OUR VISION IS TO BUILD SAFE COMMUNITIES
FREE FROM THE IMPACT OF DRUG RELATED CRIME

CALGARY DRUG TREATMENT COURT

2019 EVALUATION REPORT

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CALGARY DRUG TREATMENT COURT SOCIETY

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Section I. Program Description

Like other drug treatment courts in Canada, the Calgary Drug Treatment Court (CDTC) is intended to provide an alternative approach to working with non-violent offenders charged with offences related to drug addiction. To be eligible the applicants must be assessed as doing crime driven by addiction to a Schedule 1 drug. Their charges may be unrelated to drug trafficking but their criminal involvement must be directly related to drug addiction.

Eligible individuals are offered an intensive and judicially supervised program which includes treatment for addiction, individual and group programming to address patterns of criminal and addictive thinking, and services to reduce barriers to sustaining a drug-free and non-criminal lifestyle. This drug treatment court program is the only pre-sentence justice program that provides a holistic or wrap around approach integrating Justice, Law Enforcement, Health Services, Housing, Employment, Treatment and Rehabilitation services. The court operates weekly on Thursdays from 10:30am to 4:00 pm at the Calgary Courts Centre.

1.1 Program Vision, Mission and Objectives

CDTC Vision: Safe communities free from the impact of drug related crime.

CDTC Mission: To integrate justice, treatment and health services to empower program participants with substance-use disorder to restore their lives and become productive community members.

Theory of Change:

If high-risk offenders, whose criminal behavior is driven by addiction, participate in an integrated justice and treatment program where they receive treatment for addiction and intervention to address criminogenic needs,

and

where they are monitored, supported and held accountable for their behavior,

and

where they are assisted to integrate positively within the community,

then

they will be equipped to live a productive, crime-free, and substance-free lifestyle and become contributing members of the community.

CDTC Key Objectives:[1]

- To reduce criminal recidivism
- To lower costs
- To build safe communities

[1] For more detailed description of CDTC objectives please see CDTC logic model in Appendix A

1.2 Program Content

CDTC was granted full Charity Status by Canada Revenue Agency in 2011 and has now secured funding until March 2023. In recent years the CDTC Board of Directors has transitioned from representation largely by stakeholders/partner organizations to a community Board with representation largely from the corporate and legal sectors.

The program currently employs a Chief Executive Officer, two Case Managers, and a Clinical Lead as well as two contracted drug testers (male and female), and a contracted continuing care group facilitator who provide the following services:

- Screening and assessment of eligibility and treatment planning;
- Provision of, or coordination of access to addiction treatment – the type and intensity of treatment is based on assessment of needs and may include detox, residential treatment, the CDTC Day Treatment program (an intensive 12-week program that serves as an alternative or an addition to residential treatment), or other community-based Day Treatment Programming;
- Ongoing services and supports to build and sustain recovery skills and lifestyle including relapse prevention, gender specific group work focused on living a life of recovery, and individual sessions;
- Facilitate access to individual counseling aimed at addressing a variety of issues such as past trauma, abuse, and anger management;
- Employment supports and skills development;
- Budgeting and financial management courses;
- Supported referrals to family counseling depending on needs;
- Supports for access to medical, mental health, addictions medicine, and dental services based on individual needs;
- Criminal and Addictive Thinking Program (10-week manualized closed group program);
- Moral Reconation Program (ongoing weekly manualized open group aimed at addressing self-image, identity, ego and moral reasoning);
- Connection to Elders and traditional practices e.g., sweat lodges;
- Basic needs supports such as food, damage deposit, Alberta Works rent and income supports until participants are able to work; and,
- Continuing care groups that are held each 2 weeks in the evening to provide program graduates with additional support as they adjust to a lifestyle that does not include the structure and supports of the drug treatment court.

CDTC aligns its resources by utilizing existing community services so as not to reproduce existing expertise and to reduce redundancies and limit costs. The program has developed strong linkages with numerous addiction treatment services and related programs in Calgary and surrounding area. Those programs include residential treatment options, day programs, as well as other ancillary services and community agencies that are needed to support CDTC participants (e.g., health, financial, skill development, employment and housing) and that work with a wide variety of participant groups (e.g., men, women or Indigenous participants). CDTC partners that provide recovery-related and health services are listed below.

Detox and Addiction Treatment Facilities[2]

- 1835 House – Recovery Acres
- AHS Centennial Centre
- AHS Renfrew Recovery Centre (Detox)
- Alcove – Addiction Recovery for Women
- Alpha House Society (Detox)*
- Aventa Addiction Treatment for Women*
- Calgary Dream Centre*
- Foothills Centre (Detox)
- Fresh Start Recovery Centre*
- Medicine Hat Recovery Centre (Detox and Residential Treatment)
- Poundmaker's Lodge Treatment Centre for Aboriginal participants
- Salvation Army Centre of Hope
- Simon House Recovery Centre*
- South Country (Lethbridge) for men and women
- Sunrise Healing Lodge

Housing Agencies

- Aspen Family Services
- Brenda Strafford Centre
- Brenda's House
- Calgary Dream Centre
- Calgary John Howard Society
- Centre of Hope
- Children's Cottage
- Landers Treatment Centre
- Oxford House Homes for Recovery
- The Alex, Pathways to Housing
- Victory Manor
- YWCA Transitional Housing

Day Programs

- Alberta Health Services – Adult Addiction Services
- 1835 House – Recovery Acres

Addictions-related Health and Mental Health Supports[3]

- AHS Opioid Dependency Program
- AHS Adult Addiction Services
- Rapid Access Addiction Medicine (RAAM Clinic)
- CUPS Calgary Society
- Sheldon Chumir Health Centre
- AHS Dual Diagnosis Program
- AHS Addiction Recovery and Community Health (ARCH Program – Peter Lougheed Centre)
- AHS Forensic Assessment Outpatient Services (FAOS)
- CMHA Calgary – Recovery College

[2] Some of the residential addiction treatment programs offer significant periods of supportive housing and recovery support to extend the length of stay – in some cases up to one year – identified here with an asterisk

[3] CDTC also refers to a wide range of other community based mental health and counselling/therapy services

1.3 Program Process

Applicants to the program are first screened by the Calgary Police Service and the Crown Prosecutor to limit admission to non-violent, drug addicted offenders who have been charged with eligible offences such as drug trafficking offences, property related offences, and other non-violence Criminal Code charges. CDTC excludes those applicants who are violent, who have gang affiliations, whose offences are carried out for commercial gain or those with sex or domestic violence offences. In addition to meeting these eligibility requirements, applicants for the program are required to be:

- Adult drug-addicted offenders who are age 18 or older;
- Dependent on a Schedule 1 drug such as methamphetamine, cocaine, heroin, or another opiate;
- Assessed by the program's drug treatment providers as being drug addicted. This assessment, as well as an initial drug screening, may be completed while the applicant is in custody at Calgary Remand Centre or at Calgary Correctional Centre or in the community for those who are out of custody at time of screening; and,
- Assessed by the program's Clinical Lead as being suitable for treatment, such that mental health or other barriers are not excessive and do not preclude effective participation in the program.

Applicants to the CDTC are also required to:

- Observe a full session of the Calgary Drug Treatment Court;
- Complete a CDTC Application form containing information about criminal and substance abuse history and reasons for applying for program admission;
- Sign waivers consenting to provide information to the court and to the CDTC Treatment Team and to abide by conditions for participation in the program;
- Agree to accept responsibility for criminal conduct and plead guilty to the offences; and,
- Participate in a Treatment Assessment, providing detailed information about background, history and drug use, as well as any other assessment the treatment provider or the CDTC pre-court team consider necessary.

Applicants whose admission is recommended by the CDTC pre-court team are offered an opportunity to enter a judicially supervised drug rehabilitation program. Once admitted, participants are eligible for stage advancement at four points during the program in response to completing specific program requirements. The previous three-stage approach was revised in 2014 to include five stages in order to increase attention to phase advancement and participant's progress both by the participants themselves and the members of the staff team. Stage advancement is announced in court and recognizes participants' progress in the program. The stages are briefly described below:

<u>Stage 1 – Intensive Treatment (12 weeks)</u>

The focus of Stage One is addiction treatment. Participants either attend a residential addiction treatment program or the CDTC Day Program depending on treatment assessment and program availability. In order to go on to the next stage in the CDTC program, participants must complete the required substance abuse treatment program, must be compliant with the

program requirements and spend at least 12 weeks in the program. In this Stage the participants are not required to attend court or other community support meetings outside of those in the treatment centre. They are adjourned from court and other activities so that they can focus entirely on their treatment program.

Stage 2 – Developing Your Recovery Skills (12 weeks)

The focus of this stage is putting into action what was learned in treatment. In this stage the participants no longer attend an addictions program during the day, but are expected to attend a minimum of 3 support groups per week and to continue attending court on a weekly basis. They are also expected to declare a home group and to have a committed sponsor. The participants are encouraged to try different types of recovery-oriented community groups and activities and to choose what they feel works best for them. These groups may include 12-step community meetings, Smart Recovery meetings, Refuge Recovery meetings, or other organized group recovery activities that support learning, healing and connection with peers.

During this stage they must also work with their Case Manager to develop and begin implementing an Individualized Treatment Plan, obtain sober/drug-free housing, and obtain employment. Housing options include supportive, sober-living housing attached to a treatment program that the participants may have attended in Stage 1. In order to gain employment, the participants can work with Alberta Works Career and Employment Consultant affiliated with CDTC. The participant graduates to Stage 3 when all these conditions, as well as demonstration of 8 weeks compliant behaviour, are met.

Stage 3 – Practical Application (12 weeks)

This stage allows the participants to continue to work on their individualized treatment goals and incorporate recovery and the CDTC program into their daily living. By this time the participants will have obtained full-time approved employment, can apply for decreased Court attendance, will have developed a budget (if needed with the help from their Case Manager), will continue attending support and Home group meetings and have weekly contact with the full-time sponsor. They will be able to graduate to the next stage if they meet all these requirements and have demonstrated compliance for a period of at least 8 weeks.

Stage 4 – Community Transition (3 months)

The focus of this Stage is on developing community supports and connections. One important element is developing a “safety net”, or support system beyond the CDTC team and including people, places and things that support the individual’s recovery. The participants are expected to become involved in some service/volunteer work and document 15 hours of volunteer activity over a period of 3 months. Expansion of leisure time activities is also encouraged during this stage to provide an opportunity to broaden the participant’s life.

During this stage the participants are expected to continue their involvement with the support group, the sponsor, the Home Group as well as demonstrate achievement of employment, money management and housing expectations as in the previous stages. All participants in the core stream are required to complete the CDTC Criminal and Addictive Thinking Course (CAT) to

address thought distortions and attitudes toward criminal behaviour that put them at risk for continued involvement in crime. Participants are also expected to attend the Moral Reconation Program (MRT) which assists them to reflect on experiences that lead them to become involved in crime and teaches them to apply moral reasoning in decision making. While initially provided only for men in the program due to limited resources, MRT is now mandatory for all participants in both the core and early intervention streams.

Stage 5 – Graduation

Graduation can take place after completing a minimum of one year in the program. In order to apply to graduate from the CDTC program the participants must meet the following requirements.

- Complete 12 consecutive months in the CDTC program;
- Have a minimum of six months consecutive negative (i.e., clean) drug and alcohol tests at some point during their involvement with CDTC program;
- Be drug and alcohol-free with negative (i.e., clean) drug and alcohol tests for at least the 3 months immediately prior to graduation;
- Successfully complete a substance abuse treatment program;
- Have no new criminal charges during the six months immediately prior to graduation;
- Have successfully completed the Criminal & Addictive Thinking Program;
- Have suitable housing and demonstrated "Wellness Living" circumstances for 3 months immediately prior to graduation. In some cases, depending on the needs of the participant, alternatives to full-time employment are considered including volunteerism, enrollment in an educational program, and/or full-time commitment to parenting. Wellness living also means regularly attending meetings, and having an involved Sponsor; and
- Have a comprehensive Relapse Prevention Plan in place that includes participation in community-based recovery programs and addresses the ongoing needs of the individual from a bio-psycho-social perspective.

The participants' progress is routinely monitored through weekly court appearances in the Drug Treatment Court before three rotating judges who work as a team, apprising each other of the participants' status on a weekly basis. Monitoring is provided through police participation on the team, supervision of release conditions by a Probation Officer, and random drug screening. Participants are involved with the Treatment Team on a daily to weekly basis for the purposes of treatment planning, support and intervention. The CDTC Court Team also meets weekly to review current cases, pending applications, and other business.

When participants complete the program requirements, they return to court to be sentenced for the original offences and celebrate this achievement with a Graduation Ceremony. Successful completion of the program generally results in a non-custodial sentence.

1.4 CDTC Evaluation

This document represents the sixth evaluation report, supplementing previous reports and summarizing information about CDTC activities from its inception and up to December of 2019. This document represents an update to the earlier evaluation reports. Where possible, the results are compared across five service periods: 1) start-up to February 28, 2008; 2) March 1, 2008 to March 30, 2010; 3) April 1, 2010 to March 30, 2012 ; 4) April 1, 2012 to March 30, 2014; and 5) April 30 2014 to March 2016; and, 6) April 2016 to December 2019.

These periods were selected to reflect the progress of the program, fiscal year periods and available funding. The first period reflects minimal funding ($50,000 annually), the second period reflects a period of fluctuating funding, which was also insufficient to establish a core program with dedicated full-time staff, while the last three periods had funding levels closer to that of federally funded drug courts. The evaluation framework is consistent with the previous research and promising practices in evaluation of drug treatment courts and coordinated community responses such as CDTC and includes the following components:

Logic Model: The purpose of a logic model is to ensure meaningful evaluation by identifying and linking the project components in a logical fashion. The CDTC Logic Model identifies project activities, inputs, outputs and outcomes and is attached in Appendix A.

Description of the participant group: CDTC participants' history and characteristics were collected using information in participant application forms and screening interviews. This information is discussed in Section III.

Participant retention, participation and outcomes : Information about retention, participant participation in program processes and outcomes were documented using information from the weekly updates on participant progress. Sections II and IV discuss information about participant retention, outcomes related to relapses and stability indicators, addictions, recidivism as well as participant feedback about the program gathered using Exit Surveys.

Cost Analysis: CDTC has undertaken a series of cost analyses, to determine the cost savings and cost avoidance that are achieved as a result of the program. (see Section IV).

Participant perspectives: Information gathered from interviews with participants who have left the program, lending their voice and providing additional context to the results documented in this report (see Section V).

Staff perspectives: Conversation and focus groups with the CEO and staff helped ascertain the key learnings that have emerged over the last several years and potential directions for program development (Section VI).

Section II. Retention

As discussed in the program description section, participants must take several screening and application steps in order to be accepted into the program. These are in place to ensure that the applicant meets legal requirements and whose mental health and addiction needs can be addressed through program offerings.

Most referrals to CDTC come from defence lawyers or the Remand Centre staff and others are self referrals. Participants interested in admission to the program complete a CDTC Application form containing information about criminal and substance abuse history and reasons for applying. The application is reviewed by the Federal and/or the Provincial Crown for consistency with the CDTC eligibility criteria. The Crowns also receive a criminal background history from the Calgary Police Service and consult with police in making screening decisions.

Crown screening is followed by the treatment screening which is comprised of an interview and administration of the standardized assessment tool (SPiN). Treatment assessment helps determine presence of addiction to eligible substances (i.e., methamphetamine, cocaine, heroin or another opiate) and examines applicant's suitability to participate in treatment, focusing, in particular, on mental health or other issues that may create excessive barriers to the participant's participation in the program.

2.1 Number of Participants Served

Once in program, the participants are expected to report to a probation officer as directed, follow the conditions of their CDTC bail order, follow the treatment direction of the CDTC treatment team, submit to random drug tests, attend, on a weekly basis, the Drug Treatment Court, and, if they are in a residential placement, to follow the rules and policies of that placement. Participants can be discharged from the program and returned to court for sentencing prior to completion if they abscond from the program, commit a Major Program Violation (engage in new criminal activity, cause harm or pose a threat of harm to others, or interfere with a drug test), or demonstrate frequent and repeated non-compliance with proximal goals or non-adherence to their treatment plan despite graduated sanctions and other program interventions.

This document reports on the participant cohort accepted to the program between May 2007 and December of 2019. All participants who are judged eligible by the Crown, Treatment and by the Court Team can choose to leave the program within the first 30 days and withdraw their guilty plea without penalty. There were 55 applicants who withdrew, were discharged or went AWOL from the program within one month of admission. The remaining 248[4] participants were formally considered as CDTC participants. The 55 applicants are not included in this discussion or the table below because they have not been in the program long enough to experience any type of impact.

[4] Includes 10 participants supported in CDTC Early Intervention Program initiated in February of 2018

This report compares participant information across service periods that have been selected to account for the start-up phase as well as the earlier phases during which the program was not fully funded. As shown in Table 1 below, the program has been able to consistently accommodate a higher number of active participants within each subsequent service period: from 5 in its start-up period, to 74 and then 124 in the two most recent service periods. The reasons for substantial increase in the number of participants served in the two most recent service periods included:

- an increase in referrals starting in about mid-2013, coinciding with the onset of the opioid crisis;
- program success in obtaining community funding in October 2017 when other funding was substantially decreased

Since 2017 the program has grown its capacity to 40 participants and has been able to sustain it with new injection of provincial government funding until 2023.

Table 1. Number of Participants Served by Service Period

Service Period	Number Served
May 1/07 to Feb 28/08	5
Mar 1/08 to Mar 30/10	27
Apr 1/10 to Mar 30/12	41
Apr 1/12 to Mar 30/14	57
Apr 1/14 to Mar 30/16	74
Apr 1/16 to Dec 31/19	124

Tables 2 and 3 illustrate the CDTC participant retention rates. Table 2 shows retention rates reflecting the service period in which the participants were admitted. Table 3 shows retention rates reflecting the service period in which the participants completed the program and, therefore, includes only participants who have left the program.

Table 2 describes the percentages as a proportion of all participants admitted in a particular service period and includes participants currently in program as well as those who have left the program. The table shows the reduction in discharge proportions (from about 70% in early program stages to a range of 39% and 49% in the two most recent admission periods[5]). The graduation and discharge rates for the most recent service periods are preliminary in this table because about 10% of the participants are still in the program.

[5] The proportions in the first service period are less meaningful given the overall small number of participants

Table 2. Program Status by Service Period of Admission

Admission Service Period	Discharged[6]		Graduated		In Program		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
2007-2008	3	60.0%	2	40.0%	0	0%	5	100%
2008-2010	15	68.2%	7	31.8%	0	0%	22	100%
2010-2012	11	40.7%	16	59.3%	0	0%	27	100%
2012-2014	22	55.0%	18	45.0%	0	0.0%	40	100%
2014-2016	26	49.0%	27	50.9%	0	0.0%	53	100%
2016-2019[7]	39	38.6%	33	32.7%	29	28.7%	101	100%
Total	**116**	**46.7%**	**103**	**41.5%**	**29**	**11.7%**	**248**	**100%**

Table 3 most accurately describes the program's graduation and discharge rates, because it takes into account only those participants who have completed the program in either of the six service completion periods. Inclusion into this calculation of the participants who are still in the program would not reflect those who will likely graduate or others who would be discharged and would not, therefore, represent the true rates, comparable across service periods.

Table 3. Program Status by Service Period of Program Completion

Completion Service Period	Discharged		Graduated		Total	
	Number	Percent	Number	Percent	Number	Percent
2007-2008	0	0.0%	0	0.0%	0	100%
2008-2010	10	77.0%	3	23.0%	13	100%
2010-2012	13	54.2%	11	45.8%	24	100%
2012-2014	19	52.8%	17	47.2%	36	100%
2014-2016	28	54.9%	23	45.1%	51	100%
2016-2019	46	48.4%	49	51.6%	95	100%
Total	**116**	**53.0%**	**103**	**47.0%**	**219**	**100%**

As can be seen from Table 3, there were no participants who left the program (or who were either discharged or who graduated) in the first service period. According to the information in the table, over the course of the remaining service periods graduation rates have increased from about 23% to about 52% and discharge rates dropped from 77% to about 48%.

[6] Note that the number of discharged participants includes 28 participants who were described as "Engaged Discharged". These participants remained in the program for an average of about 1 and a half years before they were discharged.

[7] to the end of December 2019

2.2 Length of Stay and Completion Status

Participants are required to remain in the program for a period of at least one year before they are eligible to graduate. The average length of stay in the program is consistent with this requirement – participants remain in the program an average of about 13 months (379 days).[8] Over 60% of the participants (61%) remained in the program for one year or longer.

The participants were generally discharged for a combination of reasons which often included being absent without leave, chronic noncompliance, their own choice to withdraw from the program, and new criminal charges. In 2014 CDTC has developed and implemented a dismissal policy to ensure that a clear and consistent approach is used to make dismissal decisions. The policy states that a dismissal from the program may occur when:

- A participant absconds from the program;
- A participant commits a Major Program Violation which includes engaging in new criminal activity, possession of a weapon, causing harm or threatening harm to others, or tampering with a drug test;
- An adequate/suitable addiction treatment option is not available to meet the participant's addiction treatment needs; or
- A participant demonstrates repeated non-compliance with the proximal goals of the program, which continues despite progressive court sanctions along with other program interventions.

Not including those who left within one month, there were a total of 219 participants who left the program, including 116 who were discharged and 103 who graduated. Analysis with respect to the length of time in program was done on those participants who were discharged or graduated to determine association between length of time in program and graduation status (Table 4).

Overall, the participants remained in the program for an average of about 12.6 months. Predictably, participants who graduate are likely to remain in the program for a longer period of time than the participants who are discharged (an average of about 16 months as compared to about 9 months for the discharged participants).

Table 4. Months in Program by Program Completion Status

	Discharged		Graduated		Total	
Months in Program	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
3 months or less	12	10.3%	0	0.0%	12	5.5%
between 3 and 6 months	35	30.2%	0	0.0%	35	16.0%
between 6 months and 1 year	37	31.9%	2	1.9%	39	17.8%
between one year and 18 months	20	17.2%	80	77.7%	100	45.7%
18 months or longer	12	10.3%	21	20.4%	33	15.1%
Total	**116**	**100.0%**	**103**	**100.0%**	**219**	**100.0%**

[8] Includes only discharged or graduated participants

Moreover, and as shown in Table 5 below a relatively large proportion of discharged participants (n=31, an additional 18% of the 219 participants who left the program or 27% of 116 participants who were discharged) remain in the program for one year or longer. Judging by the length of their stay in the program, these participants may have been able to make substantial progress in spite of their discharge status.

As shown in Table 5, added together, the proportions of graduates and the long-stay discharges were the lowest in the first two service periods - at zero and about 40%, the highest in the 2010-2012 service period at about 75% and at about 60% (similar to the overall average) in the most recent two service periods.

Table 5. Percent of Engaged Participants by Service Period of Program Completion

Service Period	Number Graduated	Number Long-Stay Discharges	Total Participants Completing Program	Percent of Engaged Participants
2007-2008	0	0	0	0.0%
2008-2010	3	2	13	38.5%
2010-2012	11	7	24	75.0%
2012-2014	17	4	36	58.3%
2014-2016	23	5	51	54.9%
2016-2019	49	10	95	62.1%
Total	**103**	**28**	**219**	**59.8%**

Section III. Participant Description

This section summarizes information about 248 participants who were accepted into the program between May of 2007 and December 2019 and who remained in the program for one month or longer. The section discusses demographic characteristics, stability, health and addiction-related factors. Where possible and relevant, the discussion identifies differences, between participants accepted in the five service periods and examines the interaction between participant characteristics and retention in the program.

3.1 Demographic Characteristics

CDTC gathered information about participants' gender, age and ethnocultural background. Overall, the program's composition is about 79% male, on average 34 years of age (with majority of the participants - about 78% - aged 40 years of age or younger), and primarily of European origins (73% as compared to 16% of Indigenous participants and 11% of participants with other backgrounds, e.g., Caribbean, Asian and African). There were no major differences in participant composition across six programming periods – the lower proportion of female participants is likely a result of fewer women applying to the program and others not meeting basic eligibility screening – which appears to be a common occurrence across other court programs.

Table 6. Participants' Demographic Characteristics by Service Period of Admission

	2007-2008		2008-2010		2010-2012		2012-2014		2014-2016		2016-2019[9]	
Gender	#	%	#	%	#	%	#	%	#	%	#	%
Male	4	80.0%	16	72.7%	20	74.1%	34	85.0%	45	84.9%	76	75.2%
Female	1	20.0%	6	27.3	7	25.9%	6	15.0%	8	15.1%	25	24.8%
Age (avg)		(36)		(32)		(34)		(32)		(35)		(33)
under 30	2	40.0%	11	50.0%	11	40.7%	16	40.0%	16	30.2%	36	35.6%
31 to 40	1	20.0%	7	31.8%	9	33.3%	18	45.0%	22	41.5%	45	44.6%
41 +	2	40.0%	4	18.2%	7	25.9%	6	15.0%	15	28.3%	20	19.8%
Ethnocultural Background[10]												
Indigenous	1	20.0%	5	25.0%	9	39.1%	6	15.4%	2	4.8%	11	12.2%
European	1	20.0%	11	55.0%	13	56.5%	29	74.4%	35	83.3%	70	77.8%
Other	3	60.0%	4	20.0%	1	4.3%	4	10.2%	5	11.9%	9	9.9%

[9] To the end of December 2019
[10] Calculates percentage based on the total number of participants with available information

Retention and Demographic Characteristics

- Female participants are more likely to graduate than male participants. Fifty five percent of female participants who left the program graduated, as compared to 52% of male participants. This information confirms other research suggesting that, although fewer women access this type of programming, they do better in treatment than men (NADCP, 2012).
- Youngest participants (30 or younger) are least likely to graduate as compared to the 31 to 40 age group or the oldest participant group (41 or older) (42%, 57%, and 59% respectively of those who left the program). These results are consistent with evaluations of other drug courts where younger participants present challenges for the drug court programs, both in terms of retention and treatment (Patra, 2007). Younger male participants tend to have used substances since early age and bring more behavioural and developmental problems that can be more difficult to manage in residential treatment settings.
- Participants of diverse backgrounds (e.g., Caribbean, East Asian, Middle Eastern, Latin American and African) or Indigenous participants were less likely to graduate than the participants with European origins (43% of Indigenous participants graduated as compared to 48% of the participants with European origins and 44% of participants with other backgrounds).

3.2 Stability Factors

At the time of arrest[11]:

- 89% were earning less than $15,000 per year, and almost all (97%) earned most of their income illegally prior to admission to the program (e.g., through drug trafficking, theft, prostitution and fraud);
- 58% did not graduate high school;
- 82% were unemployed; and,
- 42% were living in a homeless shelter or on the street and an additional 35% did not have permanent housing and were living with their friends or family or in transitional housing.

About 40% of the participants (n=101) had children who were less than 18 years of age, including 56 participants with children under six years of age. Ten participants were pregnant at the time of their admission to CDTC. There were only 15 instances in which children were living with the participants at the time of their admission to the program.

About 78% or 193 participants had experienced either physical and/or mental health concerns at the time of intake. Those with physical health issues were managing a variety of different conditions, including 66% with acute treatable problems that had often been neglected as a result of the addiction (e.g., eyesight , hearing, dental, allergies, asthma, injuries, infections) and 58% with serious chronic problems requiring on-going management (e.g., heart problems, Hepatitis C, HIV, brain injury, STD's, epilepsy, kidney problems, lung disease, diabetes and chronic pain).

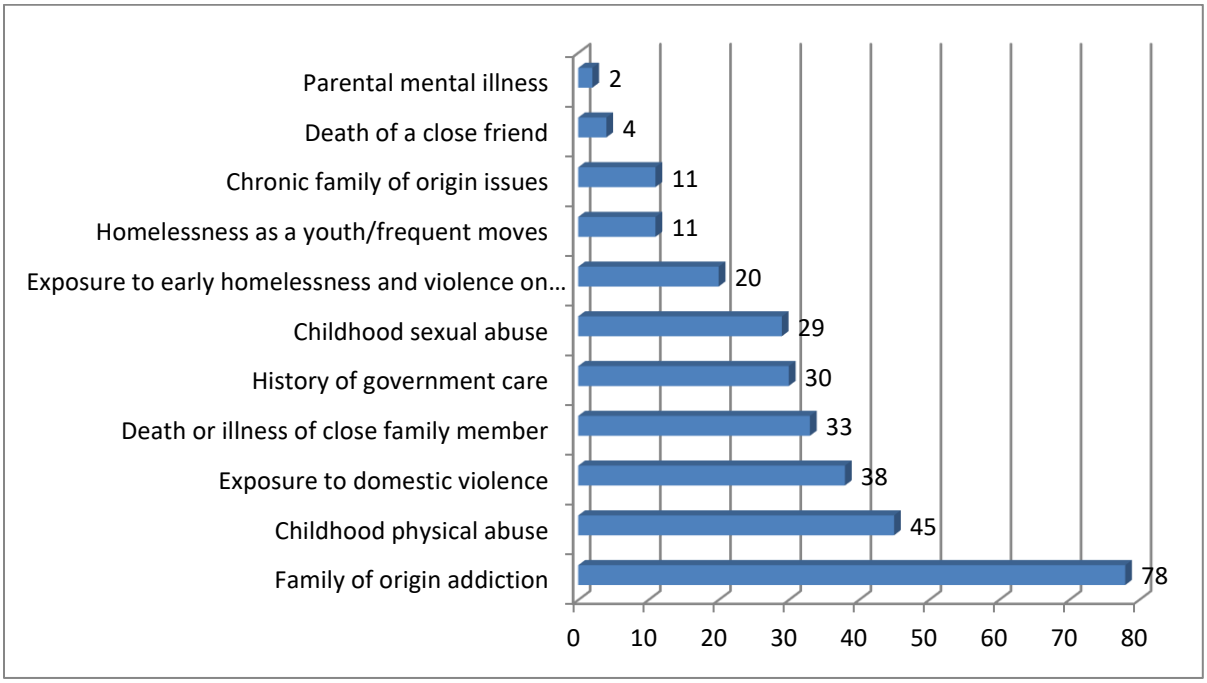
[11] Percentages based on total respondents with this information

Sixty three percent were also experiencing mental health concerns, most often including depression, anxiety and developmental concerns such as ADHD and FASD (32%, 27% and 27% respectively). Other mental health issues included bi-polar disorder, schizophrenia, PTSD, anti-social personality disorder, oppositional defiant disorder, panic disorder and a history of suicide attempts or ideation. Since September 2015, CDTC also recorded 35 participants (28% of that cohort) who had been hospitalized to address their mental health issues.

3.3 Historical Issues

CDTC started gathering information about historical issues in October of 2012. There were a total of 183 participants who were admitted since that time and at least 134 of these participants (73%) have had significant traumatic experiences that may have contributed to their addiction. As shown in Figure 1 below, family of origin addiction was an important factor, as were childhood physical and sexual abuse, exposure to domestic violence and death or illness of a close family member and history of government care.

Figure 1. Number of Participants with Historical Issues



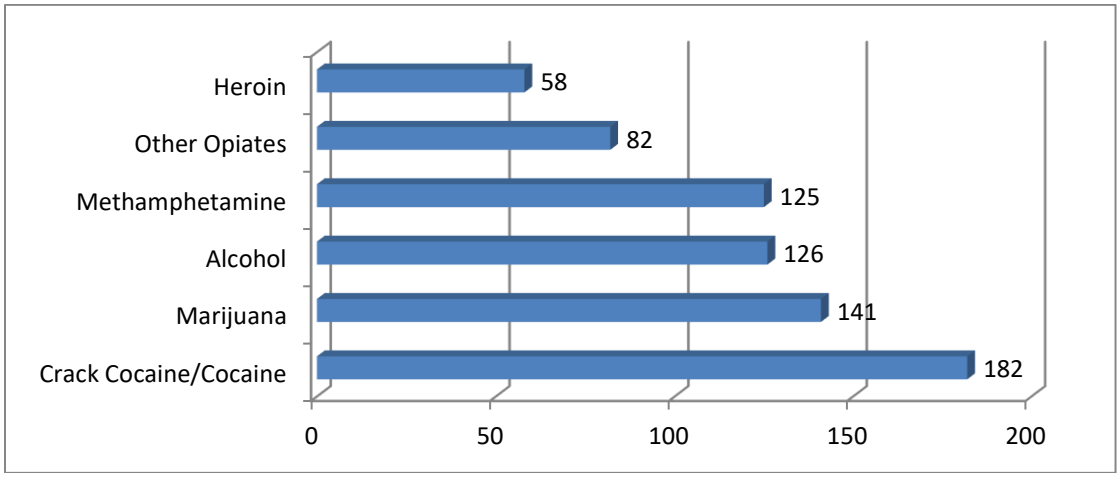
3.4 Addictions

All participants admitted to CDTC met the DSM criteria for addiction, defined as "a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the following occurring within a 12-month period": This pattern is further defined as:

1. Recurrent substance use resulting in failure to fulfill major role obligations at work, school or home;
2. Recurrent substance use in situations in which it is physically hazardous (e.g. street living);
3. Recurrent substance-related legal problems; and,
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

Congruent with CDTC admission criteria, all participants were addicted to methamphetamine, or cocaine, or heroin, or another opiate. Figure 2 provides information about the participants' drugs of choice. A large majority who answered this question were addicted to cocaine or crack cocaine (n=182 or 73%) and all, with very few exceptions also had multiple addictions – generally these were addictions to cocaine, alcohol and cannabis. About half of the participants were also addicted to alcohol or methamphetamine, 23% were addicted to heroin, and 33% to other opiates including fentanyl, morphine and other prescription opiates.

Figure 2. Participants' Drugs of Choice



CDTC staff also report that many CDTC participants, in addition to their primary drug addiction, presented with other addictions, including sex, food and gambling. In addition to the drugs of choice reported at intake most participants have used many other drugs or substitutes, in essence confirming again the complexity of their drug use experience.

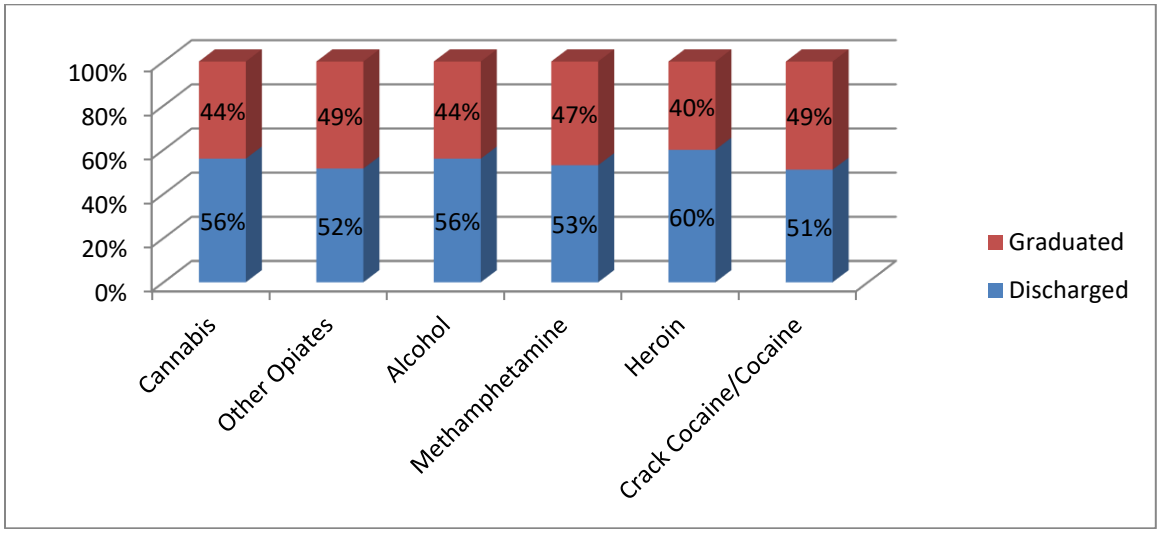
Most participants started using these drugs at a very young age, some starting as early as 6 years of age, with average age of onset of drug use at 14 years of age. At least 68% of the participants had attempted to address their long-standing addiction problems prior to their admission to the Drug Treatment Court Program and for many the program was an option of last resort. Almost all of the previous services were residential treatment options, however, none of these services included a judicial component.

Such treatment options included Action North Recovery Centre, Alpha House, Aventa, Aurora Treatment Centre, Beaver Lake, Bonnyville, Behavioural Health Foundation, Bowden Institution, Calgary Dream Centre, Centre of Hope Salvation Army, Grace House, Crossroads, Edgewood, Fresh Start, Henwood in Edmonton, Howard House, Landers Centre, Miracle Valley, Native Healing Lodge, Northern Addiction Centre, Poundmakers, Renfrew Detox, Serenity Ranch, Servants Anonymous, Shunda Creek, Simon House, Sunrise Native Addictions, Youville, and 1835 House. They also included day treatment programs such AADAC, Alberta Health Services, Teen Challenge and NAS.

Maintenance of the drug addiction for the participants necessitated involvement in criminal activity. At the time of intake, the participants spent on average $1940.14 each week to support their habit, ranging from $100 to $10,000 per week. Their involvement with criminal activity had started as early as 10 years of age or at 19 years of age on average.

As shown in Figure 3 below, choice of drug was somewhat associated with the participants' retention in the program. Those who used heroin, alcohol or cannabis were less likely to graduate than the participants who used other types of drugs. Alcohol and heroin in particular have especially potent and displeasing withdrawal symptoms in comparison to the other drugs. Detoxification from these drugs requires very specific medical attention and access to such facilities in Calgary is limited.

Figure 3. Retention and Drug of Choice



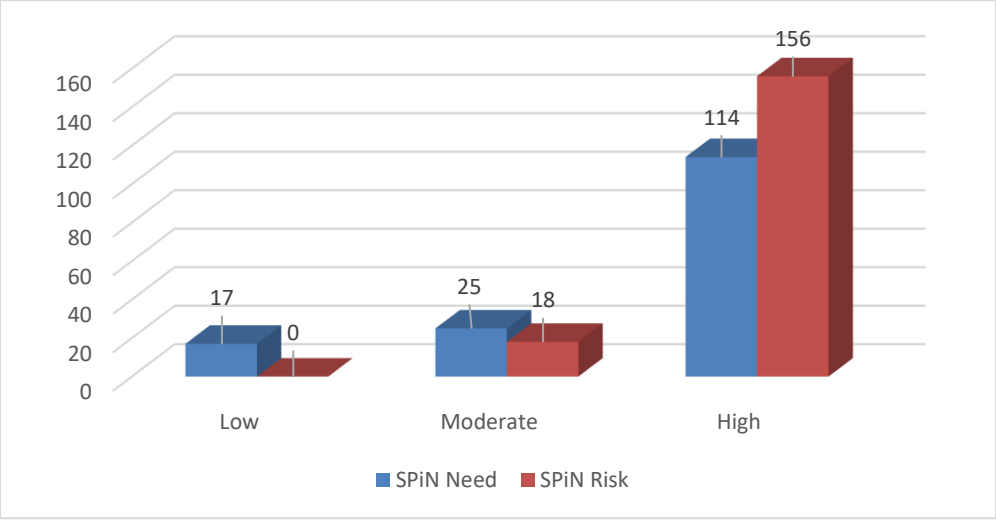
3.5 Participant Description - Summary

The CDTC participant population is consistent with the 'high needs, high risk' group that Marlow (2010) suggests drug courts should target. According to Marlow, the participants represent a good fit for the Drug Treatment Courts if they are:

- Younger
- Previously failed treatment
- Drug dependent or addicted
- Unemployed
- Homeless
- With chronic medical conditions
- Diagnosed with antisocial personality disorder
- With history of trauma
- With more prior felony convictions

CDTC continues to rely on a comprehensive assessment process, ensuring that participants who are admitted to the program represent the best fit with what the program can offer. CDTC uses the SPiN assessment tool for an overall assessment of risk and needs. The data from the SPiN assessment also confirms that CDTC supports an extremely complex participant group, where a large majority of the participants are assessed as high need (73%) and high risk (90%) (Figure 4). Participants with multiple and complex array of issues over and above their addictions require intensive services and supports, lower case load sizes and involvement of multiple disciplines.

Figure 4. SPiN Assessment



Section IV. Program Outcomes

The CDTC program seeks to accomplish several outcomes for its participants, for the service providers who are involved with the program and for the community as a whole. This section summarizes the information measuring the pro-social lifestyle indicators as well as participant behavior, relapse and recidivism outcomes.

4.1 Pro-Social Lifestyle Indicators

Housing

The treatment assessment team recommends a particular type of addiction program that is most suitable to participant's needs – including residential treatment or day programs. At program admission, those in residential treatment are housed in one of the several treatment centers and others live in community housing. When they move into Stage II, usually after about 3 months in Stage I, all participants begin seeking a longer-term housing alternative which must be in place at least three months before they exit the program.

As noted earlier in the document, at the time of intake, 42% were living in a homeless shelter or on the street and an additional 35% did not have permanent housing and were living with their friends or family or in transitional housing. Only about 23% were living in their own or rented apartment or residence.

During their participation in the program almost all of the CDTC participants had housing, usually in residences attached to treatment centres which provide longer-term stay in stable recovery-oriented housing. The participants' final housing options at program exit are summarized in Table 7 below.[12]

As shown in the Table, Calgary Dream Centre and Simon House were the most frequently used treatment housing options, and the participants often remained there for some time after leaving CDTC. There was also a substantial proportion of participants (about 24%) who were able to transition to independent housing in the community, living on their own or with their family or friends. While in program several participants have had to change their housing to ensure the best fit with their treatment needs.

[12] Includes all information since housing was tracked

Table 7. Housing at Conclusion of Program

Housing	Number	Percent
Calgary Dream Centre	67	31%
Community/Private Res	46	21%
Simon House	37	17%
Fresh Start	11	5%
Youville	9	4%
Family/Friends	7	3%
Aventa	5	2%
Victory Manor	5	2%
Keys to Recovery	4	2%
Mary Dover House	4	2%
Mustard Seed	4	2%
Oxford House	4	2%
Centre of Hope	3	1%
AADAC	1	0%
Alcove	1	0%
Assisted Living	1	0%
Grace House	1	0%
Sabrina House	1	0%
Shunda Creek	1	0%
WISH	1	0%
Total	**219**	**100%**

Employment

Almost all CDTC participants (82%) were unemployed at the time of their admission to the program. Because employment plays a significant role in the recovery process, CDTC began a formal employment program in late 2009. The program is a partnership among CDTC, Alberta Works and several private employers in the community. The program seeks to help address barriers those with addictions often experience in the workplace. The graduates are expected to have a minimum of 3 months of employment prior to graduation.

CDTC began consistently gathering employment data beginning with participants admitted on January of 2013 or later (n=160). Since that time and before the end of the data collection period in December of 2015, a total of 102 participants were eligible to be employed - participants who were considered not eligible for employment were in stage 1, or discharged in the first 3 months in program (n=39) or unable to work due to health reasons (n=17) or were students (n=2). Of the eligible participants, 82 (80%) were employed at the time of graduation or discharge from the program and an additional 14% (n=14) were employed at least once while in program.

The employment placements varied, and included manual labour work with positions in autobody, renovations, construction, roofing, landscaping, maintenance, carpentry, and excavating although there were also some jobs in gym and restaurant industry, manufacturing, clothing and electronics sales. CDTC staff worked closely with the employers to support the sustainability of the positions and ensure continued good fit. Most of the program participants had to change their jobs at least once over the course of their stay with the program. The reasons for employment change varied, generally including leaving for a better job, being laid off, going on a maternity leave, as well as leaving the program.

Resource Linkages

CDTC also links program participants with various resources needed to address issues that the participants are experiencing. For example a large majority of CDTC participants (78%) had physical or mental health concerns at the time of intake. Most of these participants neglected their health needs for a long period of time. The supports provided by CDTC and/or treatment facility staff included linkages with dentists for dental work or surgery, linkages with CUPS for HIV and HepC support as well as both CUPS and Sheldon Chumir health centre for chronic illness management. Additionally, CDTC provided to the participants accompaniment to medical appointments, support with medication consultation, prescription and management, and assistance to address pregnancy-related complications. In general, CDTC worked to assist participants to negotiate the barriers associated with access to health services.

In addition to recovery and health resources, CDTC also supported participants' connections with many other types of resources, including education (e.g., computer course, employment training), financial (e.g., Alberta Works), Food Bank, general support (e.g., couples counselling or therapy), spiritual (churches).[13]

4.2 Addiction and Relapses

When in the program, the participants were expected to follow the rules of each treatment facility, demonstrate positive attitude, actively participate in treatment options, remain in the treatment facility unless provided permission to leave and to abstain from drug and alcohol use. They are also expected to participate in the Criminal Addictive Thinking Group (CAT), Moral Reconation Therapy (MRT) as well as the Continued Care Group for CDTC graduates. The CAT and MRT help address distorted thinking and attitudes toward crime, and Continued Care Group is there to provide on-going peer support and linkages.

Participants' compliance is tracked using several indicators, including the number of days drug-free, presence or absence of positive drug tests or relapses and the number of times participants were absent without leave. Prior to coming into the programs, all participants were using drugs or alcohol on a continuous basis, interrupted by rare periods of sobriety. By comparison, and as shown in Figure 5, almost 40% of all CDTC participants had not experienced

[13] Please also see lists on page 4 and 5 for other supporting community resources

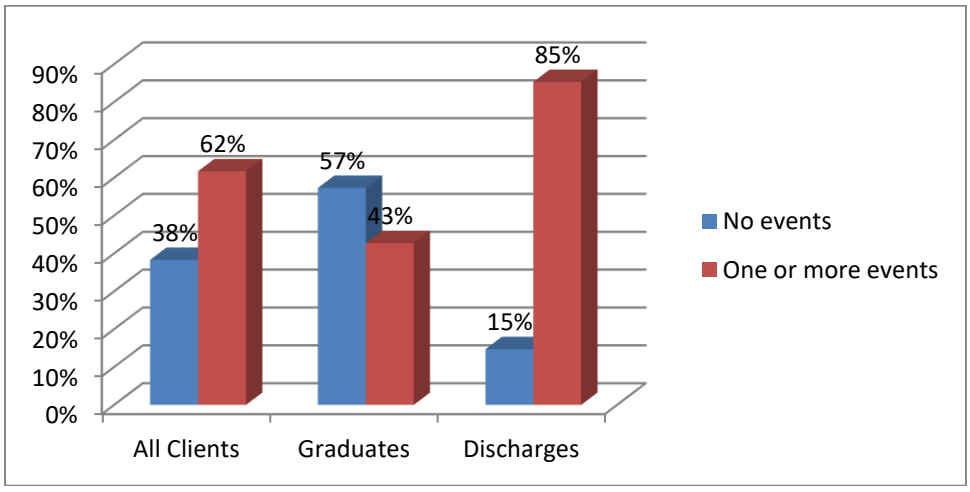
any relapse-related incidents while in program. Those incidents often included leaving the program without permission, failing or missing a drug test, or general non-compliance. Of these, absence without leave was one of more significant indicators, with about 42% going AWOL at least once (Table 8). As shown in the Table, a majority of those who did go AWOL did so only once and were absent for an average of about two weeks.[14] The results on the average length of AWOLs reflect the fact that many of these participants return on their own to continue in the program or are picked up by the police. CDTC also dismisses any participants who are AWOL for more than 30 days.

Table 8. Number and Length of AWOLs

Number of Times AWOL	Number Participants	Percent of Participants	Average Number of Days AWOL
None	144	58.1%	0
Once	67	27.0%	14.9
Twice	27	10.9%	29.33
Three or more	10	4.0%	38.63
Total	**248**	**100.0%**	**7.9**

Predictably, the proportion of participants without relapse-related incidents increases to almost 60% when only graduates are considered and decreases to 15% for discharged participants. Given that all of the CDTC participants would have been in frequent relapse prior to coming into the program, it can be considered a sign of program success that only 10% of all of the participants (5% of all participants who graduated and 16% of the participants who were discharged) had experienced 3 or more relapse-related events while in program.

Figure 5. Percent of Relapse-Related Events by Program Completion Status

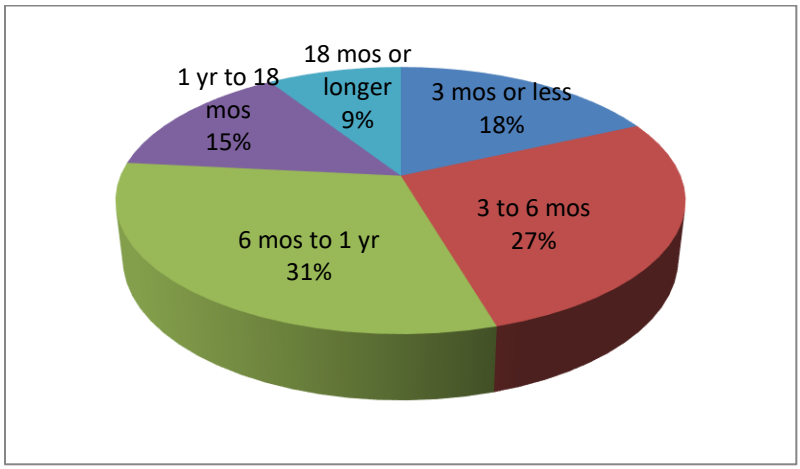


[14] Note that the average number of days AWOL reflects a cumulative total of all days absent, rather than an average number of each time AWOL

Furthermore, while they were in the program their periods of sobriety were much longer than what the participants have experienced prior to their entry into the CDTC program. Among those who have had at least one relapse event, the overall average length of time drug-free while in the program was 264 days – 310 days for the graduates and 240 days for the discharges. As illustrated in the chart below, 55% of all participants who had relapse events – including those who graduated and those who were discharged - experienced periods of sobriety of 6 months – 180 days - or longer, with 56% sober for over a year (Figure 6).

As shown above, there was an association between participants' discharge status, the presence of relapse events and the length of periods of sobriety. The fact that not all of those without relapse events or with long periods of sobriety had successfully graduated and that not all of those who were discharged had relapse events or shorter periods of sobriety illustrates the complex nature of this work and demonstrates how the program takes into account a variety of different indicators to inform discharge decisions.

Figure 6. Length of time clean while in program



In fact, one of the achievements of CDTC has been development and implementation of the CDTC dismissal policy to ensure there is a clear and consistent approach to make dismissal decisions. The policy states that a dismissal from the program may occur when:

- A participant absconds from the program;
- A participant commits a Major Program Violation which includes engaging in new criminal activity, possession of a weapon, causing harm or threatening harm to others, or tampering with a drug test;
- An adequate/suitable addiction treatment option is not available to meet the participant's addiction treatment needs; or
- A participant demonstrates repeated non-compliance with the proximal goals of the program, which continues despite progressive court sanctions along with other program interventions.

4.3 Recidivism

Recidivism is defined as presence of criminal charges or convictions post-graduation. Since starting operations in 2007, CDTC undertook four recidivism studies:

1. with a cohort of 15 program participants who graduated between October 2007 and June 2010, as summarized in 2011 report;
2. with a cohort of 22 program participants who graduated between April 2010 and November 2013 and discussed in the 2014 evaluation report;
3. with a cohort of 36 program participants who graduated between April 2010 and March 2015 and which is available on the CDTC website; and
4. with a cohort of 100 participants who graduated or were discharged from CDTC between 2008 and 2015
5. the most recent study that is summarized here (detailed report completed by CDTC CEO Arla Liska can be made available upon request).

Study Cohort and Methods

The study cohort includes 87 participants who graduated from the Calgary Drug Treatment Court Program during the 9+-year period between April 1, 2010 and June 30, 2019. The information for the study was gathered from two key sources:

1. Alberta Justice System Database JOIN provided Criminal Record Data providing actual criminal convictions pre, during and post program
2. Calgary Police Service (CPS) provided information about police contacts and charges laid by CPS which did not necessarily result in convictions in court (a new addition this year).

CPS were provided a list of CDTC participants who graduated from the program, along with the date of program intake and date of program completion. CPS then provided to CDTC an excel spreadsheet with the list of entries/contacts and their dates, along with the type of contacts. The police contacts were only included when the individual was identified as a suspect, accused or involved in an incident, but not when they were identified as a victim, parent, known associate, reporter, or passenger.

The analysis includes post-program convictions during an average period of 3.84 years. The time that elapsed between graduation and June 30th, 2019 for this cohort ranges from 3 months to 9 years and averages 3.84 years. It analyzes information about the type of charges before, during and after graduation, providing a clearer picture of involvement in criminal vs. administrative breaches and analysis of criminal involvement over equivalent time periods before and after the program.

Results

Comparison of information during equivalent periods prior to admission and following program completion shows a 76.1% decrease in criminal convictions, and a 67.3% decrease in documented contacts with police.

Data on criminal convictions showed:

- 66.7% of graduates had no new convictions since graduation. When administration of justice convictions and single drug possession convictions are excluded, 75.9% have no new convictions since graduation.
- Graduates had a total of 2,803 convictions prior to program admission and 279 convictions following program completion.
- When comparing only those convictions incurred during the same length of time prior to admission as the time elapsed following graduation, there are a total of 1163 pre-program and 279 post-program convictions. This equivalent pre-post comparison shows a decrease of 76.1% in convictions at an average 3.84 years post-graduation.
- Nearly 70% of those who graduated between 3 and 4 years prior to the study end date had no new convictions.

Data on contact with the Calgary Police Service showed:

- 77 graduates (88.5%) had 1203 documented contacts with the Calgary Police Service, resulting in 1668 charges being laid.
- When comparing the equivalent period of time prior to admission and following program completion, there were 67.3% fewer police contacts with graduates and 69.8% fewer charges laid following graduation.
- 5 graduates (5.7%) who did not have post-program convictions were charged with offences that may reflect involvement in criminal activity (including theft-related, drug trafficking related, and fraud-related charges. If these 5 are assumed to have had post-program criminal activity, the combined the data on criminal convictions and charges following program completion shows that 61 graduates (70.1%) were free from substantive charges and convictions during the average 3.84 years following graduation.

4.4 Cost Savings

CDTC has undertaken a series of cost analyses, to determine the cost savings and cost avoidance that are achieved as a result of the program. This is a summary of the fourth version of the analysis, taking into account new CDTC information and expanding the analysis to include, in addition to criminal justice indicators, cost savings associated with reduced property crime; avoidance of costs associated with jail time; cost avoidance associated with reduced police contacts; and cost associated with avoidance of the warrant/incarceration cycle (full analysis written by Arla Liska, CDTC CEO is available upon request). This calculation considers 87 participants who graduated from the Calgary Drug Treatment Court Program during the 9+-year period between April 1, 2010 and June 30, 2019.

Results

- The cost to serve a participant in the Calgary Drug Treatment Court program is $27,000/year.
- Analysis of the cost avoidance and savings resulting from graduates' participation in the Calgary Drug Treatment Court program shows:

    - Savings of over $76 million in the cost of stolen goods over a period of 4 years;
    - Avoidance of $7.4 million in the cost of incarceration for the average 1 year in custody graduates did not serve as a result of successfully completing the program;
    - Avoidance of over $300,000 in police response costs for 45 program graduates, at an average 2.3 years following graduation
    - Avoidance of over $300,000 in the cost of services involved in delivering the warrant/incarceration cycle (including police response and laying a charge, through to warrant for failure to appear, arrest, incarceration and court appearance) for 45 graduates, at an average 2.3 years following graduation.

4.5 Exit Surveys

CDTC participants complete exit surveys upon conclusion of their program involvement. This section summarizes information provided by 41 program participants who left the program between May of 2016 and October 2019. This is a voluntary survey, predictably including almost all of the graduates in that time period (37 out of 41) but only 4 out 46 who were discharged. Participants' feedback reflects the significant positive impact the program has had on their addiction, and other program success indicators.

With some minor exceptions they described the services as very helpful, thought that they were always treated fairly, and that program staff were always sensitive to their cultural background and that they would choose to enter CDTC if they were to do it over again.[15]

They also described various program elements as very or generally helpful. These elements included drug court sessions, drug court judge, residence, group and individual counseling, drug/alcohol testing, sanctions, rewards, and Court Team members (CDTC, employment, CPS, Duty Council and Prosecutors). CDTC staff was the highest rated element with all respondents judging them as very helpful, followed by the Residential Treatment component with all but two respondents describing it as very helpful. Group counselling, Duty Council and Police received the lowest ratings with between 12 and 10 respondents assessing them as somewhat helpful or not helpful at all. [16]

Majority of the participants (76%) thought that the program length was just right, explaining that they needed all of the time in the program to get the help they needed, to build necessary relationships with the Case Managers and others in the program and to shift to a "normal life".

[15] Depending on the question there were up to 3 respondents who were the exceptions to these trends
[16] The respondents may have been referring to counselling they received at their Recovery House and/or with CDTC Case Managers

They also acknowledged that their going AWOL or relapsing during the program was the main reason for extending the length of stay. The remainder thought it was too long, ending up longer than their original sentence or leading to some frustration while in program.

When asked to identify program elements that were particularly effective in helping them combat their addictions the respondents highlighted program focus on accountability and drug testing, which ensured that they remained sober and focused on their recovery; case managers, counsellors and therapists who provided emotional support and helped address trauma; CAT and MRT groups which delved into the discussions about personal values and behaviour and court appearances with oversight and support from Judges and others in the courtroom.

They also described some incentives that were most helpful, including bucket and gift cards, praise and special recognition for being drug-free and graduation, fewer restrictions as participants succeed (e.g., being with family, not going to jail, getting a cell phone, less court, field trips) and watching others improve. Conversely, sanctions that were most effective included community service hours, jail or a threat of jail, no trips to the bucket, and additional restrictions (e.g., curfew, loss of privileges, weekly court).

The respondents were also asked to compare their current situation to how it was before they started CDTC, specifically with respect to staying drug-free, employment, education, housing, connections with family, network of positive supports, network of professional supports, physical health and well-being, involvement with crime, legal situation, financial situation, emotional and psychological well-being and overall quality of life. On the whole almost all of the participants judged those areas as having improved while in program. The highest rated elements here included their overall quality of life, staying clean, positive supports and professional supports where all participants, without exception, said that their life was better. Predictably, 21 respondents indicated that their education remained the same, since for most education was not the goal that they had upon entering the program.

Section V. Participant Perspectives

Individual interviews with participants took place in December 2019 and January 2020, and included participants who graduated or were discharged at least 3 months prior, and who varied in their ages, gender and background. A total of thirty interviews were completed, most at CDTC offices, some over the telephone and some at Remand. The interviewees completed a consent form reflecting standard research ethics considerations, including confidentiality and right to refuse participation and were thanked for their participation with a $50 gift certificate. The purposes of the interview component were:

- To understand program strengths and weaknesses from the participant's perspective;
- To explore participant perceptions of the program's services;
- To understand how services impacted the participants during and after program completion; and,
- To obtain participants' suggestions for changes to the program.

This section summarizes their feedback, providing further context to the other information in this report and summarizing their impressions while in program and after leaving. The qualitative comments from the Exit survey are also integrated here, to ensure full reflection of participants' perspectives.

5.1 Opinions about the Program

Reasons for Applying to CDTC

At the time of their application to CDTC many participants applied to the program because they were in jail or were facing significant jail time. There were also others who acknowledged, even at the early stages in their application, that they needed help addressing their long term addictions and moving out of criminal lifestyle. Getting reconnected with their families or getting custody of their children was another critical reason for choosing CDTC. In most cases they found out about the program from their lawyers or police and in some instances from CDTC Crown and sometimes others whom they observed changing while at CDTC.

While many simply wanted to get out of jail and had not initially given much thought to what the program would entail, there were some participants that understood that this would not be an easy process.

- The choices I made when I was high were not what I would do when I was sober, I thought it was a fitting option for me and I needed help with my addictions, wanted to be close to my family.
- My decision was – I've used substances my whole life…my life went on the spiral and got out of control, that's when I made the choice to change my life; I landed in jail and got charged with trafficking and possession, and weapon dangerous to the public, I was going to go to treatment whether I would be in jail or not.

- I developed a drug addiction at a young age, it worsened over time, and around 20 crime started; I found myself in position of losing my family, I had no support, [which would make me] get out and do crime again.
- It was getting arrested again; I said thank G-d [that I got a longer sentence and had to access CDTC], every other time they'd have me out in 2 months or 3 months, police officers reminded me of the program …[the lawyers] just want to get you off.
- My life was a mess and I lost my wife in 2016, lost total control of myself and wanted to die, ended up in a homeless shelter on the street; I decided to change my life.
- When I heard about the program I was in Remand, my lawyer at the time said it would be the best option for me, because she had seen hope in me, I was facing jail of 3 to 5 years.
- It was a way of avoiding the jail time, it was a major attraction for this program, talking with my lawyer he was kind of discouraging from participating, he had other experience with other participants who did not have such a good time – conditions were strict and they were not able to maintain those, it does require fundamental change, I don't think everyone is ready for it; but that's exactly what attracted me to it.
- It was not really get out of jail free card because jail would be easier…I would not have had relationship with my daughter or be clean and sober; I was facing 4 years in penitentiary; knowing that I was not going to be away from my daughter; …when you get that far in you don't know where to turn or where to start - it was right in front of me now, I knew that if I did not do that I'm dead.

Program Expectations

Program intensity was a surprise for some CDTC participants, as their initial decisions were primarily based on the desire to get out of jail. The observation of court and program documentation was important for people to get an initial sense of the expectations, but it was the first phase of treatment and, for some, their first relapse, that really helped them understand the scope of the change that they needed, the hard work that they needed to do to get there and the real difference in the program approach that accepts them and treats them as human beings. It was focusing on what was really important in their lives (often family) and removing negative influences (often friends) that helped participants work with program expectations for increased responsibility and accountability for one's behaviour.

- At first I did not know what to think I was pretty apprehensive, I read through the hand book and the requirements …I am going to have to do this and this; for the first month after treatment it was a lot to do, once I got into it - its only as hard as the person makes it as everything in life…I am grateful, it saved my life.
- The observation in court is helpful gives you an idea of what happens in the courtroom but does not help you understand what the program entails.
- I did not know what to expect [they were] not very straight forward about letting us know what we were getting into – no straight answers about what's going on.
- Rules and expectations – I had no idea what I signed up for; my lawyer filled out all my questions and I did not care…so I got kicked out of the drug court and went to another treatment program …after I got some sober time under my belt I had a different mindset.

- When you are busted back to jail, they make you write a reinstatement letter – in my anger and paranoia they said I wrote a victim letter, it opened my eyes, so wrote another letter and they let me back me in – in the second letter I was accountable and honest.
- It was tough at the beginning – as you go from no responsibility to more responsibility and having a busy schedule… I have a 14 year old daughter that I neglected – now I focus on my daughter that turned out amazing… my difficulty was deleting my old friends.
- PO meetings, drug testing, weekly check ins – all of them did help – but they would not help if you don't want them to.
- It was the first time I was ever picked up from Remand, with the usual release I would do the walk of shame down to the bus, whatever happens to you happens to you, I was picked up by [CDTC designate], I felt like I got a direction, it made me feel safe, made a big difference.

<u>Specialized CDTC Group Therapy (CAT and MRT)</u>

Criminal Addictive Thinking (CAT) and Moral Reconation Therapy (MRT) provided an opportunity for participants to address root causes of their addictions and reduce their involvement in criminal lifestyle. On the whole, the participants found value in these groups, because they helped them reconnect to who they were before their addiction and lead them to decide not to do crime even in relapse. While some felt that the groups required too much work, or stretched their abilities, or required that they acknowledge mistakes, they could eventually see their value. The groups were less effective for those who did not have a significant criminal lifestyle before coming to CDTC and those who did not fit well in group settings.

- [CAT and MRT] helped me get back to the core beliefs - I'm a decent person when I am sober - after the course when I relapsed I did not go back to criminal activities – [it was because] I got back to my values – I loved that part of the program – some of the values and beliefs that never changed.
- I did not participate in MRT; I loved CAT, it made me really look into my core beliefs, what is true about me, things that have shaped me, many different things that I built myself around, made me open my eyes about different stuff growing up.
- It was helpful to change my thought process…made me realize why I was the way I was – past history and family issues. I learned to escape from that mindset…do unto others as they do to you…be a better person, lead by example; if they are negative to you be positive towards them; I look at life completely different; if I see someone struggling it was me me me and now I am here to help.
- For me they were hard – just because those two programs really focus on criminal history…I was not a criminal, it was just the DUI and selling drugs… never beat anybody up, I was not even in jail.
- I like them in hind sight – [I initially] found it a lot of work, but I decided I'm going to open this book and then just apply myself – I put a lot of hours to pen and paper – I realized that I'm not that bright – It was huge learning curve in some areas…look at what you did to your parents, your community, you're so selfish, you steal stuff and you go back and do it again; I'm a real piece of work.

- I did not find them being most useful personally, they are not for everyone – it seemed like a book of homework; it was applicable to me but…I never really functioned great in a group setting, it bores me and it takes much away from me.

CDTC Staff

The participants often described CDTC staff as the best part of the program, although many had to work through the program and its expectations before they could fully understand the impact of the support that staff provided. Ultimately, most participants described CDTC Case Managers' (CM) support as just the right mix of empathy, acceptance, accountability and direction, which resulted in building strong therapeutic relationships. In addition to the overall support, Case Managers worked to address the childhood trauma that is significant for many participants, helped build life skills as well as address other practical issues such as legal, financial and employment considerations. Once they've left the program the participants often maintained their connections to the CMs, and this was frequently the connection that they needed to remain sober.

- At the beginning [I thought that CDTC case manager] was too strict…but CM has been amazing, I can go in CM's office and tell CM this is what it is…CM did not always tell me what I wanted to hear; I could talk to CM about anything, they help you through the process; instead of just go do it.
- My CM was awesome, bent over backwards and made me feel like a human again, like I was not just a lost cause; it was important and crucial to me, we were in complete contact all the time; CM always gave me positive reinforcement, we kept in touch and CM really helped me get through it…we really connected.
- At first we had a rocky relationship, I was stubborn, not as honest as I should have been; probably I could have done things a little bit better…I need to be watched and held accountable.
- The staff there are very down to earth, they don't come from a clinical stand, its 'I know what's happening to you', they came from an experience level – they helped me understand myself more on the trauma part of it – it's a disease but also because of childhood trauma, I felt supported, I am able to deal with demons.
- You could call the CM at 3 am and the CM would not hesitate to answer that phone call, especially if you were in the dangerous spot…CM was like a therapist, would talk you through it step by step, help you cope with triggers and hard time you're going through… it's not easy, there are ups and downs – CMs play a huge role, guiding you through, once you get sober you don't know what a normal life is.
- They are never judgmental about what you did in your life, it's kind of like 'I heard it all', their rules were not out to get you, they set you up so you don't fail; they wanted to see us succeed.
- Without the CMs I would have given up – every time I have a problem the first person I call is my CM – if I have questions CM always answers
- CMs were super and I felt like they would not give up on me no matter what I had done. They made it that much easier to reach out, be honest and be accountable with.

Drug Treatment Court

The Court component of the program was critical to the overall intervention success. Although court attendance was sometimes perceived as 'demanding' especially for those who were working or in school, the opportunity to regularly attend court provided several key benefits, including: assessing individual progress, holding people accountable for their behaviours through sanctions and rewards, and providing an opportunity to bond with other people in the program, as well as with the representatives of the justice system. The element that contributed the most to the value of this component was in how the Judge, the Crown, the Duty Council and the other members of court team approached their jobs, treating the program participants as individuals, with respect and compassion and working together to help them succeed. Again, and as mentioned previously, participant's commitment to make a difference in their lives is a necessary precursor for their effective participation in all CDTC offerings, Court included.

- Every week I got a reminder of where I did not want to be, I got to see the consequences of what would happen if I did not follow through; once a week sat down with other guys – that's where we bonded.
- It's good to speak to your progress [yourself, instead of your CMs]…it was the most important part, knowing you had to be accountable and honest; this is all positive, even sanctions or breach is never [presented] in a negative [way] – it's just: 'this is what you've done, so you don't get a gift card'. I never experienced that; they treated us like humans rather than criminals.
- I never had an issue with [the court], lots of people did, because they were doing things wrong. I was excited all the time, when you go you get to see your friends and how positive it was – I've never been in the courtroom that was so positive, people joked around, it was rewarding because they encouraged you when you did good.
- I am monitored…and every week I would feel great that I did another week – as time goes on I become more secure in my recovery, you always have something that you are working on – like getting a cell phone, pay your bills – one step at a time…it slowly goes from a handful of things to a whole bunch of things, then I look back and I don't feel anxiety – but it's not always smooth sailing especially for people who are not here for the right reasons.
- I got a hug from the Crown, I never experienced that before… they understand that we will relapse, but they say if you are honest and accountable you can stay; they have a tough job – they know that not everyone is going to make it.
- The [Drug Court] opened my eyes to a whole new system, I always thought the court was authority figures so I did not need to listen, but it was the weirdest experience to walk into court and have Judge, lawyers, on your side, as drug addicts its engrained in your head that they are on the other side, its mind blowing to see judges cry in court. It made me realize that there are so many people who care…what helped me was that I remained accountable to everybody in the program, now I'm just doing things, I don't have to [talk about it] every day, it has become part of who I am.
- I was going to school full time as well, it was quite demanding, going every week to court, but it was good for me to go. Talking in front of other people helped my shyness; it was refreshing to see everyone once a week and remind me when someone slipped.
- There was care in what was going on, when I was introduced and asked to talk in front of the judge. As addicts we are very guarded about ourselves – the court helped break down the

stigma, the questions that were asked were about our personal well-being and when we responded negative they asked tell us why. The court helped keep a healthy sense of you are not free, any time you mess up you go back. Us as addicts we are always testing boundaries – it made a world of a difference that someone of that caliber wanted to hear more from me and I began to open up.

- A common issue with a lot of addicts and alcoholics is the inability to communicate effectively and openly with people and the drive to be accountable for your actions, standing up in front of the judge every week and being able to talk about your feelings was invaluable.
- I've always said it and stand by it, you can't fake it through drug court, drug testing and courts are one of them, you have so many eyes on you that you are inevitably going to be sober and start making changes; I would not have stayed on track [without drug testing and court].

Treatment Facilities

Those participants in the core program stream were required to stay at one of the CDTC treatment facilities, including, for example, the Calgary Dream Centre, Simon House Recovery Centre, and Aventa Addiction Treatment for women. These facilities played an important role in many participants' recovery by providing them with a structured housing environment, with multiple scheduled activities and regular routine, supervision, consistent expectations, connections and bonding with others, skill building, addictions treatment and support. While important for recovery, the structure and rules were challenging for some, particularly in the initial stages of their treatment.

- It was long, very regimented with in depth counselling and group therapy. This suited me – I knew if given any opportunity to work the system I would have done it. Counselling there focused on trauma and overcoming trauma and how it affects our growing up and our decisions and the way we process our decisions and how skewed your thinking is, what your reality becomes is not reality anymore.
- Lots of rules puts you back on track; structure is important – make your bed in the morning, shave your face, it's an everyday part of living.
- When you come out of your addiction you have only one or two people left and then suddenly you have a lot of groups, if you just released from jail and there is no one around to support you [recovery may be compromised].
- I loved everything – the brotherhood, positivity, it was like I got home, everyone was very welcoming, they were very polite. I needed the rules and strictness; if they just let me do what I wanted to do I would not have made it; my roommate is one of the main reason why I'm here – seeing how far he's come in such a short time.
- The rules and conditions were pertinent – even if it's just the curfew – people roaming around; the structure of the day – having the treatment center pumped recovery into you, there are so many distractions, the treatment provides you with the safe environment and you are surrounded by people that you know.
- I lived on the streets, slept when I wanted, did what I wanted; the first week in treatment I was learning how to do laundry – I did not have the basic skills, the facility gave it to me. I hated them for a year; as I was thinking back – if I did not have structure and those rules I would not have made it.

- They helped me out lots, saw me from rock bottom, [helped me understand] that it's not just all about me; but they picked on me because I did not shave, didn't want to sleep with my door closed, had to do chores, unfortunately not all of us like to clean – I'm not flexible like other people.
- Staying there was tough at first, there is a lot of rules and structure and for someone like me…it was a major adjustment – overall what I got out of there was a routine and structure and sobriety, it was huge to be monitored and be accountable, submit urine test almost daily, can't lie, have to abide by those people's rules.

Relapse and Relapse Management

Prior to coming into the programs, all participants were using drugs or alcohol on a continuous basis, interrupted by rare periods of sobriety. For many, the drug use is grounded in unresolved trauma or mental health issues. It is not surprising that many of them do relapse while in treatment and after they complete the drug court program. While it is acknowledged that there will be relapses, the expectation is that the participants have a relapse prevention plan, are honest about their behaviour, that they take time to understand the relapse triggers and adjust their relapse plan accordingly and that they not engage in criminal behaviour even if they are using. The program employs a variety of options to ensure that appropriate consequences and supports are in place to prevent future relapses. Often times the first relapses serve as an important motivator for future recovery.

- I was struggling mentally how to continue with this life; there was an opportunity for me to participate in a criminal activity and I took it – and I got caught on tape – I cried because I did not want to go back to jail; I got to hug my CM, and they said to start reapplying. They did not make me feel that I was a lost cause – I had good behaviour before then, thought about it – I did crime without being high. I told CM that I would love to be back.
- The biggest thing for me was being sick on detox, I'm scared of this feeling, that's what forces people back, I was given another option to get alternative treatment – suboxone – put on that to come off the opiates.
- I did not lie and took the punishment for it, I had to write a letter…In court I just spoke the truth involving my family and my work.
- I am extremely fearful about talking to people and was looking for jobs and I freaked out and a girl from the past popped up…then I was high and I was messed up; it was not the same anymore, it was kind of living half in each world; and then I got arrested. CM came and talked to me in jail and said you have a week make sure you are clean and they took me back, and that's when I started doing a lot of work. They said 'we'll help you but you need to help us; then we got to all the core problems…even today I discover new things that I work on.
- I had two relapses…I went out drinking with a guy, they breathalyzed us and I went to Remand for two weeks. I had to write a letter re: lapse of judgement – the program did not beat me up over it or make it the end of the world, [instead we talked about] what will it take to move forward – they did not chastise but pick you up and dust you off.

Drug Testing

Once in program, the participants are expected to submit to random drug tests which function as a preventative measure, but also to identify instances in which participants might be reverting to drug use. Most participants saw the value of the drug tests, often referring to the impacts of the long-term drug use and criminal involvement. Those with other external commitments (including participants in the Early Intervention Stream) felt that while important, frequency of drug testing may not need to be the same for all participants. The participants' comments also reflect some issues with drug testing procedures that had occurred during the time of the interviews. These issues have now been largely resolved.

- Drug tests are standard and important – drug is the problem, it's the side effect of the addictive thinking. If you are willing to pick up, and a lot of people will and that's just a reality, they are not done yet [the drug tests are there to keep them accountable].
- Drug testing was important – it was the only thing that holds us accountable, way to prove that we are sober and obeying the law…I appreciate that it was random.
- Drug tests are definitely necessary because that's where everything would be proven, without them it would be a lot different program, people would get away with a lot more.
- You don't need to do it so many times – in combination with court, meetings and tests, it does take up your time when you have other commitments. I feel it would be required for some people, and should be based on your history, [so less complicated history would require less drug testing].
- It sucks knowing that a fair number of participants were getting away [with using GHB] and there was no way to tell, they caught wind of it and brought it up in court – if you catch anybody you're immediately out of the program – they got pretty serious and did their best.
- I hated the drug tests [although there were] lots of good reasons to test me often; but at a time I thought it was a waste of time.

5.2 Life After the Program

Transitioning to Stability

The program intention is that recovery from addiction leads to participants' reconnection to the community and a stable, addiction and crime-free lifestyle. As illustrated in the quote from one of the participants, their reconnection to family, employment and housing are important elements of successful transition to stability that was sustained even after they left the program.

- For me – some people really focus on being sober and how long they've been sober for, it's not what I think about, it's just a small part of it; I've gained work opportunities and steady job and a great career path, me and my fiancée had a baby, I have my own little family now out of being able to change my life; I got a comfortable house to live and vehicle that runs.

CDTC's employment program supports participants by helping strengthen their job search skills, supporting them in obtaining employment and providing continuous follow-up with the employer to ensure sustainable placement. Employment is critical in maintaining sobriety – providing meaningful and productive ways to spend time. One of the challenges in the employment program was overcoming employer prejudice towards participants with criminal background, another was dealing with the effects of history of inconsistent employment due to addiction. For many participants employment ultimately led to improvement in financial situation and their ability to obtain housing or other items supporting productive lifestyle that continued after they left the program. Many were extremely proud about living in their own place which they were now able to afford and support with crime-free income.

- The program made me realize that I did not need all of that substance; I was able to go into a place [of employment], I laid out everything and got the job and I'm still there…it is because I was sober. The only one thing you have to change in recovery is everything.
- I'm working 6 times a week; I only know how to sell vehicles…I was stealing and dealing for two decades plus; now not qualified for anything else; the police officer from drug court wrote a letter on my behalf and they gave me a conditional license.
- I work 6 to 6; then drug test at 6:30 then a meeting 7:30 – it was tiring and exhaustive, no time to think about using…do not let your shield down – your addiction is always in the parking lot doing pushups waiting for you, it takes one second to screw up.
- Employment was not easy, I'm grateful I've had sales experience in the past, even then transitioning to society and getting a job was a lot more difficult, especially having to explain that we have a criminal record and having every Thursday off; being open and honest about our background turned people off. I realized that things I did were not inexcusable – I talked to employer about it, I want to address the objection before it becomes an objection. The boss said he was not sure he could hire me – now he says it's one of the best decisions he ever made.
- I got back into welding when I was still in drug court, drug court helped find a job…One big thing they help you with is set you up with a resume builder - someone who goes over your past and helps you with resume and how to properly present yourself, and to help you when you're applying online how to get your resume out; I learned about skills that helped pursue my daily job and excel in it. Now I've had two raises, company vehicle, pay for my schooling – I've done really well; my life has definitely done a full 360 since coming out of drug court.
- I got to have my own apartment very quick – CM advocated to get my own place again.
- Another participant and I have a 3 bedroom house, it's nice to get money in your bank, it did not take long to become a normal person.

Participants spoke often about how the real value of their sustained recovery after program completion was in reconnecting with their families, building positive and drug-free relationships with friends or partners and obtaining custody of their children. Importantly, many have become more aware of how some of the old relationships contributed to their addictive and criminal behaviours.

- I never went back to criminal activities; not hanging out with old friends; became aware of how my mom is enabling me; I met a girl while I was in drug court – we have a daughter and our relationship is going well.

- I have my rights back to my daughter; living on my own with daughter…I'm being responsible with my daughter…she is going to an educational daycare and is very close with mom and dad; her relationship with mom and dad is incredible.
- What keeps you sober is my son – he says, 'please don't leave me ever again'. I am seeing life clearly, I live today as a normal civilian: I work, I do my chores and yard and then go to bed.
- I changed who I had around me (it was good I did not know anybody here) only people I knew were those in recovery. I changed my attitude, who I talked to, got a new phone, new number new everything.
- I met my girlfriend at a recovery church…she is familiar with recovery and addiction. At the treatment center I learned about how to treat women proper– when we are ready to have a relationship we know how to do it – they require time.
- Towards the end of my addiction…my parents would not talk to me any more… I was not a good brother I was just stealing everything – now they are back in my life; we just bought a house together – I got my family back.
- We are trying this year to have kids…I have been with the same girl since I was with drug court…a lot of information I learned I passed on to my family and friends, it's not just about not doing drugs, it's about doing my life at the fullest, it's about not holding grudges, how to communicate and not just being silent, learning about how to improve my social skills, not lying and saying that I'll be there tomorrow.

Participants continue to attend addiction recovery meetings and other types of therapy to ensure continued success in their recovery. They found particularly important the support provided by the Case Managers whom they still rely on for support and a therapist that CDTC engaged on participants' behalf, with an opportunity to delve into the family of origin issues and address trauma.

- I also did therapy session with a psychologist – it was just one on one, talking through trauma and childhood stuff, stress, it was really helpful to identify triggers how to overcome those and self-control; also had to do aa/na meetings at least 3 a week; had to do a money/financial program helping with managing debt, getting back to work, and budgeting.
- The counsellor is a wonderful human being and was awesome; I noticed after my sessions how it was affecting me – it was healing and effective.
- I just graduated and I see my CM all the time, I'm still calling him on Mondays; I got into a routine and staying in the routine, and the CM is always there when you need to talk, CM is extremely wise and if I have problems I can just call about anything.
- I go to aa, my sponsor is moving back from Vancouver, I have a pretty good relationship with her, a couple of groups that I adore, I have a community and tight with my family…I feel like I have a lot of support – know that If I'm down [I can rely on] people who'll give me advice, CDTC CM is one of my best supporters, I love her.
- I still call the [CDTC CMs]…my aa group – don't go regularly….but still go when I need it.
- I get supports from people in recovery community – all my family is over in BC, so I made many friends here; my CM is here, [the treatment facility, other programs]…I did a nurturing fathers program.

Creating a New Life

The participants spoke at length about how their life has changed as a result of their participation in the CDTC program – they feel hopeful about their future and describe themselves as generally happy, changed and self-confident. This is due in large part to their individual commitment to not take their freedom for granted, remaining honest and accountable, using the tools they've learned to avoid relapse and return to criminal lifestyle and to reach out to others when in need. They acknowledge that they are always growing and changing and continue to set goals for themselves for personal growth.

- I have to stay honest and accountable – since I graduated there is definitely a lot more freedom, have to remind myself that one bad decision will ruin everything I had worked for. I have to remind myself that I am an addict – that will never change, I really watch for triggers and I will still reach out to my CM, I am honest with my parents…
- I got a lot of tools in my toolbox, …in the program I felt empowered, like I was worth fighting for …they gave me validity that I'm a good person…my family could not believe where I came from a girl coming from a penitentiary. Now I got a baby, I'm strong independent and confident.
- I'm joyous and happy and content, I've never felt that way….as a child I wanted to die all the time; so much belief in higher powers it really shapes how I live today; it's there, and people in my life, even my mother who was never spiritual goes to church with me now…I have integrity, I'm not scared and not nervous.
- I need to work on biting my tongue a bit more, I would like to work on my faith; there is a lot of small self-growth that's still needed; I would be scared if I had nothing needed to be change; would like to have strong supports with males…strengthen my professional supports and relationships.
- I'm working on paying my fines off; I'd like to get a new career [that isn't] too hard on my body.

For a large majority of these participants CDTC was a life changing experience, creating a completely different and better life. In their opinion, more similar programming is needed to address the significant drug problem that currently exists in our society. They would like such programs to be more available and accepting more applicants.

- They gave me the chance that I needed – it was like a reset button, they gave me the opportunity to start over, they gave me the guidance, acceptance, teaching me honesty and responsibility that is why I'm successful, I was also successful because I wanted to be.
- I think drug court is a form of angel, it was such a good experience. I'm really glad that the system is starting to look at addiction. I hope that drug court can last as long as it can, so that sobriety can become more popular.
- It was huge: helped me stay out of jail, get to stay clean and sober and helped me find work and also give me another chance at life.
- I have no clue how they keep doing the job every year; I know for a fact CM gets phone calls about peoples deaths and then be able to come to work and still be CM; I don't know how they do it; they do an amazing job – there is nothing I would change about them, absolutely not a thing; the biggest part to take out of this – they gave me a chance I owe them everything.
- This program has changed my life completely for the better. I am proud to have been accepted and part of this.

- Drug court program is a life changer to anyone who wants to change. It does take some work, but the team is there to guide you through the process which I am grateful for.
- Thank you for giving me a chance to live again. Forever grateful to the CDTC team and all agencies associated with the program. I have the tools and supports to live a clean and sober life. Thank you.
- Without sounding overconfident, I believe this is where the beginning of my sober life started. It was the hardest program I have ever been in but that made it the most beneficial.
- Drug epidemic is massive – these people are coming in more broken than ever, it presents the whole new challenge, this is the only way out. They are not going to stop on their own and it talks a long time and takes something like drug court - eventually all addicts will end up in the system. CDTC should make the program more available – have more staff, let them do their magic, give people an opportunity to retry. I see people that have 20 years of pen and they still change them, the drug court lasts a life time; this is where the money should be spent.

5.3 Participants' Suggestions

Interviews and Exit surveys both included questions about the types of changes that participants would have liked to see in the CDTC program. While a large majority of respondents in both surveys and interviews thought that all elements of the program were extremely helpful, there were others who offered a few suggestions for consideration. These suggestions are reproduced here for discussion and careful consideration, acknowledging that some suggestions might stem from participants' personal challenges with compliance with expectations as well as their lack of understanding of the types of considerations that go into decision making, particularly around screening, sanctions, rewards and discharge decisions.

Program offerings

- Provide additional programming to diagnose and support participants with significant mental health issues;
- Have more treatment options for both men and women, ensure access to programming that reflects participants' religious beliefs or absence of those beliefs;
- Provide more opportunity for socialization and connection with others, especially for those not living in a treatment facility and after graduation (e.g., hiking, social activities, field trips, sports);
- Provide more one-on-one time, focusing more on skill building, addressing trauma and general emotional support;

Probation and Legal Supports

- Coordinate better with Probation to ensure consistent commitment to accountability and expectations and decrease duplication of service;
- Ensure that Duty Council can perform duties similar to those of the private lawyers;
- Allow for conditional discharges;

Drug testing

- Ensure that testing can identify all drug use (e.g., GHB and alcohol);
- Use drug tests consistently, and use urine instead of saliva tests;
- Have female and male drug testers;
- Increase flexibility for scheduling of drug tests;

Additional resources

- Cover costs of addressing health issues and medication purchase (e.g., apnea machine, pain or methadone/carboxyl prescriptions);

Individualized approach

- Reduce requirement to attend court, and adjust curfews reflecting one's needs and commitments;
- Review applicability of MRT and CAT programming for all participants, e.g., have CAT available for women as well as men, reduce requirements to attend for those without significant criminal history;

Consistency

- Screen out participants who are not ready to fulfill program expectations;
- Make sure that sanctions and discharge decisions are made consistently, accounting for behaviour or relapses; avoid favoritism;
- Have stiffer penalties – have jail time as a more frequent consequence;
- Be clear when accepting new participants about the rules and process, and expectations for drug tests, appointments, curfew calls and court days.

Section VI. Summary and Next Steps

6.1 Program Results - Highlights

The information presented in this report demonstrates that CDTC is valuable to the community and the participants that it serves. Some highlights are as follows:

- Eligible individuals are offered an intensive and judicially supervised addiction recovery program, supported by clear and consistent dismissal, absconding and sanctions/reward policies as well as requirements for "promotion" from one program stage to another;
- Program provides access to multiple treatment facilities for men and women as well as Indigenous participants and addiction treatment based on promising practices;
- CDTC participant characteristics are consistent with the 'high needs and high risk' group recommended for Drug Courts, with almost three quarters (73%) having been exposed to some type of a significant traumatic experience that may have contributed to their addiction and 73% assessed as high need and 90% as high risk;
- The program has been able to consistently accommodate a higher number of active participants within each subsequent service period; totaling 124 in the most recent period;
- CDTC's graduation rate has been stable and comparatively high at 52% of applicants in the last service period;
- Eighteen percent of CDTC participants have been discharged after a long-term stay with the program. Those participants are also likely to receive substantial benefit from their participation in the program. The proportions of graduates together with the long-stay discharges have increased in the last service period, now at 62% of all participants who left the program;
- The program has had a positive impact on several pro-social lifestyle indicators including housing and employment. All eligible CDTC participants had housing upon their graduation, about 20% in stable housing in the community and the rest in residences attached to the treatment centers. Eighty percent of the eligible participants were employed at the time of graduation or discharge and almost all of the remaining participants were employed at least once while in program.
- Prior to coming into the programs, all participants were using drugs or alcohol on a continuous basis, interrupted by infrequent periods of sobriety. By comparison, while in program 38% of the CDTC participants never relapsed, only 10% of all participants had experienced 3 or more relapse-related events and 55% experienced periods of sobriety of 6 months or longer;
- Recidivism study of 87 graduates showed a 76% reduction in the number of criminal convictions when equivalent periods before and after program were compared;
- The program results in savings of $76 million in cost of stolen goods over 4 years and avoidance of $7.4 million in the cost of incarceration;
- Participants describe the program as life changing, its services as effective and the CDTC staff and court team as supportive, caring and helpful.

6.2 Recent Program Developments and Lessons Learned

This section summarizes the developments, trends and lessons learned that have emerged over the last program period. This information also provides the basis for planning and program development going forward.

Role of a Case Manager

Over the course of the most recent service period CDTC has developed a program framework, to guide its approach to service delivery. Among other content it describes what is most important about how the service delivery model is implemented, focusing, in particular, on the role of the case manager. Drug court case management is founded on the belief that all people are capable of growth, change, and recovery. To this end, all case management activities must consciously and intentionally move participants in the direction of change. There should be no wasted energy or inefficiency in case management. Case management must push for continual improvement in the participant's psychological health, environment, and life situation such that recovery is supported and participants can reach their goals. Case management must continually monitor participants' progress and not allow service providers or participants to slip into a maintenance-only mode.

Responding to Participant Complexity

Over the last several years CDTC has been impacted by the effects of the opioid crisis, resulting in higher participant complexity, including increased violence, psychosis and other mental health concerns. Effectiveness of CDTC's response to these challenges is grounded in its growth as a learning organization, through strengthened team work, training and knowledge building, openness to identifying and addressing challenges and using an evidence-based approach informed by systematic evaluation and data collection. The program has embraced trauma informed care and responsiveness to individual participant needs while at the same time becoming more intentional, purposeful and goal focused. In spite of increasing complexity the program is bringing more participants to graduation and in a more timely fashion.

Early Intervention Stream

CDTC now has two program streams: Core Stream, for participants assessed as being at high risk to reoffend and having high needs due to having a significant criminal background and limited protective factors; and Early Intervention Stream for participants who, like other participants, have an intensive addiction, but have not been entrenched in criminal life style, are typically facing their first set of criminal charges and having significant protective factors (i.e. able to sustain housing, and/or employment, some pro-social connections). Early Intervention Streams enabled CDTC to serve more participants (it has now increased its capacity to 40 participants) and become more flexible in responding to different participant needs, so that participants are not over-treated, or exposed to a more criminogenic population, creating poorer outcomes.

Changes in the Justice System

The most recent service period has seen an increase in the number of people who are applying to CDTC from the community, rather than jail. This was a result of the increasing efforts by the justice system to divert people from spending time in Remand or jail, so there are now more people with breach/administrative charges and those who are non-violent who are being released to the community. Participants can now apply for bail and live in the community while they apply to CDTC and the program now sees more applicants from the community than from Remand. This has been made even more significant with Bill C-75 which came into effect in 2019, and provides new amendments to the bail process. These shifts created some challenges for the Case Managers in following through with the larger number of participants who now live in the community. When participants apply from Remand, there are oversights in place to ensure effective detox process and accompaniment to the treatment facility. This is not always possible when they apply from the community, with people actively using when they are released.

Engaging with Community Partners

CDTC continues to strengthen existing partnerships and develop new ones in order to address change in the participant group and service delivery environment. The staff implements on-going comprehensive assessment to identify participant needs and consults with other professionals, therapists and service providers in order to ensure that participants' needs are addressed. In recent years CDTC has significantly expanded the number and types of community resources they work with to address the increasingly broader range of health and mental health issues, to increase supports for Medication-Assisted treatment for those with addiction to opioids, and to increase program accessibility by taking its place as part of the broader continuum of addiction treatment and harm reduction services.

Housing and Services for Women

There are fewer resources available for women with addictions in the community, and this is not a recent development. Women's needs are unique, especially impacted by child custody, pregnancy or parenting issues. The service gaps are numerous and include shortage of addiction treatment beds, lack of available housing, especially for women with children, and also lack of sober living options for families. For its part, CDTC has become more accessible to women, providing parenting support and education and role modeling and accommodating women who are pregnant.

The CDTC Court Team

CDTC Court Team was a source of program challenges in early years, primarily related to understanding members' roles, consistent approaches to participant intervention and reaching agreements on course of action. All of those challenges have now been addressed, with the Team functioning effectively and cohesively, using a shared decision model. The Team is now

able to discuss, in a transparent and thoughtful manner some of the most difficult situations and produce unanimous consensus for the way forward. Its effectiveness is grounded in their common commitment to addressing the best interests of each participant as well as respect for the expertise that each member of the Team has to offer. Joint leadership from CDTC CEO and CDTC Judges have been critical in this as well as formal agreements with respect to everyone's roles and how the process is expected to unfold.

The Treatment Facilities

Over the years CDTC has worked with many treatment facilities in Calgary, specializing in addictions supports and housing for men and women. Each facility comes with its own unique approach to participant service, as well as different understanding and preconceptions about participants who are addicts or who are criminally entrenched. A big part of the CDTC job is to navigate those relationships, ultimately ensuring the best possible placement for the participants. This becomes more challenging as CDTC begins to accept participants whose needs exceed the capacity of the treatment facilities, reflecting its commitment to a trauma-informed approach. CDTC staff advocate with the facilities to accommodate those participants and provide on-going support and education to ensure successful placement.

CDTC Workload

Increasing participant complexity often means more work for everyone involved. It means more work with treatment agencies, it means more work in screening and getting people into the program and coordinating the continuum of care including Remand and detox. It means allocating a significant amount of time to every participant transition, which is always an opportunity for further relapse. It means working with the criminal justice system as a whole, balancing the legal requirements with treatment needs. The intensity of work that is required combined with the life changing, evidence-based impact of this program suggest that more such programs are needed with sufficient staffing allocated to address growing needs and participant complexity.

Appendix A: Calgary Drug Treatment Court Logic Model

GOALS

1. To rehabilitate drug dependent offenders through Court-mandated treatment.
2. To promote public safety by reducing recidivism.
3. To promote cost effectiveness in the justice process, in health services, and in the community.
4. To collect information on the effectiveness of the drug treatment court to refine treatment approaches and provide a clinical research base for the study of drug dependency.
5. To focus community resources to build knowledge and awareness among criminal justice, health and social service practitioners and the public about drug courts and drug use.
6. To improve the health of participants and the public through drug treatment and the promotion of healthy lifestyles.

INPUTS	OUTPUTS		OUTCOMES*
	ACTIVITIES	PARTICIPANTS	
Court Staff Judges Court Clerks Sheriffs Probation Crown Prosecutors Legal Aid Defense Counsel Treatment Staff Case Managers Clinical Lead CEO Partner agency staff Research/Evaluation Consultant Boards/Committees Funding Multiple funding partners Materials and facilities Treatment beds Office space/equip't	Court Staff Eligibility screening Assessment Case conferencing Referrals Reviews/supervision Implement rewards & sanctions Treatment staff Psycho-social Screening Assessment Treatment Planning Case Management Drug screening Addiction treatment Continuing care Ongoing assessment Data collection Evaluation Develop framework Data sharing protocol Data collection Database design and maintenance Data analysis/ Reporting	Participants # screened # in court # in treatment (attending, completing) demographic characteristics Service Providers # training sessions # attending training sessions # participating in collaborative activities	Participants Increased accountability for behavior; motivation to comply with the program; respect for the court process Drug avoidance skill development Improved housing and living conditions Decreased recidivism Decreased drug use Increased pro-social lifestyle indicators Improved overall well-being of the participants Program Systemic implementation of program protocols Efficient movement of participant through system Program accountability Service Providers Enhanced collaboration and communication Enhanced knowledge of court process and issues Public Enhanced public awareness of drug court and related issues

DEFINITIONS FOR OUTCOMES:

PARTICIPANT-LEVEL OUTCOMES

Immediate

Increased accountability for behavior, motivation to comply with the program and respect for the court process: Regular attendance in court, decreased incidence of special concern reports, regular attendance at treatment, completion of treatment, completion of treatment tasks assignments, follows through on community referrals, satisfaction with program components, increased knowledge about the program. Increased confidence in drug avoidance abilities, increased knowledge about substance abuse and drug avoidance skills.

Intermediate

Improved housing and living conditions: Able to secure and maintain stable affordable housing.
Decreased recidivism: number of arrests, charges, convictions and breaches during and subsequent to program completion. Length of time from program completion to a subsequent offence.
Decreased drug use: Reduced frequency of drug use, increased periods of abstinence, reduced relapses.
Increased pro-social lifestyle indicators: Ability to secure employment, education or life skills training; participation in recreational activities, increased awareness and intention to live in a pro-social manner in the community.

Ultimate

Improved well-being: enhanced self-esteem, mental and physical health, enhanced social skills, reduced incidence of domestic violence and other family discord.

PROGRAM OUTCOMES

Immediate

Systematic implementation of program protocols: fidelity of the program as delivered to the model developed for the court and treatment.

Intermediate

Efficient movement of participants through the process: Reduced time from charge to treatment initiation.
Program accountability: Production of regular reports, communication plan, manuals, protocols etc. on the dates scheduled, ongoing identification of the strengths and weaknesses of the DTC and revision of process as needed.

Ultimate

Cost savings: A cost benefit analysis of the program can identify cost savings to the community of the drug court process.

SERVICE PROVIDER OUTCOMES

Immediate

Enhanced collaboration and communication: information sharing agreements in place, program builds on existing expertise in community, partnership development

Intermediate

Enhanced knowledge of court process and issues: Further development of service provider's knowledge base and skills, generating best practice information, contributing to the field through research data collection

PUBLIC OUTCOMES

Ultimate

Enhanced public awareness of drug court and related issues: Improved public awareness of drug court and of problems associated with drug use (particularly the relationship between addiction and crime, impact on FAS, addiction treatment). This outcome would be accomplished through a completion of a film/video by a community partner for use in school drug education programs and working together with others to deliver public education workshops