug courts often share a number of common principles. 10 key components of drug courts for the court participants are to encourage compliance with program requirements. Drug court programs are designed to closely monitor participants' behavior, report progress and noncompliance immediately, ensure participants' understanding of the program's sanction and reward system, and identify and implement a range of sanctions and rewards.

Small rewards for incremental successes have an important effect on participants' senses of purpose and accomplishment. Praise from the drug court judge for regular attendance or for a period of clean drug tests, encouragement from the treatment staff or the judge at particularly difficult times, and ceremony in which tokens of accomplishment are awarded in open court for completing a particular phase of treatment and are all small but very important rewards that bolster confidence and give inspiration to continue.

Discipline is evident with regards to the sanctions. The monitoring and reward/sanctioning behavior, according to the drug court graduates, were generally supportive and respectful, and appear to have worked to help addicts change their inner controls and overcome their addiction. In some researchers' view, they, however, suggest that the important components should not be evenly implemented across programs while a variety of the implementations of specific components, such as the drug court review hearing, is related to program effectiveness(Lindquist, 2006 : 198-126).

In 1997, the National Association of Drug Court Professionals(NADCP), supported by the Drug Courts Program Office(DCPO), created a document that defined drug courts by identifying the components. The components include the integration of drug and alcohol treatment services with the judicial system; a non-adversarial approach; early identification and placement of eligible participants; access to a full continuum of service; monitoring of abstinence; a coordination of strategy to address a compliance issue; judicial involvement and interaction with participants; ongoing monitoring and evaluation of goals; a continuing educational opportunity for all drug court team members; and development of partnerships among courts, organizations related to the community.

The 10 key components as below represented broad ideas about how a drug court was operationally and conceptually different from traditional criminal courts. The key components serve as guidelines or benchmarks so as to develop the drug court programs although the programs still have a measure of discretion in how the key components are implemented. The original intent of 'The Key Components' was simply to provide guidance for implementing a new drug court. And a consensus statement about how a drug court should operate is included in the below monograph(Bureau of Justice Assistance(BJA), Drug Court Standard Committee, 1997:1-24) and U.S. Department of Justice Office of Justice Programs Reprinted 2004 was originally intended to provide guidance to jurisdictions interested in implementing drug courts. Many a judge, prosecutor, defense lawyer, and drug treatment specialist designated the 10 elements with 10 key components as crucial to the success of a drug court as well(Hiller, 2010 : 935-936; OJP, 2004 : 13)

① Key Component No. 1: Judicial commitment and leadership.

Drug courts integrate the target problems and treatment services with alcohol and other drugs with justice system case processing: incorporating drug testing into case processing.

② Key Component No. 2 : A specially defined target population that considers both drug involvement and public safety risk.

Creating a non-adversarial relationship between the defendant and the court; using a non-adversarial approach, the prosecution and defense counsel promote public safety while protecting participants' due process rights. The prosecuting attorney must ensure public safety by making sure that candidates are appropriate for the program, and the defense

attorney should encourage participation while making sure that individual rights are protected. These functions occur in a team-centered atmosphere.

③ Key Component No. 3 : A custom-designed treatment program that addresses the specific treatment needs of the court's targeted population. Identifying defendants in need of treatment and referring them to treatment as soon as possible after arrest; eligible participants are identified early and promptly placed in the drug court program for the target population of drug treatment courts. Though each state has its own system in the drug court, two prerequisites that appear to be universal drug courts are: first, the drug court candidates have to be willing to plead guilty to a withheld judgement. second, the potential candidates have a nonviolent arrest record(Giacomazzi and Bell, 2007 : 294-312).

④ Key Component No. 4 : Funding sources for drug court startup and maintenance. Drug courts provide access to continuums of alcohol and drug, as well as other related treatment and rehabilitation services. For instance, this key component has the funding sources for drug court startup and maintenance and shows the funding for treatment is adequate, stable, and dedicated to the drug court: providing access to continuums of treatment and rehabilitation services.

⑤ Key Component No. 5 : Integrated information management that links the court with criminal justice and treatment agencies and provides adequate supervision for drug-involved defendants/offenders.

Monitoring abstinence through frequent, mandatory drug testing; the screening for participants' abstinence is monitored by frequent alcohol and other drug testing. Drug testing is central to the drug court's monitoring

of participant compliance, and provides objective measures of treatment effectiveness.

⑥ Key Component No. 6: A detailed, comprehensive implementation plan that includes scheduled milestones and orientation and training for everyone involved. Establishing a coordinated strategy to govern drug court responses to participants' compliance; A coordinated strategy governs drug court responses to participants' compliances. Drug courts have to not only reward cooperation but also respond to noncompliance, for example, through a compliance officer.

⑦ Key Component No. 7 : Judicial commitment and leadership.

Maintaining judicial interaction with each drug court participant; ongoing judicial interaction with each drug court participant is essential. Regular status hearings should be used to monitor participants' performance (Drug Court Standards' Committee, 1997 : 5-38). Criminal justice leadership plays an important role to maintain the court as well.

⑧ Key Component No. 8 : An evaluation strategy that defines desired outcomes and a timetable for the reporting and analysis of those outcomes and identifies the types of information required to measure those outcomes. Monitoring and evaluating program goals and gauging their effectiveness; monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

An evaluation strategy defines desired outcomes and reconfirms the types of information asked to measure those outcomes. Drug court evaluations suggest that certain participants' characteristics be important predictors of program outcome and completion. The evaluation shows that

program graduates are more likely to be older, have higher education, employment, stable housing, and to use marijuana as their primary substance (Newton-Taylor, 2009 : 968).

⑨ Key Component No. 9 : Education and training programs for treatment providers and public health officials in criminal justice concerns and procedures. Continuing interdisciplinary education promotes effective drug court planning implementation and operation. As it were, the drug court has an in-depth and comprehensive implementation that includes training and education for participants and others. Drug court programs should have a system in place for not only internal evaluations of staff on service delivery but also external evaluation of program process and outcomes. Besides, all members of drug court staff should be taken part in education and training programs as well.

⑩ Key Component No. 10 : Collaboration among criminal justice agencies, courts, treatment agencies, and community organizations. Forging partnerships among drug courts, public agencies and community-based organizations generates local support and enhances drug court program effectiveness. There exists an incorporation among criminal justice agencies, courts, treatment agencies, and community organizations for the drug courts.

As shown the above, the 10 key components serve as guidelines or benchmarks so as to develop the drug court programs although the programs still have a measure of discretion in how the key components are implemented.

Another research shows that the exact assessment for the drug courts'

impact can best be understood through a conceptual framework—a working typology—that identifies several key components thought to be responsible for their advertised results. They include target problems, target populations, screening-reaching targets, modifications/adaptations of court processing and procedures, structures and contents of treatment, responses to performance in treatment-participant accountability, productivities of drug courts, and the extents of system-wide support(Goldkamp, 2001 : 28).



IV. The Effect of Drug Treatment Courts on Criminal Justice System

A review of the usable literature indicates that drug courts decrease the rates of recidivism, increase treatment retention, and are a cost-effective alternative to incarceration than traditional criminal justice case processing. Consistent with prior to researches(Goldkamp, 2001 : 27-72), offenders were less likely to be rearrested if older and more likely to be rearrested if male or with a history of prior to convictions. One unexpected finding from the outcome of this study was that graduates tended to receive more sanctions than non-graduates. They were used so as to encourage drug court personnel compliance with drug court requirements. Participants without responding to the sanctions would likely to be terminated from drug courts and have spent less time in the drug courts while clients who did respond to sanctions would remain longer in drug courts, and therefore had more time in which to potentially receive sanctions(Belenko, 2001 : 19-33).

Findings from American University Drug Court Clearinghouse and Technical Assistance Project(1999) include drug court retention rates, calculated as total graduates plus active drug court personnel, of between 65% and 85%, reduction in drug use while in drug court, and lower rearrest rates, from 2% to 20% lower, for participants in drug court. Most evaluations investigate if drug courts reduce crime, decrease drug use, and save money. Normally, the styles of evaluation compare graduates to non-graduates or drug court participants to non- participants. Re-examining more than 50 drug court evaluation reports, Belenko(2001) found that the courts supplied more closely supervision and services of

drug offenders, and kept drug offenders in treatment.

Others' outcomes also note that there is a decrease in drug use as well as criminal behavior while in drug court and that graduates have lower rearrest rates than comparison groups or non-graduates. Some have found that the provision of treatment services, rather than supervision or punishment, is associated with reductions in recidivism rates. Research on the effectiveness of drug courts has largely been positive. Drug court participants have generally been found to have lower rates of recidivism than probationers. Meta-analytic reviews have the conclusion that overall, drug courts are effective although some studies have found null or negative effects on drug courts(Shaffer, 2009 : 803-827).

Evaluation studies(Peters, 2000) have so far concluded that drug courts are succeeding as drug court participants, compared to their counterparts, are significantly less likely to be rearrested, especially for violent offenses. Also, another finding concluded that there are not enough experimental evaluations in spite of the substantial number of drug court evaluation. Drug court judges and administrators regard success of drug court programs as generally high.

An outcome evaluation of a drug court in San Mateo County, California(Wolfe, 2002 : 1160-1164) demonstrates the following results during a two-year follow-up period. First, there was a significant difference on ethnicity when comparing participants(most White) and non-participants(most African American and Hispanic) and comparing graduates and non-graduates.

Second, there was a significant difference in primary language between

drug court participants and non-participants. Drug court participants were more likely to speak English as a primary language.

Third, drug court participants and non-participants were significantly different for prior history of felony and misdemeanor convictions, etc.

Fourth, there was not a significant difference for the graduates and non-graduates in the drug court diversionary program.

Fifth, there was no significant difference in the average length of time to first rearrest between participants and non-participants. Non-graduates also had a significantly shorter mean time to first rearrest compared to graduates.

Sixth, there was a significant difference for the rearrest when graduates and non-graduates were compared.

Finally, another analysis was performed to determine if there were differences between groups in terms of the type of charge(drug, property, violence/weapon, other) for the rearrest and its severity (felony, misdemeanor). There were no significant differences between groups on these measures(Please see more information on this matter with the book, Freund, 1992:354-546).

Table-4. The Outcomes of San Mateo County Drug Court

-Testing- Participants and Non-participants for:	-Testing Result-	
	Significant Difference	No Significant Difference
Ethnicity : Caucasian v.s Other(African American & Hispanic, etc)	✓	
Primary Language spoken: English v.s. Other	✓	
Prior History of Felony and Misdemeanor Convictions	✓	
Drug Court Diversionary Program		✓

Average Length of Time to First Rearrest		✓
Average Length of Time to Rearrest rates	✓	
Type of Charge(drug, property, violence/weapon, other) for the Rearrest and its Severity (felony, misdemeanor)		✓

Source: Adopted table from Wolfe, Guydish, and Termondt, "A Drug Court Outcome Evaluation Comparing Arrests in a Two Year Follow-up Period" Journal of Drug Issues, 2002, pp. 1160-1164.

There is an interesting finding on the perception of drug court success. With a study on mail survey as to "Have the drug courts been in success in five states (Alabama, Florida, Louisiana, Mississippi, and Utah)?", a research shows that demographically, Whites and females had slightly higher success perceptions compared to non-Whites and males although it was not statistically significant.

Other success conditions for the drug courts have: the majority of drug courts with 10 or fewer years operationally; more than 100 clients; locating in multi-county districts within a populous over 75,000 and utilizing a post-plea model. The finding presents the perceptions of drug court participants about support levels and the importance and influence on drug court programs. They believed the greatest support and importance and influence on the programs came from local officials in the first place and state officials in the second highest. Federal officials were perceived as the last on all issues(Nored and Carlan, 2008 : 329-336). Since its 1993 evaluation of the first drug court (the Miami-Dade County Felony Drug Court), National Institute of Justice(NIJ) has sponsored research examining drug court processes, outcomes and costs.

The outcomes are as follows(See more information at <http://www.nij.gov/nij/topics/courts/drug-courts/work.htm>).

1. Impact of Drug Courts on Recidivism rates and Correction Costs in the Criminal Justice System

The American criminal justice system has seen a rapid increase in the development of this intermediate sanction since the nation's first drug court was established in Florida, 1989. The drug court is an intermediate sanction that blends the goals of rehabilitation with the pleasure-seeking and pain-avoidance conception of human nature found in deterrence theory. It represents a significant development in criminal justice and is effective in reducing drug use and criminal behavior.

Drug courts vary from one jurisdiction to another in terms of structure, scope, and target population, but all of them have three main goals: reducing recidivism rates among participants, reducing substance-abuse misdoings among participants, and rehabilitating participants to improve their chances of successful reintegration into society by providing social services, such as employment, job training, education, and housing assistance (Galloway, 2006 : 280-284).

By using the two jurisdiction data of Portland and Las Vegas for the drug court impact on the recidivism rates of substance offenders, a researcher shows that drug court treatment causes the improvement of offender behavior. Using some reasonable comparative framework, one would test this model of drug court impact by asking whether drug court participants re-offend less than their counterparts who do not go through the drug court. These comparative analyses for both areas suggest that overall, lower proportions of drug court participants be re-arrested during these periods than of their counterparts when the criterion is rearrest for any type of offense and drug offense.

In order to measure the recidivism rates for drug-related offenders, they use "The Level of Service Inventory-Revised" (LSI-R). In a study on the LSI-R, it suggested that the LSI-R should be an effective instrument for predicting recidivism rates. Meta-analytic reviews have shown that the LSI-R measurement is a valid predictor of future recidivism for offending populations as well. For the total LSI-R's score, the higher the total risk score, the more likely that a case would result in recidivism (Lowenkamp, 2007 : 26-28; Goldkamp, 2001 : 33). We, as below, focus on two parts for the subtitle: lower recidivism rates and saving cost to operate correctional facilities.

1) Positive Effects of Drug Courts

- Lower recidivism rates

The number of researchers using retrospective data in a few studies found that drug courts reduced recidivism rates among personnel in the drug court programs in contrast to comparable probationers. For instance, a study (Truitt, Feb. 2002, http://www.abtassociates.com/reports/ES-eval_treatment.pdf) found that during a two-year follow-up period, the felony re-arrest rates declined from 40 percent before the drug court to 12 percent after the drug court started in one county, and diminished from 50 percent to 35 percent in another county of the U.S.A. In an unprecedented longitudinal study that accumulated recidivism rates and cost-effective analyses of drug court cohorts over 10 years, NIJ researchers found that drug courts may lower recidivism rates (re-arrests). Reductions in recidivism rates ranged from 17 to 26 percent. However, they also found that the drug courts' impact on recidivism rates varied year by year as a result of changes in programming and judge assignments over time.

A mixed-sample study indicates that females are consistently classified as lower risk to drug offense and recidivism rate than their male counterparts. The variables strongly correlated with recidivism for female drug offenders are known as follows: antisocial attitude, antisocial personality, criminal history, and social support for crime as well as employment, education, family relationships and the like. And its review using a representative female sample of probationers and parolees shows that poverty was the strongest predictive factor of recidivism(Shaffer, 2011 : 639).

Some studies report that there are several factors to influence the drug dependents, such as education, employment, treatment motivation, etc. Especially, education and employment were significant predictors of recidivism and program completion. The unemployed were more likely to be arrested and less likely to complete the program. Individuals with less than a high school education were more likely to experience difficulty when measured by graduation(Holtfreter, 2007 : 365-374).

Table-5. Comparison of Traditional Court v.s. Drug Court

Traditional Court	Drug Court
Individuals representing entities within the criminal justice system to achieve the goal	Court team working together to achieve the goal
Adversarial	Non-Adversarial
Goal-Legal Justice	Goal-Restore Defendant as a productive, non-criminal member of society
Court has limited role in supervision of defendant	Court plays integral role in monitoring defendant's progress in treatment
Treatment programs of variable lengths and intensity	Individualized, intensive and structured treatment programs
Relapse-New crime or violation of probation-Enhanced sentence	Graduated Sanctions imposed in response to noncompliance with drug court program

(Source: www.courts.state.md.us/opsc/dtc/index.html)

- Lower costs for the operation of correctional institutions

As mentioned the above, drug courts give birth to benefits, such as cost saving, and low recidivism rate, etc. Furthermore, the reductions in the cost of criminal activity are prone to translate into positive economic benefits due to the less spending on operational cost of correctional facilities, securities cost of the public, etc. The criminal report of the state of Washington and Kentucky can be shown as the evidence.

According to the Washington taxpayer, the economic net benefit is about \$9,000, which is criminal justice system costs for about \$2,900 per drug court participant and additional benefits associated with savings to crime victims and improved quality of life for approximately \$6,400 for each participant. Another evidence of drug court programs in Kentucky is provided to show the economic benefits as well. The economic drug court benefits of Kentucky's state came from reduced incarceration, mental health services, and legal costs as well as increased earnings and child support payment. Outcomes show that graduates of the drug court programs generated the greatest net benefit (\$14,526 per graduate or \$3.83 for every dollar invested in drug court) whereas program terminators generated a significantly lower net benefit(\$231 per graduate or \$1.13 for every dollar invested in drug court).

While incarceration cost in traditional criminal justice system can range between \$20,000 and \$50,000 per inmate per year, the cost in the drug courts is roughly \$3,000 per participant per year. Thus, adult drug courts seem to have favorable effects on both criminal behavior and criminal justice system costs. Also compared to traditional criminal justice system processing, drug treatment and other investment costs averaged \$1,392 lower per drug court personnel. Reduced recidivism and other long-term

program outcomes resulted in public savings of \$6,744 on average per person in the drug court (or \$12,218 if victimization costs are included) (Finigan, July 2007 : 1-52).

2) Negative Effects of Drug Courts

- Procedure of Legal Acts

There are the differences between the traditional courts and the drug courts to treat and evaluate drug offenders. For instance, in traditional courts, urine testing can only successfully be accomplished as an order by the court. In drug courts, it can take place more often than not in spite of not being ordered by the court, though. A chain of custody must be maintained, and the defense is free to challenge the results. In the drug courts, none of this occurs; these due-process rights are waived. Treatment with the process of a legal act must attempt to change the drug-using offenders on biological, psychological, and social levels. So, treating an addiction is a process, but not an event(OJP, reprinted 2004 : 1-24).

- Distorted Beliefs of Staff Members for Drug Offenders

In a study, the finding reported that professional belief system, such as staff member's belief, was something wrong for participants taking part in the drug treatment court programs. They pointed out that evaluation and program-design research overlook staff members' wrong beliefs on the participants in the drug courts. For instance, staff members are not willing to believe participants' honest responses to them. They are intended to make their decisions through the applications of their professional beliefs' with regard to drug addiction, treatment, and drug testing. In the drug courts, they construct the participants' responses as

truths and lies simultaneously. They are producing, not merely recording, what they commonly understand to be a positive or dirty test, a significant drug-court outcome. The members use this outcome in deciding how to manage the drug-using personnel as well.

Another case comes from drug court staff's judgement. The drug-court staff's judgement as to whether participants are telling the truth or lying when confronted with a positive test for drugs is one occasion of many when the staff creates moral identities for its clients and those applying to be participants. For instance, when participants miss appointments with staff members, skip counseling sessions, or fail to make payments, staff judge the worthiness of the clients' explanations and of the participants. When the participants attend counseling, humble themselves in the sessions, test negative for drug use, and make their payments, the staff also judge the worthiness of the participants. Staff members use these moral identities as they continue to work with the participants, making decisions about the participants' progresses or lack of progress and about who has succeeded or who has failed (Mackinam, 2007 : 243-245).

- The Lack of Funding Resources

Financial constraints continue to plague the drug court system in many states. Many drug-involved offenders in Rhode Island's drug court can not participate in the adult drug court if the legislature doesn't provide adequate funding. Drug courts have much potentiality which can not be actualized without additional funding (Giacomazzi, 2007 : 310; Zaller, 2007 : 155-157).

2. Raising the Funding for the Maintenance of Drug Courts

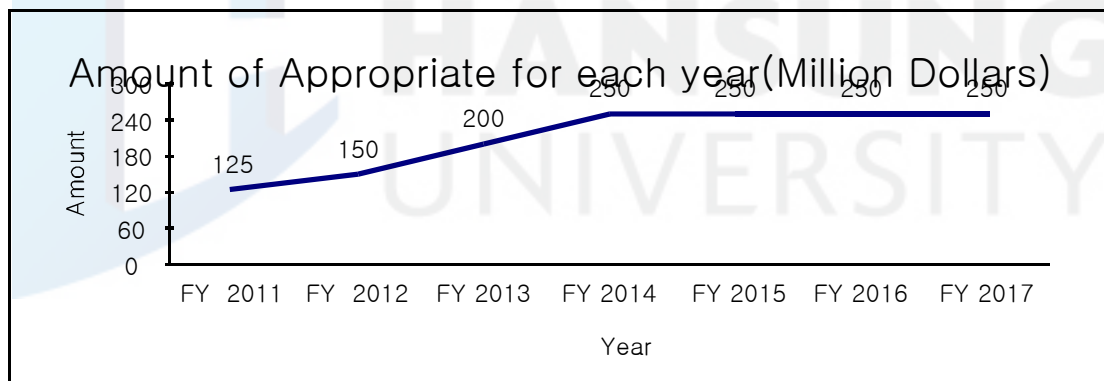
Many also found that when funds are not in rich, reducing treatment funding may not be wise ideas. However, they asked the question about whether over-treating drug court clients might result in decreasing returns although the answer to the question still didn't appear. Evaluations of staff and community providers in the court are important processes in running an effective drug court program.

Funding for the program is largely related to the evaluation of the courts. Although drug court evaluations have been widely criticized for methodological weaknesses and data inconsistencies, many drug court evaluations are required to funding requirements imposed by policy makers to justify continued funding or by the federal drug court grant programs. In general, the funding for drug courts comes from community supports, participants' charges, public assistance funds, etc.

To make secure the drug treatment funding, the courts will attract communities' concerns for drug offenders. For the funding of the program, drug courts are often required to illustrate their effectiveness and cost-benefit compared to traditional court and adjudication. Since the mid-1990s, the federal government has supported the planning, implementation, and expansion of drug courts through competitive grant programs originally authorized and re-authorized under Acts, such as Title V of the Violent Crime Control and Law Enforcement Act of 1994, 21st Century Department of Justice Appropriations Authorization Act, and the Violence Against Women and Department of Justice Re-authorization Act of 2005. The federal drug court programs are authorized to make grants to state, local, and tribal government, and state and local courts to establish and enhance adult drug courts for nonviolent, substance-abusing offenders.

Congress has continued to fund the drug court program, most recently appropriating \$45million for Fiscal Year(FY) 2010. As shown in the 111th Congress, HR 6090 introduced by Representative Jackson Lee would amend the federal Drug Court Grant programs and authorize appropriations for FY 2011 through FY 2017. In addition to the federal drug court grant programs, other OJP grants can be used for funding drug court activities. For instance, the Edward Byrne Memorial Justice Assistance Grants(JAG) provide funding for, among other purposes, prosecutorial initiative and court programs, as well as drug treatment programs. Also, Office of Juvenile Justice and Delinquency Prevention (OJJDP) program grants may be used for establishing or enhancing a juvenile drug court. There are other grants provided by the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration(SAMHSA)(Franco, 2010 : 13-20).

Figure-3. Amount of Appropriate for FY 2011 to FY 2017



Source: Adopted Graph from the content of Franco, Celinda. "Drug Courts: Background, Effectiveness, and Policy Issues for Congress", Oct. 2010, p. 20.

A study shows that the numerous reasons on an increase of drug courts in the United States are not because the positive effect such as reducing

recidivism, low cost of operating correctional facilities, etc has been proven to show but because the federal fund has been sufficiently supported to the drug courts (Jeong, 2010 : 498).



V. Conclusion & Suggestion

1. Conclusion

The problems of American drug users considering demographical traits have an influence on Obama Administration's control strategies that take actions such as reducing drug use as well as funding for the drug control strategy. A variety of theories and treatment programs exist for the drug-associated personnel, which theory and treatment program may be decided properly in the drug courts for drug users.

Substance and behavior addictions are chronic and relapsing illnesses, which are characterized by pleasure seeking. It is an entirely new concept for many of the public for many policy makers and, sadly, for many health care professionals. An accurate understanding of the nature of drug abuse and addiction must also affect our criminal justice strategies. Considering addiction as a brain disease also has an effect on how communities approach and deal with drug-addicted individuals. Even if the condition happens due to a voluntary behavior, the brain of the addict is different from that of the nonaddict, and the drug-using individuals must be dealt with if they are in a different brain state(Leshner, 1997 : 45-47).

Drug courts, developed in 1989 within the criminal justice system in the United states, have an aim to transform drug-using criminal offenders into drug-abstinent, non-criminal citizens. Drug courts combine sanctions, drug treatments, and probation services for drug-related offenders in an attempt to reduce levels of substance use and crime. According to a study for the relationships among them, the results have shown that the use of sufficiently intensive and appropriately applied treatment reduces drug uses,

costs to operate the correctional facilities, and recidivism rates. Substance treatment related to drug is a common strategy for decreasing the levels of both drug use and offense. So to speak, drug courts decrease drug uses, costs to be used for the correctional institutes, and crime behaviors while drug uses increase drug-related offenses.

2. Suggestion

Drug courts are not a panacea for all participants involved in the program. Tailoring treatment intervention to the needs of the participants could produce even more cost effectiveness(DeMatteo, 2009 : 364). To get the greater results, it is important that drug courts receive appropriate participants for the services they supply. According to many analyses, higher risk participants are more likely to be high recidivism increases.

Drug courts, part of a larger movement of problem-solving courts, are a kind of innovations and unique phenomena that have swept through the court systems. The ultimate goal of drug courts is to make drug-involved offenders become clear and sober, exit the criminal justice system, and become a member of society. Literatures indicate several examples in order to improve the drug court program. First of all, research suggests that to succeed drug court programs, it should be concerned with the effect of bettering drug court services with specialty therapy groups, residential treatments (RT), and coordination of educational and vocational services. A study on improving the drug court program mentions accreditation that can be used to ensure the quality of services provided by a wide range of institutions, such as hospitals, universities, and child welfare agencies(Deschenes, 2009 : 32-34; Lutze, 2007 : 226).

A literature review as secondary source, in a word, is aiming at reviewing the important points of present knowledges including existing findings as well as theoretical and methodological contributions to a specified topic. In general, its main goal is to provide context for the particular reader. Unfortunately, all types of drug courts in the United States are not fully shown for this study due to the limitation of the data collection. So, just a few drug treatment courts were explained. This study, focusing on just literature reviews without an empirical study, depends on the reliability of the preceding literature and the researchers' subjective judgment for literatures' study. Therefore, if the reliability of the preceding literatures falls, the reliability of this study decreases as well. It is recommended that next study should describe in-depth results in empirical analyses about the reason that the drug courts have validity for drug treatments, low recidivism rates, low operation costs for correctional institutions, etc.



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【Appendices】

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Table-1. Age at arrest of felony defendants, by most serious arrest charge, in the U.S.A, 2006 * Average age at arrest (years) : age 32

Age	Under 18	18-20	21-24	25-29	30-34	35-39	40 or older
Drug Offenses	424	2758	3607	3183	2758	2546	5942
Percentage (%)	2	13	17	15	13	12	28

Source : U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, May 2010

Table - 2. Yearly drug offenders in the South Korea

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
No. Drug Offenders	10,304	10,102	10,673	7,546	7,747	7,154	7,709	10,649	9,898	11,875	9,732

Source : 2010 Research Report of Korean Cognition on Drug Severity, Korean Association Against Drug Abuse, 2010.

Table-3. Number of arrest by the authorities for drug offenses from 1980 through 2008.

Y e a r	1980	1989	2008
Offenses			
Drug Offenses	580,900	1,362,000	over 1,700,000
Total	10,373,214	14,336,842	14,000,000

Source: adopted. Franco, "Drug Courts: Background, Effectiveness, and Policy Issues for Congress": Oct. 2010, p. 3.

Table-4. The Outcomes of San Mateo County Drug Court

-Testing- Participants and Non-participants for:	-Testing Result-	
	Significant Difference	No Significant Difference
Ethnicity : Caucasian v.s Other(African American & Hispanic, etc)	✓	
Primary Language spoken: English v.s. Other	✓	
Prior History of Felony and Misdemeanor Convictions	✓	
Drug Court Diversionary Program		✓
Average Length of Time to First Rearrest		✓
Average Length of Time to Rearrest rates	✓	
Type of Charge(drug, property, violence/weapon, other) for the Rearrest and its Severity (felony, misdemeanor)		✓

Source: Adopted table from Wolfe, Guydish, and Termondt, "A Drug Court Outcome Evaluation Comparing Arrests in a Two Year Follow-up Period" Journal of Drug Issues, 2002, pp. 1160-1164.

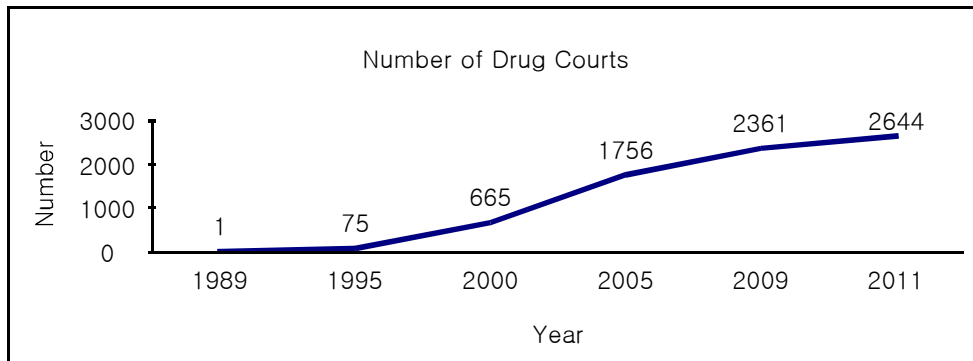
Table-5. Comparison of Traditional Court v.s. Drug Court

Traditional Court	Drug Court
Individuals representing entities within the criminal justice system to achieve the goal	Court team working together to achieve the goal
Adversarial	Non-Adversarial
Goal-Legal Justice	Goal-Restore Defendant as a productive, non-criminal member of society
Court has limited role in supervision of defendant	Court plays integral role in monitoring defendant's progress in treatment
Treatment programs of variable lengths and intensity	Individualized, intensive and structured treatment programs
Relapse-New crime or violation of probation-Enhanced sentence	Graduated Sanctions imposed in response to noncompliance with drug court program

(Source: www.courts.state.md.us/opsc/dtc/index.html)

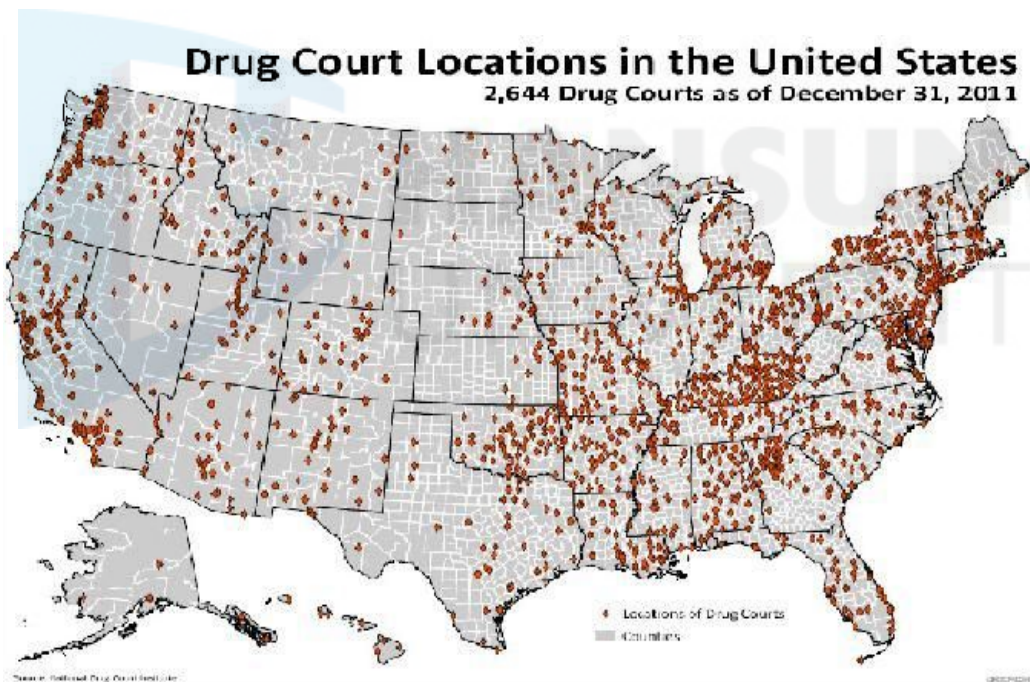
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Figure-1. Number of Drug Courts in the United States from 1989 to 2011



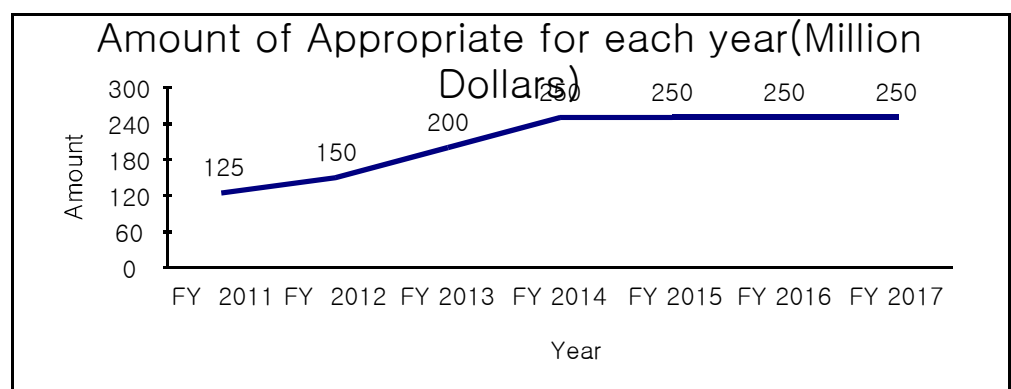
(Source: <http://www.ojp.usdoj.gov/nij/topics/courts/drug-courts/welcome.htm>)

Figure-2. Drug Court Locations in the U.S.A, 2011



Source: <http://www.nij.gov/topics/courts/drug-courts/map-of-drug-courts.htm>

Figure-3. Amount of Appropriate for FY 2011 to FY 2017



Source: Adopted Graph from the content of Franco, Celinda. "Drug Courts: Background, Effectiveness, and Policy Issues for Congress", Oct. 2010, p. 20.



국 문 초 록

미국 약물 법정 제도에 관한 고찰

한성대학교 행정대학원

중독 재활 학과

중독 연구 전공

오 성 국

이 연구는 약물 의존자들을 위한 미국의 약물치료법정을 소개하고자 한다. 미국의 약물치료법정은 마약을 남용 혹은 이용하는 약물 의존자들에게 전통적 법원 시스템 및 적대적 검찰 기소에 대한 대안책의 일환으로써 설립되었고, 1989년 플로리다의 데이드 카운티에서 최초로 설립된 이래 2011년 12월 현재 까지 약 2700여개의 약물법정들이 미국 내에 세워졌다. 기존 문헌들은 비록 통계적으로 약물법정에 대한 찬성과 반대이론의 의견 불일치는 존재하지만 “약물 법정이 약물에 대한 재범률, 마약 이용 감소와 교정 시설의 운영비용을 줄이는데 일반적으로 효과적 이다.” 라는 사실을 보여주고 있다. 그러므로, 본 연구는 약물 의존자들을 위한 최상의 치료 및 재활 프로그램을 찾기 위하여 미국의 선진 약물법정제도를 보여주고자 한다.

* 중심단어: 약물 법정, 재범률, 약물 중독, 예방, 형사사법제도, 재활