



WINNIPEG DRUG TREATMENT COURT EVALUATION 2022

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ABSTRACT The Winnipeg Drug Treatment Court provides an alternative to custody for drug addicted offenders. This evaluation focussed on the period 2015-2021 and found a fair graduation rate and a zero reconviction rate for recent graduates. Cost comparison to federal and provincial prisons shows savings likely in the millions from use of the drug treatment court. Participants who are discharged for non-compliance get sentenced on original charges, but appear to be getting more consistent credit for constructive days spent in the WDTC program, further reducing unnecessary incarceration. Priorities moving forward should include: 1. Follow up on plans to increase referrals from provincial prosecutions. 2. Permanent positions, not term, be used for caseworker/counselors to reduce turnover and improve service. 3. Participants who meet all program requirements such as attendance, curfew and sobriety should be moved through the phase program to graduation in a more timely fashion.



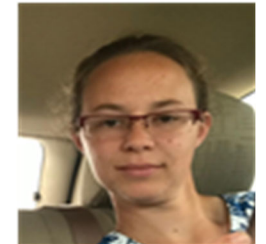
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Executive Summary

The Winnipeg Drug Treatment Court (WDTC) has run in Manitoba since 2005. This evaluation focuses on the period 2015-2021, which saw a new funding formula result in less staff but a model separating out some of the supervision and surveillance functions to case managers and probation, leaving counselors to focus on therapy. Traditional features of the program, such as the court appearances, group and individual counseling, phase program, incentives, curfew and urinalysis remained intact. The program is overseen by an Oversight Committee comprised of representatives from Federal and Provincial Justice, Addiction Foundation of Manitoba (now Shared Health April 1, 2022), Aboriginal Court Worker Program, Legal Aid, and the Criminal Defence Association.

The WDTC program participants are on a bail order and either graduate and are sentenced or are discharged for non-compliance and sentenced.

The graduation rate for the 2015-2021 cohort is 37%, and this increases to 44% for those who remain in the program for 90 days or more.

This rate is slightly higher than the 34% for the 2005-2014 WDTC cohort.

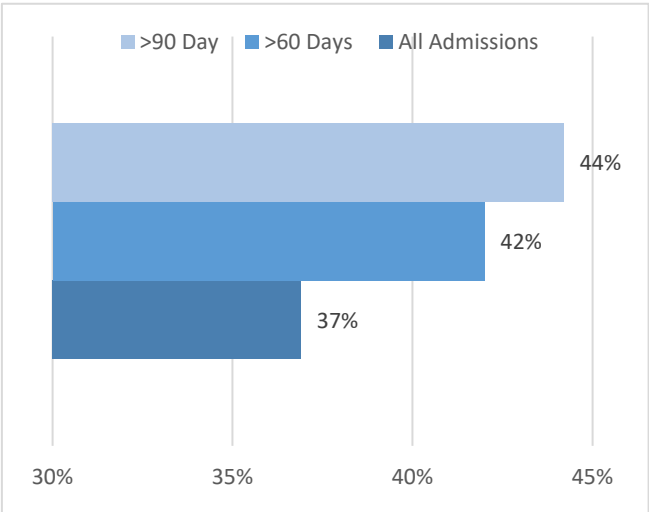


Figure 1 Graduate Rates by Time in Program 2015-2021

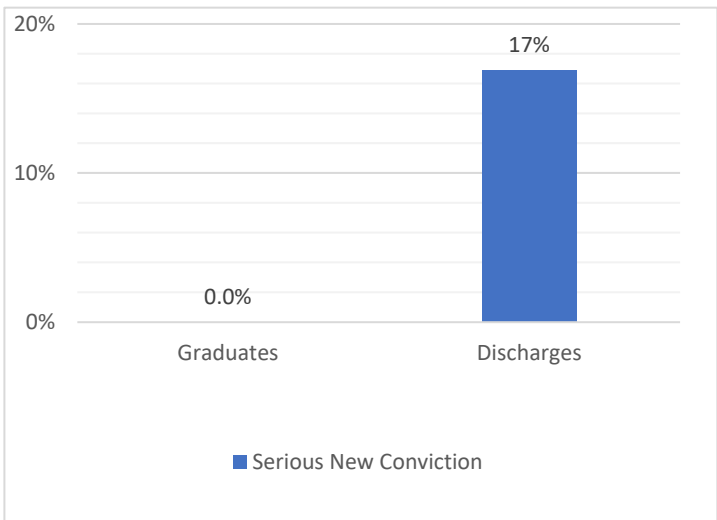


Figure 2 New Conviction Rates for 2015-2021

This evaluation followed up WDTC graduates and discharges for up to 24 months to see if they were reconvicted.

There were no new convictions for any of the graduates from 2015-2021. The discharges reoffended at a rate of 17% for any serious (violent, property, drug) offence, still fairly low.

This compares to a modest reconviction rate of 14% for graduates from 2005-2014.

The court outcomes for graduates and some discharge cases usually involved probation or a conditional sentence (55%). Discharge cases were given presentence credit for prior remand custody and their program efforts in the WDTC.

Discharge cases still often received fairly stiff dispositions of provincial custody, with about one in four getting six months or more.

Dispositions over all were less severe than the period 2005-2014, which saw discharges receive a number of federal prison terms (+two years). This is likely due to more credit for days spent in the drug court being applied against the discharge sentences. Also, a large proportion of first time offenders were admitted to WDTC from 2015-2021.

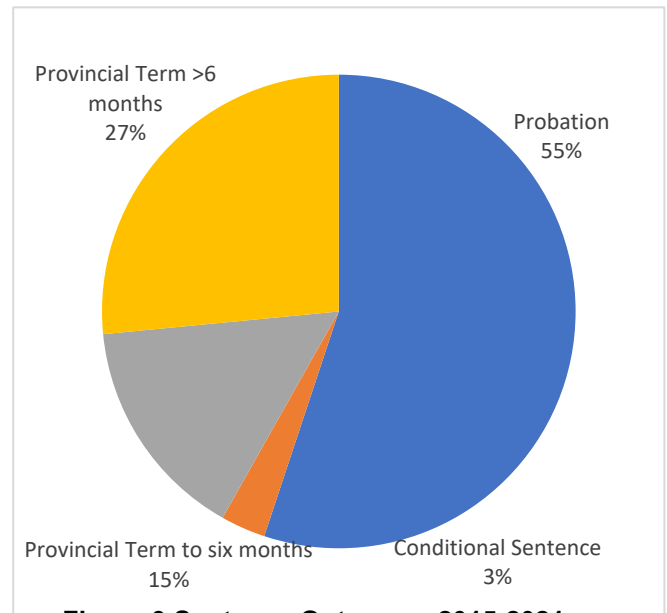
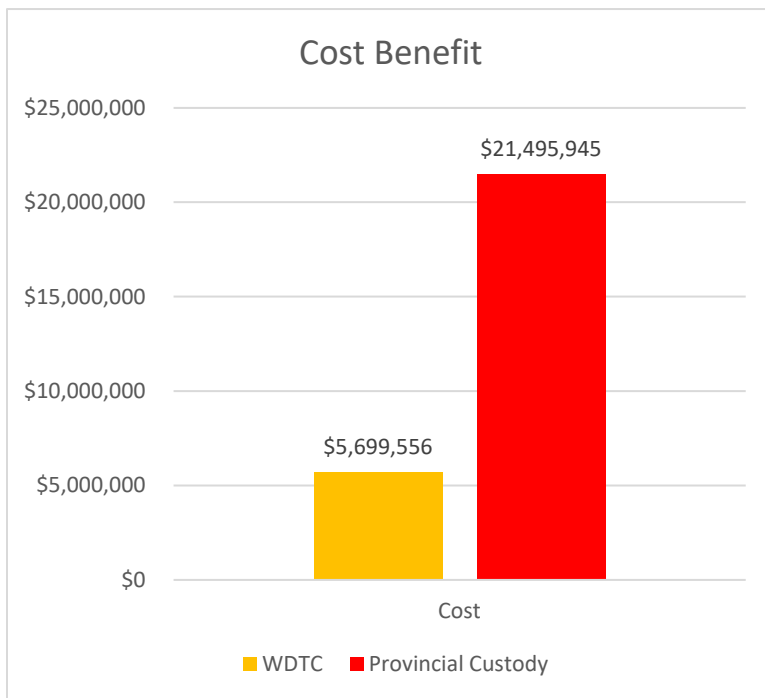
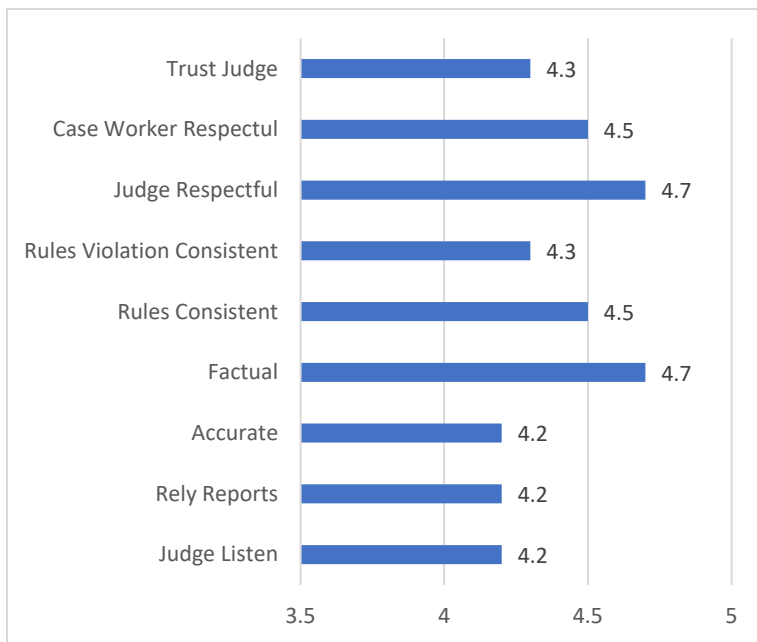


Figure 3 Sentence Outcomes 2015-2021



WDTC attendees would likely get, on average, an 18-month provincial custody term. Taking all graduates and discharges who left drug court and received probation or a conditional sentence since the program began, savings based on per diem differences are about \$16,131,000 dollars. This does not take into account likely savings from rehabilitation, which would impact police or court costs, as well as the cost of victimization from reoffence.

Figure 4 Average Cost 2005-2021 for WDTC Grads/Discharges Getting Probation or Conditional Sentences vs Cost 18 Month Provincial Custody



In interviews with 19 current, graduate and discharge cases, ratings were generally quite high for procedural fairness.

Narrative comments were sometimes more critical than the ratings. Progression through phases seemed to take longer than it should for participants who met all requirements, and interviewees felt that decisions on penalties and movement through the phases were sometimes biased.

Figure 5 Perceptions of Procedural Justice

The number of yearly admissions appeared to have gone down from 2015-2021, compared to 2005-2014. This appears due to staffing reductions and turnover but also less referrals from provincial prosecutors. The WDTC reported to evaluators that they were aware of this and have taken steps to increase staffing and increase activity from provincial crown.

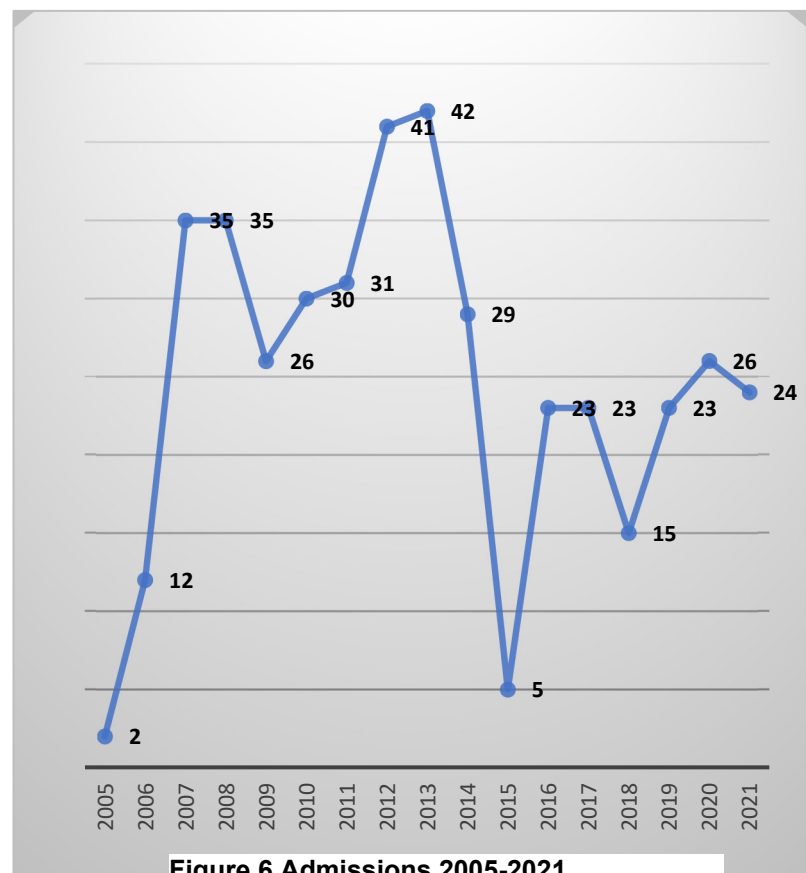


Figure 6 Admissions 2005-2021

WDTC participants admitted from 2015-2021 continue to be mostly younger single males who are unemployed upon admission. They were primarily convicted of drug trafficking, about half had a criminal history, and only 10% had a record for violence. They were classified by probation officers as mostly high or very high on risk and needs. Drugs of choice were crystal methamphetamine and cocaine.

Compared to referrals from 2005-2014, recent referrals were more educated, with about a third having some postsecondary schooling (+17%), less cocaine use, more crystal meth and opioid use (following community trends). Caucasian referrals were down (-8%), minority referrals up (6%) and Indigenous up slightly (+1%).

Contrasted with 2005-2014 cases, recent referrals were more likely to be referred for Trafficking (+26.7%), less likely to have a criminal history (-29.7%) or a record for violence (-20.5%). It should be noted that although they were a lower risk group from an offending perspective, the 2015-2021 group was still rated high or very high in risk/needs, likely because of addiction related high needs coming into the program.

Summary and Recommendations

The WDTC continues to provide an important alternative to custody without putting the public unduly at risk and gives participants an opportunity to work and develop skills to manage their addictions. The graduation rate is fair for a challenging population, and recent reoffence rates for graduates are quite low, and modest for discharges. Increasing referrals from provincial prosecutions, providing permanent positions for caseworker/counselors, moving deserving participants through expeditiously and a review of rules and criteria around phase progression, incentives and sanctions are viewed as priorities.

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1. Introduction and Overview of the Evaluation

This report provides findings for a program evaluation of the Winnipeg Drug Treatment Court (WDTC). Researchers from the University of Winnipeg (UW) involved in previous evaluations were retained. The final research contract between Manitoba Justice and the University of Winnipeg was not finalized until January 2022 due to issues around confidentiality and security of the data, which has recently become a larger concern for public institutions because of computer hacking. Once UW ethics was obtained for the evaluation, data collection and analysis were completed from around late January right up to the end of March 2022. Though challenging, the investigators had significant experience in working with the WDTC on past evaluations and had existing data they could build on. Excellent cooperation was received from provincial Justice Executives, managers and staff, helping expedite the process.

This evaluation used official records data obtained through file review and automated court and justice data bases to provide feedback on traditional outcome measures of graduation, discharge and reoffence. Case progress was also assessed with the Level of Service/Case Management Inventory. Interviews were conducted with key management and staff to help outline the operation of the current program. Surveys were conducted with current and past WDTC participants to gain further insights and allow them to provide input into this report.

Amongst our past observations and recommendations, we were interested in seeing whether or not low risk cases were being processed more expeditiously. It seemed to us in previous years that in some cases individuals who had fully complied with the WDTC requirements were unnecessarily held back in the program simply because it was felt that more program time was merited because of the long jail sentence that had been avoided.

In doing the evaluation, several important issues emerged that impacted the period 2015-2021. First, despite a modification in the WDTC program model (more direct therapy) the funding cut in 2015 resulted in less staff for most of 2015-2021. More staffing has been added but this has been fairly recent. A related issue to federal funding and cuts was the ongoing poor human resource practice of having only term positions for WDTC staff (so far renewed every year, but still term) resulting in periods of high turnover and creating staffing difficulties for management. Counselors

who liked working at the WDTC have had to deal with the ambiguity of not having a permanent position and many have left once attaining a permanent position in another government department. This was very difficult for clients. These staffing issues appeared to have impacted the program. Secondly, we noted that there was an increase in the proportion of first time drug trafficking cases and a decline in offenders sentenced for property crimes. Some of the reasons for this relate to staffing but the drop in admissions is a concern.

Thirdly, a recent Manitoba superior court decision, *R.v.McKnight* (2018) emphasized the importance of giving some presentence credit to WDTC clients who had sometimes done well but struggled, did not meet program requirements, and had to be discharged. This credit is analogous to presentence credit for time in custody. We found this intriguing, as a common criticism of drug courts is the possible “double jeopardy” for individuals who just cannot overcome their addiction. Some contend that individuals not complying with the WDTC program rules might antagonize court room actors and receive a stiffer sentence than if a defendant had just plead guilty originally. For us, an important question was how the McKnight court decision or its spirit was applied in Manitoba courts. What happened to WDTC clients who attended for over a year but just kept failing drug tests or relapsed severely and got discharged? Sentencing outcome data provided feedback on this issue.

The WDTC has always used an in-person model for court appearances, group work and individual counseling, but COVID changed this and the video program TEAMS and on-line appearances became the norm. We could not really assess this as well as we would like but we did get some feedback from participants that we share in the qualitative interview section of the report.

Phenomena of interest that might be the subject for future evaluations is the extension of drug court treatment services to Brandon. How the model has been applied in Brandon will likely have a large impact on the potential extension of drug court services to other areas of Manitoba.

2. A Brief History of the Winnipeg Drug Treatment Court and Past Evaluation Work

Representatives from Winnipeg's justice community attended a conference in Toronto on Drug Treatment Courts (DTC) in 2001. Subsequently, they formed a committee of interested parties to develop a proposal for the establishment of a DTC in Winnipeg. The group was multi-sectoral, including individuals from federal and provincial governments, the justice system, treatment agencies, and social justice agencies. This committee outlined a proposal that identified the goals, principles, and both legal and treatment program components of the proposed Winnipeg court.

The goals of the proposed Winnipeg court, while modeled after other Canadian DTCs, was unique to Winnipeg with its intent to focus on ensuring that the most marginalized persons have full access to drug treatment and other services necessary to address the link between criminal and drug rehabilitation. While the goals of the court were to expressly impact DTC clients, the program also had the broader goal of deeper systemic change. The overall goal of the program is meant to couple the strengths of the criminal justice system with the strengths of a focused addictions treatment program which utilizes existing community services.

The Winnipeg Drug Treatment Court (WDTC) was formed in 2005 and began accepting clients in January 2006. It received financial support as part of the federal Drug Treatment Court Funding Program (DTCFP) that resourced five other programs: Toronto, Vancouver, Edmonton, Regina and Ottawa (Justice Canada, 2015). It was a federally funded program guided by an executive board steering committee but operated through the Addictions Foundation from January 2006-March 31, 2015, when it went over to provincial Justice. The program has always relied heavily on federal funding, with some financial and in-kind resources from the province of Manitoba. The federal government contributes around \$440,000 per year.

Over the course of the first year, the program began with a two-person team (one client focused and the other program coordination), but soon developed a staffing model of one manager and two counselor/case managers. This changed into a staff of three counsellors, one administrative assistant and one probation officer/case manager. The court was overseen by an executive board made up of justice system and community partners. This board held the central

decision-making capacity. Initially the program had several sub committees including a court team, community treatment team, and a hiring, evaluation and communications committee.

Referrals typically have had addiction issues and the WDTC utilizes most traditional drug court strategies including status hearings in front of a judge, one on one and group counseling, incentives such as judicial encouragement in hearings, and reduction in required court hearings, urinalysis and curfew checks, coupons for household items and other small rewards for program progress. Once finished, clients are assigned a probation period and aftercare is coordinated by probation staff. More detail on program operation is provided later in this report.

During 2005-2014 the WDTC staffing model mostly used one program manager, three counselors and a case manager. Their duties have varied somewhat, however. At times designated staff have had to conduct curfews or obtain urine samples. In 2011 they added a housing support worker through Human Skills and Development federal funding, and offered a transition house for new admissions without housing. The position and residence funding was terminated at the end of 2013. On another occasion a housing officer was hired through a grant to coordinate housing and curfew checks. The WDTC officially became a Manitoba Justice Program on April 1, 2015. After not being able to take any new admissions for a time during the transition to the new treatment service model, new cases were admitted to the DTC in September of 2015. During the 2015-16 program year, the drug court adopted a new treatment service model with greater distinctions between treatment and case management/supervision functions. The treatment program model was comprised of a program manager, one case manager, one support worker/admin and two therapists. Traditional services, (court appearances, incentives, sanctions, curfew, drug testing) were provided by case management. The therapist roles, provided by the Addictions Foundation of Manitoba, were more distinct and provided treatment services solely through individual and group therapy. The Addictions Foundation of Manitoba also provided functional treatment support through a manager/consultant on treatment services. Other functions such as curfew checks are conducted by community corrections staff and urinalysis is performed and reported by a private clinic.

Annual evaluations were conducted by University of Winnipeg researchers from 2009-2015. Initial evaluations focused on process issues such as program operation. Initial recommendations centred around governance structure and routine data recordings. Researchers

annually updated graduation, reoffence and graduate interview data, but also attempted to focus on different issues each year. For example, one year reoffence outcomes, usually collected using Manitoba data bases, were validated against national Royal Canadian Mounted police information (only one crime was missed, and the WDTC had heard about it through their informal client grapevine!). The WDTC model was compared to benchmark “13 pillars” of a quality drug treatment program identified in the literature, and the program was found to perform well. Another year a study was done of the short lived housing initiative, which showed mixed results. In another year, a controlled comparison of reoffence between WDTC clients and an equivalent probationer group was conducted, showing favourable results for the drug treatment court group. The annual evaluations ceased in 2015 due to federal funding cuts.

The overall findings from these evaluations have been published in a series of articles that were peer reviewed and have made a contribution to knowledge of drug courts in Canada and the evidence-based literature (Weinrath, Gorkoff et al., 2018a, Weinrath, Gorkoff, et al., 2018b, Weinrath, Gorkoff, et al., 2019).

3. Methodology

Similar to past evaluations, multiple methods were used to evaluate the WDTC, including more numeric quantitative data to better describe participants, program outcomes and trends. Qualitative interviews were used to discuss the program with managers and staff to better understand the program and its recent operation. Surveys and in-depth interviews were used to gain more insight into the experiences of current and past participants, as well as provide more rich and detailed information on the impact of the WDTC.

3.1 Official Records

Researchers obtained admissions, demographic, addiction, legal and program information on current and recent participants came from office paper files, and from an existing WDTC Excel spreadsheet on applicants, admissions, discharges and graduates. Files were reviewed manually at the WDTC office by the principal investigator and a research assistant and entered into SPSS (Statistical Package for the Social Sciences) data base, using encrypted files. Related data was checked against the spreadsheet. The WDTC manager and staff were very accommodating to researchers who visited onsite.

Two of the research assistants went through extensive security screening and were cleared and then trained to use two automated data bases: Criminal Court Automated Information Network (CCAIN) and the Corrections Offender Management System (COMS). These data bases were invaluable in confirming or adding demographic data, and tracking outcomes such as dispositions for discharge cases who were sentenced on their original charge(s) and reoffence.

The COMS data base additionally provided data on risk and needs. The Institutional Security Assessment (ISA) is used in Manitoba correctional institutions, and is based mostly on offence severity and past behaviour, and classifies inmates as low, medium or high risk. In contrast, the Level of Service/Case Management Inventory (LS/CMI) uses scale items on prior criminal history but also family, peers, education/employment and addiction assessment to rank needs as well as risk. The LS/CMI uses categories of low, medium, high and very high to classify risk and need level.

The data set created covered cases admitted to the DTC from 2015-2021. To compare this most recent cohort with earlier participants, the data was linked to a data set from past evaluations done from 2009-2015 by University of Winnipeg researchers.

3.1.1 Variables

Admissions: number of DTC admissions each year.

Demographics: gender, age, ethnicity/race, living arrangements, education, employment pre-drug court.

Legal: most serious charge, prior criminal history, prior violence, Institutional Security Assessment, Level of Service/Case Management Inventory rankings.

Addiction data: drugs of choice.

Sentencing Outcomes: status on leaving the program was recorded as graduated or discharged. Dispositions on finishing or leaving the program were recorded in five categories: probation, conditional sentence, provincial term to six months, sentences greater than six months, and federal terms of two years plus. Researchers tried to account for pre-trial time served but formal records of sentencing were not accessible, and CCAIN and COMS did not always provide these estimates.

Graduation: the proportion of graduates compared to discharges was estimated to provide an overall success rate. We did not count any cases in the program for 14 days or less, because they never experienced any reasonable amount of exposure to the DTC. To estimate effects for retention or time in program, we calculated graduation rates for those spending more than 60 days in WDTC and then for more than 90 days.

Reoffence: new convictions were recorded for anyone finished with the program for a 24 month period. Recidivism was then further broken down into categories of serious reoffence (violence, property, drug) and administrative charges for non-compliance such as breach of recognizance or breach of probation.

3.1.2 Comparison of 2015-2021 Participants with 2005-2014

As mentioned, comparison between the most recent WDTC cohort and those attending from 2005-2014 was deemed important because the model was modified to separate counseling and case management functions. Otherwise, the COVID pandemic resulted in a number of distance delivery options over the past couple of years, potentially impacting treatment. Finally, the *R.v.McKnight* decision may well have impacted the severity of dispositions for discharge cases in the most recent group. This Manitoba decision outlined the importance of weighting effort in the WDTC and applying this for discharges when sentenced. Consider that some individuals were in the WDTC for many months or over a year before they simply could not comply with program requirements and had to be discharged.

Thus the data SPSS files from 2005-2014 and 2015-21 were merged, and basic means comparisons and cross-tabulations were run to estimate changes and their magnitude, (e.g., on average, were admissions younger or older, more or less males, graduation and reoffence rates increased or declined?). Statistical significance was estimated and is footnoted. The focus in this report will be on the size of the differences.

3.2 Surveys and Qualitative Depth Interviews

To get diverse input from the client group we used close ended Likert surveys and open-ended questions to interview current and past WDTC participants. The instrument used for current participants is appended.

3.2.1 Sampling

We surveyed eight current participants, seven WDTC graduates and four cases discharged from the program. In order to be non-intrusive and ensure that participants were not pressured into participation, third party recruitment through WDTC and probation staff was used. The principal investigator made a brief presentation to current WDTC participants at a ZOOM court session. A recruitment poster describing the study and providing contact information was given WDTC staff and probation officers provided the poster to current and past drug court participants, including graduates and discharges.

During the time this study was conducted the COVID pandemic was a concern, thus all interviews were done through telephone interviews and ZOOM/TEAMS connections. Interested

WDTC participants contacted the principal investigator by email or telephone, and he then either did an interview or designated the interviews to other faculty and research assistants. In addition to the poster, an informed consent document (appended) was reviewed before the interview, with verbal consent recorded. A total of \$40 was provided to participants through cash delivery from the principal investigator or e-transfer. Excellent cooperation and assistance was provided by WDTC and probation staff.

3.2.1 Surveys for Procedural Justice Scale, Current Status and Program Features of Importance

In previous evaluations interviewees were surveyed on 13 items relating to how they felt they were treated by judges and treatment staff (e.g., *Were you treated politely and with respect by the judge?*), the consistency of the treatment (*Did the judge follow the same rules every time about what would happen if you failed a drug test, skipped a drug test, or did not attend treatment?*), the accuracy of reporting (*Was the information the judge had on your drug tests and treatment attendance accurate?*) and use of penalties (*Did the judge follow the same rules every time about what would happen if you failed a drug test, skipped a drug test, or did not attend treatment?*). The items were scored on a 5 point or 4 point Likert (never...every time). During our interviews we again used this scale.

A new feature on this evaluation was asking participants to rank current physical or mental health, and their housing situation on a five point scale and whether it had improved, declined or stayed the same. Also, interviewees were asked to rate the value of program features (on a scale of 1 – 5, how important is...) such as group work, individual one on one counseling, the incentive system, curfews, drug testing, and court appearances.

3.2.3 Qualitative Depth Interviews with WDTC Participants

To preserve continuity with past evaluations, open-ended questions were asked focusing on general perceptions of fairness about the administration of the program, their own past life experiences with drug use and crime, addiction treatment systems, how they got to drug court and their goals entering the program (*Tell us about your past criminal history? Drug use? Treatment history?*). Their past and current life circumstances were investigated (*What is your current employment situation? What was your housing situation prior to WDTC? How is it now?*). Involvement in the WDTC was probed by asking about activities such as group work, individual

counseling, incentives, curfews, drug testing and status hearings in front of a judge (e.g., *What do you think about the group work?*). Interviewees were asked to compare conventional court with WDTC, and the interview closed with general questions about strengths, weakness and what might be changed (*What do you see as the strengths of the program so far? What do you think has benefited you the most by being in the program?, What are the weaknesses? What would you change?*).

Transcripts were auto-typed through qualitative software and then corrected manually by interviewers. When all transcripts were completed they were analyzed by the principal investigator. Qualitative data was analyzed by the constant comparative method in NVIVO. We looked for commonalities amongst the 19 interviewees, although opinions sometimes varied considerably.

3.3 WDTC Management and Staff Interviews

To describe and provide feedback on the program operation and develop a logic model, interviews were held with several members of the Oversight and Operations Committees, WDTC staff and Probation Officer staff. These interviews were supplemented with operational records, such as meeting minutes and other administrative materials.

3.3 Ethics

This study was approved by the University of Winnipeg Research and Ethics Board (REB). In addition to approving interview questions and sampling protocols, the REB approved the use of password protected computers and flash drives to secure information. Security of the data was a point of emphasis. The research team used a University website to upload files. As per Manitoba Justice and REB guidelines, interviews were done by researchers mostly while at home residences (a more common practice since COVID), but were done with UW computers, which were secured along with flash drives when not in use (locked cabinets or drawers). Interviewees were also labeled using numbers, not names (e.g., interviewee 1, interviewee 2).

3.5 Cost Benefit

Cost benefit analysis (CBA) has become a popular method in program evaluation and auditing to estimate the benefits of programs in a tangible way. Good CBA's are time consuming and require considerable expertise, often in accounting and economics. Government costs can be

very difficult to estimate; for example, in the case of the drug treatment court a judge is assigned to the court as part of their regular duties, but unless one can show that court delays result or a new judge must be hired, it is awkward to claim the judge's time in DTC as a cost. However, it is important to consider the broader benefits of a program. Communicating these benefits through the use of dollars provides an easily interpreted metric for a general audience.

A number of CBA evaluations have been conducted involving drug treatment courts (Downey & Roman, 2014; Ostermann & Caplan, 2016). Benefits that accrue from rehabilitation of participants include:

- Lower criminal justice costs because no or less recidivism means reduced police, court, and corrections activities.
- Lower social welfare costs from reduced use of social assistance, less foster care for children, less accessing of social welfare services generally by participant and family.
- Less costs because less imprisonment.
- Reduced costs from crime and victimization as the crime cycle stops.

While we do not have the time and resources to conduct a thorough cost benefit analysis, we performed two analyses that help to contextualize the impact of the WDTC as an intervention. First, we estimated a general per day cost of the program per participant and compared this to other interventions for addicted offenders such as residential treatment and prison. Secondly, we adapted a methodology recently used by Liska (2020) in her recidivism study of the Calgary Drug Treatment Court (CDTC). We compared the per diem cost of WDTC attendance for graduates/discharges who obtained probationary or conditional sentences (no prison) with a per diem cost of a likely prison term instead.

Budgetary data for the WDTC was obtained through the Executive Director and a \$68 per diem established for the WDTC. This per diem was compared to per day costs for federal and provincial custody, as well as residential treatment centres in Manitoba. Incarceration per diem data was obtained from Statistics Canada (Malakieh, 2020) while residential treatment estimates for AFM/Shared Health were obtained from their management. Other residential treatment programs had per diems posted on their Internet sites.

4. Program Description

In 2022, the Vision of the Winnipeg Drug Treatment Court (WDTC) is to break the cycle of drug use, criminal behaviour and incarceration in a special court for drug addicted non-violent offenders, and through a collaborative approach between justice, treatment agencies, and community agencies. The court has several goals. The short-term goals of the WDTC are to reduce recidivism through judicially-supervised drug treatment programs; to break the cycle of drug use, crime and incarceration; and to provide information on community supports and improve a participant's life through employment, vocational and interpersonal support.

The long-term goals of the drug treatment court are to reduce the number of crimes associated with addiction; to reduce harm due to drug use and addiction; and to provide the participant with the tools for vocation and educational success, positive mental and physical health, appropriate housing, and improved family relationships.

The WDTC program is available to offenders charged under the *Controlled Drugs and Substance Act* (CDSA) with drug-related offences such as possession, possession for purposes of trafficking, and trafficking, and/or non-violent Criminal Code offences. The WDTC is also available to offenders convicted of other criminal code offences. To be eligible, the offender must be dependent on drugs and their criminal behaviour must have been caused or motivated by their addiction. A key element of the WDTC is to integrate addiction treatment services with justice system case processing by utilizing a non-adversarial approach. In the program, both prosecution and defense counsel promote public safety while protecting participants' Charter rights.

4.1 Governance Model

The court is overseen by two main bodies – the Oversight Committee and the Operations Committee. The DTC staff work in collaboration with Probation Services throughout the WDTC process in order to provide service to clients who are admitted into the program

4.1.1 Oversight Committee

The Oversight Committee is chaired by the Provincial Court and comprised of stakeholder representatives. These include: the Chair who is from the Provincial Court of Manitoba; representatives from three other courts divisions (Executive Director, Aboriginal Court Worker Program, and WDTC program manager); provincial corrections; provincial prosecutions; federal prosecutions; legal aid; criminal defence association; Manitoba health addictions policy branch; and Addictions Foundation of Manitoba (AFM).

Currently, the committee sits with membership from the courts, Winnipeg Police Service, members of the judiciary, legal aid, judicial services, Addictions Foundation of Manitoba, federal and provincial crowns, and provincial and federal corrections.

The purpose of this committee is to identify and discuss issues related to short- and long-term planning of the WDTC. It also ensures adherence to performance indicators and service models. It is the body that informs the direction and future of the WDTC via discussion about current and developing DTC practices. It further oversees the monitoring, coordination and evaluation of the WDTC. It is responsible for implementing recommendations and enhancements and scalability of the operation of the court.

The committee is further responsible for enhancing and raising awareness about the court among all criminal justice, health and social service practitioners. This includes fostering collaboration among government and non-governmental organizations providing services to WDTC clients. This can include educational, job-training, housing and other needs identified by the program.

The oversight committee is also tasked with adhering to the Federal Drug Treatment Court Funding program criteria and policy framework. This includes a range of activities: targeting offender populations, eligibility to participate in DTC, policy issues of coordinating a strategic

response to compliance, sanctions and rewards based on compliance, and integration of access to treatment services.

The committee is mandated to meet at minimum, four times a year to discuss its responsibilities and ensure objectives are met.

4.1.2 Operations Committee

The Operations Committee addresses operational issues to ensure service delivery meets drug treatment court objectives; to address issues relevant to the operation and service delivery of the WDTC, and to provide a status update among the Committee members and to the Oversight Committee as to the operations of the WDTC.

This committee is made up of the Chair who is a WDTC judge, the program manager, probation officer, federal crown and their support, provincial crown, duty counsel, and therapists currently from AFM, an aboriginal court worker, staff sergeant from the Winnipeg Police Service and a sergeant from RCMP D Division. Currently the committee is comprised of all members except for aboriginal court worker and police representatives.

The purpose of this committee is to maintain and update the program manual as required, including procedures for case management and the reporting to the Court on the progress of participants; to identify and determine type of rewards and sanctions to participants; to identify and resolve unique program delivery related issues as they arise; to identify opportunities to network with justice, public safety, health, and other social services stakeholders in order to develop and enhance service to WDTC participants; and to refer important issues to the WDTC Oversight Committee.

The WDTC governance model consisting of an Oversight and Operations committee is evidence of its stable location in the federal and provincial justice departments and reflects the commitment of both levels of government to the drug court concept. Given that the origins of the WDTC were strongly grounded in a wide range of grass roots community programs, it might be

worthwhile for the Oversight committee to include more Non-Governmental Organization community groups.

This could be a consultative role or more permanent role. This would ensure that the WDTC doesn't become a program detached from community groups who work with populations experiencing addictions. This could include a wide range of agencies such as Manitoba Harms Reduction, Sage House, Canadian Mental Health Association, and Indigenous agencies. This may benefit the WDTC in a variety of ways including admissions, program development, and creating a broader support network for graduating or discharged clients.

4.1.3 Drug Treatment Court Staffing

The drug treatment court staff is comprised of a program manager, three case managers, and one administrative person (Figure 7). There are two counselors, employed by AFM that work with clients. These positions are one-year, renewable terms positions. It's important to note that as of April 1, 2022, AFM will be incorporated into Manitoba Regional Health Authorities under Shared Health. The impact of this on WDTC is yet to be known, but currently the transition is to include a similar relationship of collaboration. The staffing organizational structure for the WDTC is visualized in Figure 7.

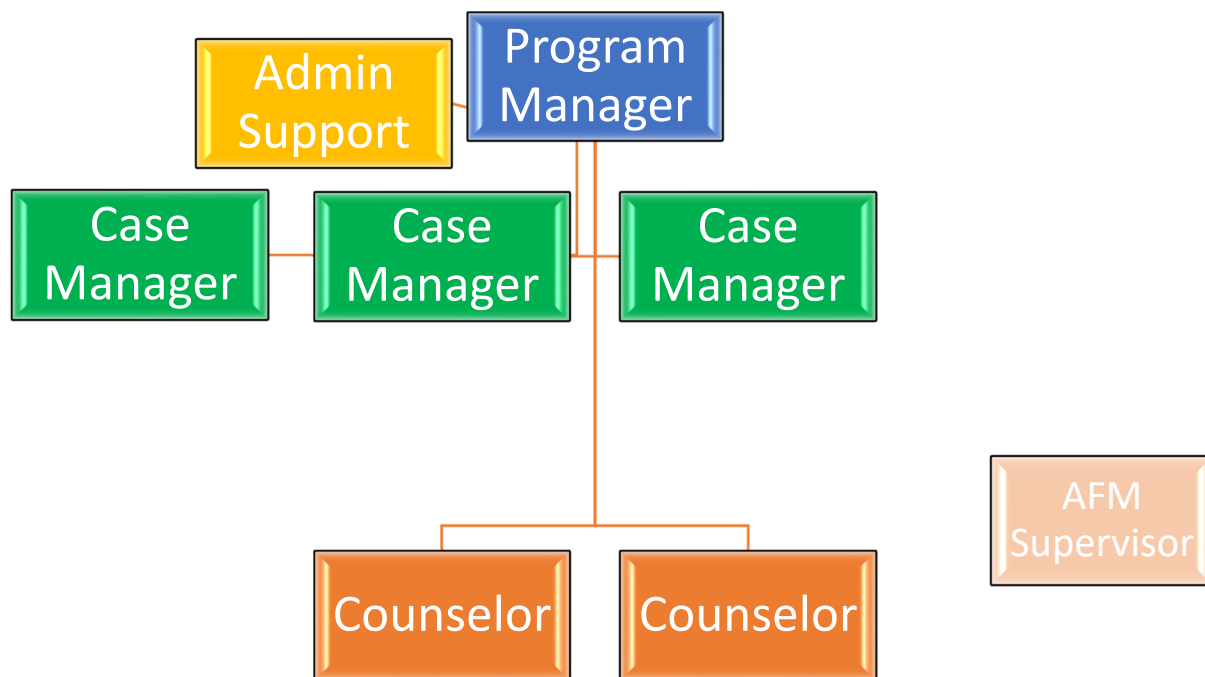


Figure 7 WDTC Service Level Organization Chart

4.1.4 Adult Probation Staff

There are three probation officers working with the WDTC (Figure 8). They do not work full time with the court. One is in charge of intake risk assessment screening and pre-court work, and does some supervision of graduates; one is in charge of program delivery intervention at the WDTC, and supervises some graduates, and one other is also doing some graduate supervision. None of the probation officers work with DTC in a full-time capacity, but have designated DTC days as part of their workload. A community corrections worker performs curfew checks.

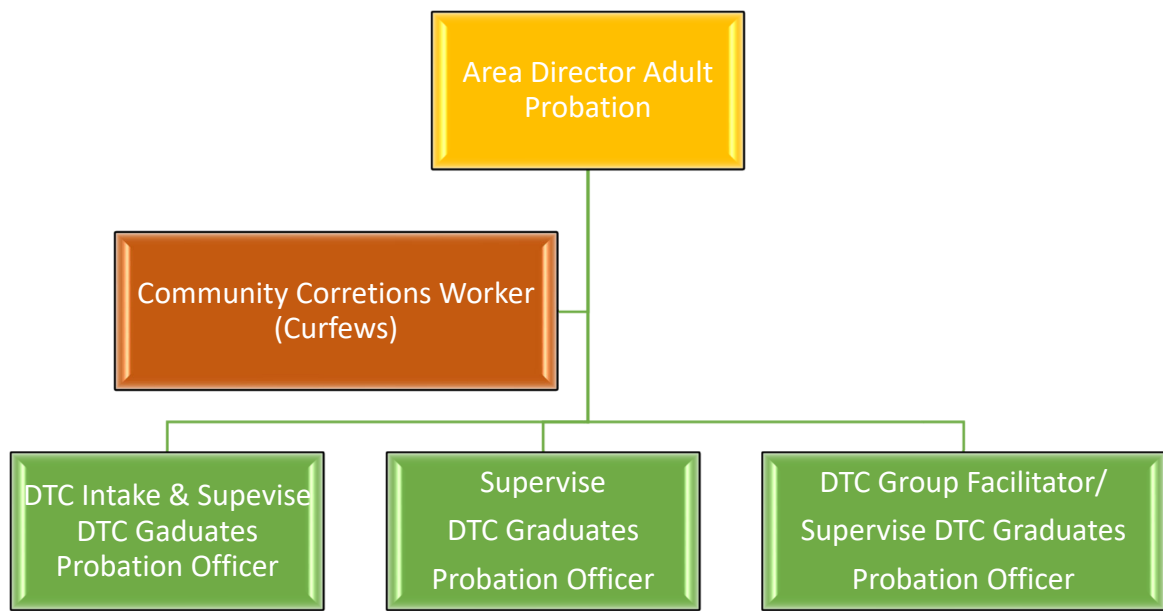


Figure 8 Probation Services Organizational Chart

4.1 Programming

The WDTC uses a detailed “stages of change” phased program that is applied through group and individual counselling. Staff also refer clients actively to community agencies and advocate on their behalf for services such as housing and Employment and Income Assistance. The program takes a “therapeutic justice” approach; clients attend court weekly and, based on performance, can receive encouragement and incentives or admonishments and punishments from the presiding judge and court team. The WDTC apply principles of “harm reduction” in exercising considerable discretion to deal with client problems such as missed appointments, group sessions or failed urinalysis tests. Program goals centre on improving client knowledge of addictions, providing information on community resources, helping clients manage their addiction, and improving client life skills. An overall goal is to reduce harms associated with drug use and addiction. Key components of the programming model are listed in Figure 9.



Figure 9 WDTC Key Program Components

Clients can self-refer or are referred by defense counsel. Some are recruited through word of mouth or advertisement in correctional facilities. They are screened in by a federal or provincial Crown prosecutor and then assessed by the program manager and later, a probation officer.

Participants must meet the program's criteria for referral, which are:

- The offender has been charged with possession, possession for the purpose of trafficking/trafficking or a Criminal Code offence associated with drug offences or a non-violent Criminal Code offence;
- assessed as having either a harmful level or dependent level of drug involvement during the criminal offence in question meaning the offender has a drug addiction or the offence was caused or motivated by the drug addiction;
- able to attend all required aspects of the program;
- willing to comply with program conditions and attendance requirements; and
- have a self-stated goal congruent with program philosophy, e.g. I want to stay out of trouble; I want to stay off drugs; I want to be able to make some changes.

The areas that are assessed in order to meet criteria for DTC are:

- Addiction –history of drug use and current use,
- Any and all treatment involvement,
- Criminal history/risk/community safety,
- Education, employment and financial concerns,
- Family and social support,
- Safe and suitable housing,
- Peer associations,
- Criminal attitudes and behaviour,
- Mental and physical health concerns,
- Cultural and religious background, and
- Motivation.

Individuals are not accepted into WDTC if: (a) the offender is a member of a gang or criminal organization; (b) the offence involved the use of a weapon or violence; the offence was solely motivated by profit (for example a commercial grow operation); (c) the drug offence was committed near a schoolyard; playground or other area where children are commonly present; (d) the drug offence involved a person under 18 years of age (for example, trafficking to minors; communication with a person under 18 years of age); (e) the offender has outstanding immigration issues which may result or has already resulted in a deportation order; and/or (f) the offender has any other serious outstanding criminal charges, whether federal or provincial. These individuals are not accepted and are referred back to court.

For those who are accepted and meet the criteria, further assessment and case planning is the next step. It is out of this screening that areas of need are identified and a comprehensive client centered case management plan is developed prior to entering the WDTC. This includes identifying the necessary community resources to ensure safety and success. This will determine which phase of the program the individual is placed in.

Throughout the assessment process, the participant is provided with legal advice and is required to enter a guilty plea and agree to a delay in sentencing in order to enter the WDTC. A first court appearance is then made at which time a bail order is issued with specific WDTC conditions. The participant will then begin a period of frequent court appearances, random drug testing, and drug treatment within a comprehensive case management plan that will also provide access to a range of other support services that improve the chance of long-term rehabilitation.

The WDTC court sits once per week and is preceded by a meeting of the judge with the drug treatment team and counsel. Through the use of rewards and sanctions, the judge assists in the participant's compliance with the case management plan. Upon successful completion of the program, the participant will graduate from the WDTC and receive a community-based sentence.

4.2.1 Phases

Each participant works with a WDTC case manager and service providers to develop a comprehensive and realistic case management plan that includes: regular court appearances; periodic and random drug testing; client centered treatment for substance dependence; cognitive behavioural therapy to address criminal thinking; counselling; life skills training; employment training; job placement; mental/physical health referrals; housing referrals; and participation in a criminogenic risk assessment.

After admission, the WDTC model involves progression through program phases including orientation, stabilization, intensive treatment, maintenance, and graduation (Figure 10).

1. Orientation phase: This is the phase where the work is completed with a case manager and AFM worker to orient the client to the program. The client will attend group work and one on one counseling on site. After this phase is complete, the decision to opt out or in, is made.
2. Stabilization phase: This phase takes approximately four months to complete and the participant will be required to attend all elements of the program. Suitable housing, community supports and no absences are required during this phase.
3. Intensive treatment phase: This phase also takes approximately four months to complete and consists of the participant completing the necessary education, employment, and treatment requirements.
4. Maintenance phase: This phase also takes approximately four months to complete. During this phase the participant must acquire a minimum of four consecutive months of abstinence from all non-prescription narcotic drugs and alcohol or they will revert back to an earlier stage of the program.

In order to graduate, the client must meet the following criteria: (a) have completed all required phases; (b) made significant progress toward resolving identified issues on their individual treatment plan; (c) are currently working towards a diploma, GED or other studies or education/training program as approved by WDTC; or have steady employment approved by

WDTC; (d) have no recent violations of the law for minimum of eight months; and (f) be attending and involved in community supports (i.e. mentoring, leading AA or NA programs, etc.) This can take between 12 and 18 months for participants to complete.

A client-centred approach ensures that following admission, each client's phase placement and progression will be based on individual factors. Although clients may move through the program in different ways, they will have the same final outcome.

The harm reduction approach employed by the court recognizes that clients may relapse at various times in their struggle against addiction, and promotes individual accountability through weekly court visits and drug screening.

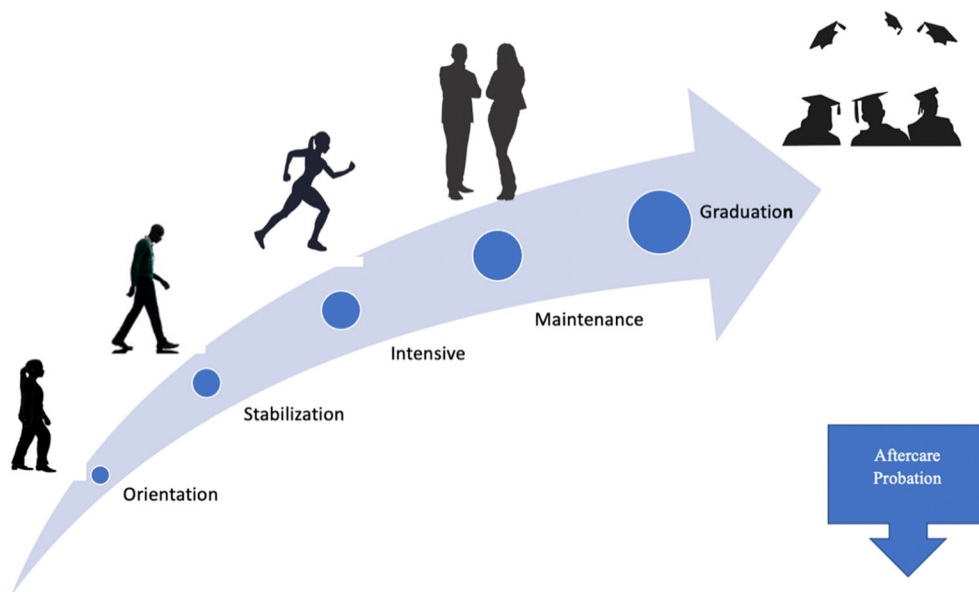


Figure 10 WDTC Progression Through Program Phases

4.3 *WDTTC Logic Model*

A logic model is a graphic depiction that provides an overview of a program or process (Alkin, 2011). Logic models describe how a program or process is supposed to work by providing a blueprint for the program components and how they relate. Logic models can be used in a wide variety of contexts and for a wide range of purposes. They can be used in program or curriculum design, to plan a process or a policy, to guide the implementation of a program or process, or evaluate a program, curriculum, process, or policy (Alkin, 2011). However, it is important to note that logic models represent the intention of a given program, process, curriculum, or policy. A logic model may not always be the reality of what is, for example, happening on a day to day basis in the program. Many who use logic models talk about them as “if-then” sequences. Reading from left to right, a logic model portrays a series of if-then relationships. If you have certain resources (inputs), then you will be able to provide certain activities, and so on and so forth.

Logic models typically include resources or inputs (i.e., human, financial, organizational, and community resources needed for the program or process), activities (i.e., the things the program or process does with the resources to work towards its desired outcomes), outputs (i.e., the direct products of the activities and evidence that the program was actually implemented), and outcomes (i.e., the changes the program hopes to achieve). Certain outcomes must occur before others, and as a result, outcomes are typically identified in a logic model as either short-term outcomes (i.e., immediate changes) or long-term outcomes (i.e., ultimate goals; Alkin, 2011).

4.3.1 Development of a logic model

Table 4.1 below presents the WDTTC logic model. This logic model was developed by reviewing past DTC evaluations and operational documents supplied by DTC staff members.

4.3.2 How to use this logic model

The logic model is an important evaluative tool because it helps to explain the ideas behind the development of a program, and the reasons the program is expected to elicit change.

Moving forward with an evaluation, the logic model can be used as an important basis of comparison to understand if the program is working as expected.

Table 4.1. WDTC Logic Model

Inputs	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> • Drug Treatment Court Oversight committee • Drug Treatment Court Operations Committee • Drug Court Case Management team • Clinical team/ Counsellors • Probation team • Treatment providers • Drug Treatment Court Funding Program • Housing, social assistance and employment / education resources 	<ul style="list-style-type: none"> • Intake - Receive applications, interview, assess, screen applicants, risk assessments • Case planning & consulting • Court attendance • Counselling (group & individual) • Probation supervision 	<ul style="list-style-type: none"> • Number & type of applications received • Amount of applications that meet target population eligibility • Number & type of applicants screened in • Number of risk assessments complete • Number & type of resources available • Amount & type of programing complete • Number of clean drug tests • Number of participants in stable housing • Number of participants in treatment • Number of graduations, discharge cases • Number and type of sanctions/ incentives allocated • Number of participants in group and individual counselling • Amount and type of counselling accessed by participants • Number of probation periods completed 	<ul style="list-style-type: none"> • Graduation and discharge rates. • Improvement in participant's housing situation • Improvement in participant's employment / education situation • Increase in participant's community supports • Improvement in participant's health • Elimination/Reduction of participant's drug use • Reduction in risk in criminogenic risk/needs • Engaged relationship with probation • Number and type of case outcome (e.g., breaches, arrests, summons, warnings, warrants, etc.) • Change in risk assessment • Lower recidivism rates 	<ul style="list-style-type: none"> • Reduce crime committed to support drug addiction • Reduce the risk of harm by offenders to themselves and others by ceasing drug use • Participants achieve positive lifestyle changes including employment, education and healthy relationships with family and others.

5. Quantitative Results

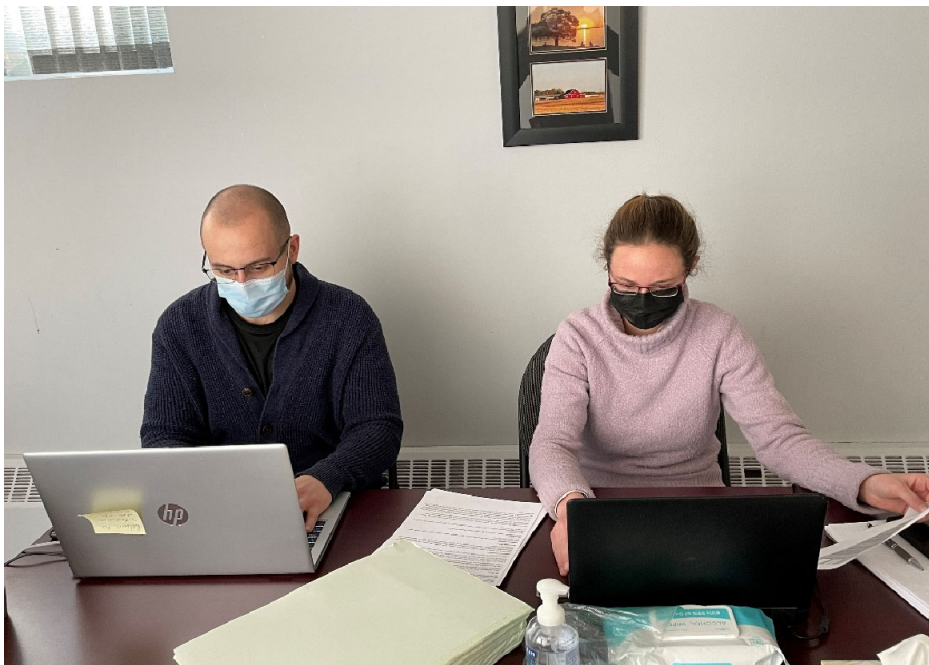
5.1 Profile of WDTC Participants in the Revised Model 2015-2021

Drug court referrals over the past five years have been mostly male, mid 20's to mid 30's, Indigenous or Caucasian, single, have grade 11 or 12 and were unemployed upon admission (Table 5.1).

Table 5.1 Demographics Profile of WDTC Clients 2015-2021

GENDER				LIVING ARRANGEMENTS			
	Male	65	54.6%		Married	5	4.2%
	Female	53	44.5%		Common-Law	17	14.3%
	Transgendered	1	0.8%		Single	90	75.6%
	Total	119	99.9%*		Separated	2	1.7%
AGE					Divorced	5	4.2%
	Mean	31.8	SD = 9.2		Total	119	100.0%
	Range	18-65		EDUCATION			
	18-25	32	26.9%		Grades 5-8	7	5.9%
	26-36	58	48.7%		Grades 9-10	18	15.1%
	37 & up	29	24.4%		Grades 11-12	58	48.7%
	Total	119	100.0%		Post-Secondary	31	26.1%
ETHNICITY					University Grad	5	4.2%
	Caucasian	52	45.2%		Total	119	100.0%
	First Nations	30	26.1%				
	Metis	22	19.1%	EMPLOYMENT			
	Non-Status	1	0.9%		Employed PT	5	4.2%
	Black	1	0.9%		Employed FT	27	22.7%
	South Asian	3	2.6%		Student	1	0.8%
	East Asian	6	5.2%		Unemployed	86	72.3%
	Total	115	100.0%		Total	119	100%
	Missing	4					
*Totals may not add to 100% due to rounding.							

Over half of the program clientele is male (61%), with one transgendered client being admitted (Table 1). Since its inception, the average age of WDTC clients has been about 30 years old; this remains the case over the past six years with an age range of 18-65. The majority of recent admissions have been 26-36. Indigenous admissions were the highest proportion of referrals (46%), almost even with Caucasians (45%). The remaining proportion of just under 10% were East and South Asian and Black. Most admissions were single (76%), and about a fifth were married or in a common law relationship. About a third had post-secondary education, most had grade 11 or 12, and only 21% had grade 10 or less. The majority of referrals were unemployed (72%) upon admission.



Keenan Fonseca and Jantje van de Weetering collect data for later analysis at the WDTC office.

Non-violent referral offences, lack of a prior criminal history and almost no record for violence, as well as risk estimates indicate that WDTC referrals are generally a lower risk group of offenders, however their significant addiction and needs sees them rated as higher risk by the LS/CMI (Table 5.2).

Table 5.2 Drug, Legal, and Risk Profile of WDTC Clients 2015-2021

MOST SERIOUS CHARGE				SECOND MOST SERIOUS CHARGE			
	Trafficking	101	84.9%		Break & Enter	5	5.8%
	Robbery	1	.8%		Possession weapon	6	7.0%
	Break & Enter	6	5.0%		Breach Probation/Recognizance	32	37.2%
	Theft Over	3	2.5%		Fraud	5	5.8%
	Theft Under	4	3.4%		Theft Under	5	5.8%
	Fraud	2	1.7%		Possession Stolen Property	31	36.0%
	Possession stolen property	1	.8%		Mischief	2	2.3%
	Arson	1	.8%		Total	86	99.9%*
	Total	119	100.0%		Not Applicable	33	
PRIOR CRIMINAL HISTORY				HISTORY OF VIOLENCE			
	Yes	57	47.9%		Yes	13	10.9%
	No	62	52.1%		No	106	89.1%
	Total	119	100.0%		Total	119	100.0%
INSTITUTIONAL SECURITY ASSESSMENT				LEVEL OF SERVICE/ CASE MANAGEMENT INVENTORY			
	Low	108	90.8%		Low	7	6.3%
	Med	11	9.2%		Medium	34	30.4%
	Total	119	100.0%		High	52	46.4%
					Very High	19	17.0%
					Total	112	101.0%*
					Missing	7	
<i>*Totals may not add to 100% due to rounding.</i>							

Looking at the most serious referral crimes, the vast majority of recent WDTC clientele had plead guilty to drug offences (85%), followed by break and enter (5%) and theft or fraud. The only serious offence which garnered a referral was robbery. Secondary charges were likewise non-violent with the possible exception of possession of a weapon. Under half of referrals had no prior criminal history (48%), and about one in ten had a prior history of violence (11%).

Utilizing an assessment instrument allows us to determine whether or not the drug court is successfully reaching its high risk/needs target population, while taking care not to endanger the community. The clients in the WDTC ideally will be higher risk compared to less serious offenders on probation. However, it is preferable that they are not cases that would be considered high risk in a prison setting.

The data collected reaffirms that the WDTC appears to be reaching its target population. The majority of clients were classified as high or very high risk (63%) according to Level of Service/Case Management Inventory. The instruments classified 30% of the clients as medium risk and only 6% as low risk. Similarly, the data collected from the prison-based risk assessment ISA provides evidence that cases are not too high risk for the community. Just over 90% of referrals scored low.

Based on a majority of drug trafficking offences, WDTC cases would be strong candidates for lengthy imprisonment if they were not accepted in the program. Their prior criminal histories and overall risk and needs profile suggests that community placement with strong program support would not pose an undue risk to the community.

The drugs of choice for the majority of WDTC referrals was crystal methamphetamine (40%). Cocaine was a close second at 35% and opioids, often fentanyl, was third (17%).

Cannabis was the clear second preference of participants at 37%, followed by cocaine (22%) and opioids (17%).

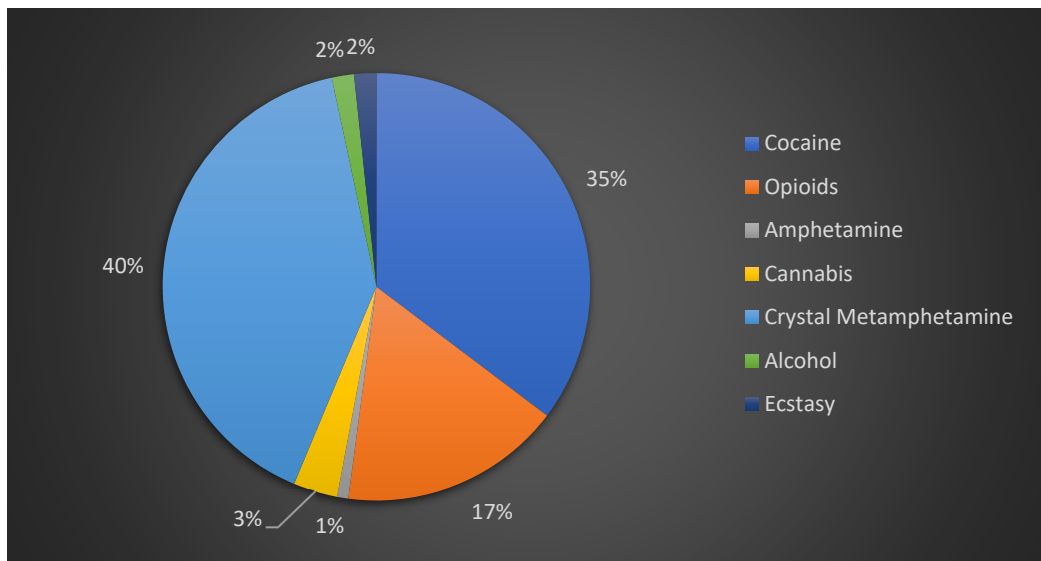


Figure 11 First Drug of Choice

N= 119

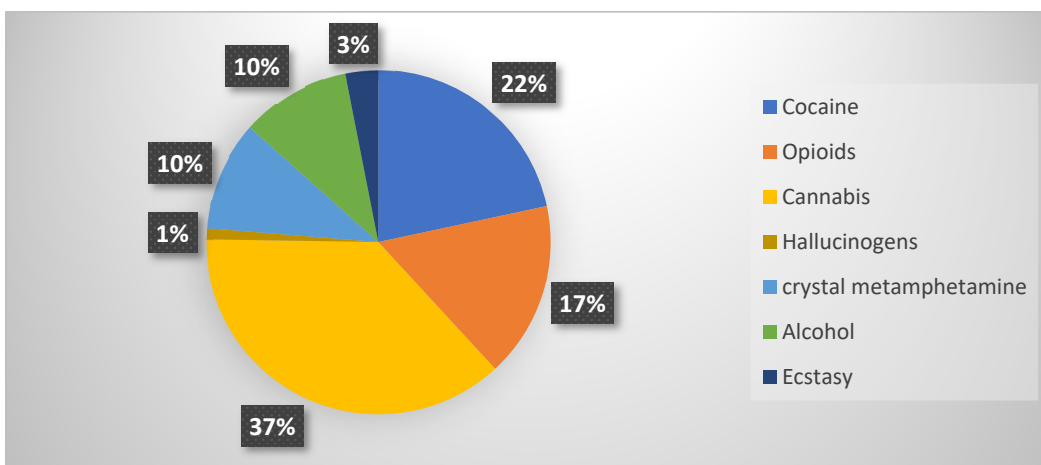


Figure 12 Second Drug of Choice

N= 97, Not Applicable =22

5.1.2 Comparison of Admissions and Profile, Revised Model WDTC Participants with Prior Admissions 2005-2014

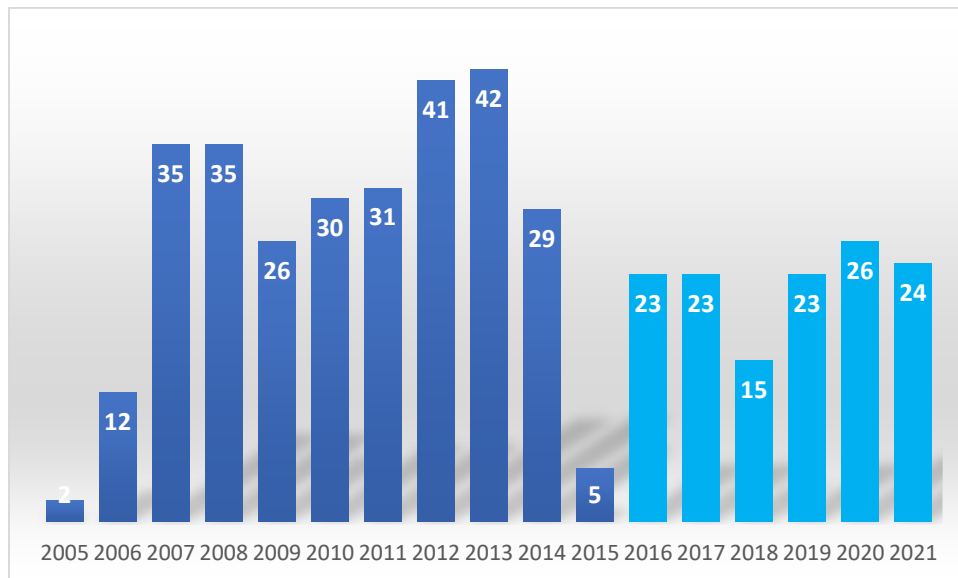


Figure 13 WDTC Admissions 2005-2021

As noted in the figure above, there has been a decline in the number of admissions to the WDTC (Figure 13). We compared the average per year admissions from 2006-2014 to the modified program year of 2016-2021 (the years 2005 and 2015 were anomalies and not counted).

The average for the first period was 31.2, post 2016 the average was 22.2, a drop of about a third.¹

There are several possible reasons for this decline that are discussed further below.

¹ The difference was statistically significant, $t=2.274$, 13 df , $p<.05^*$.

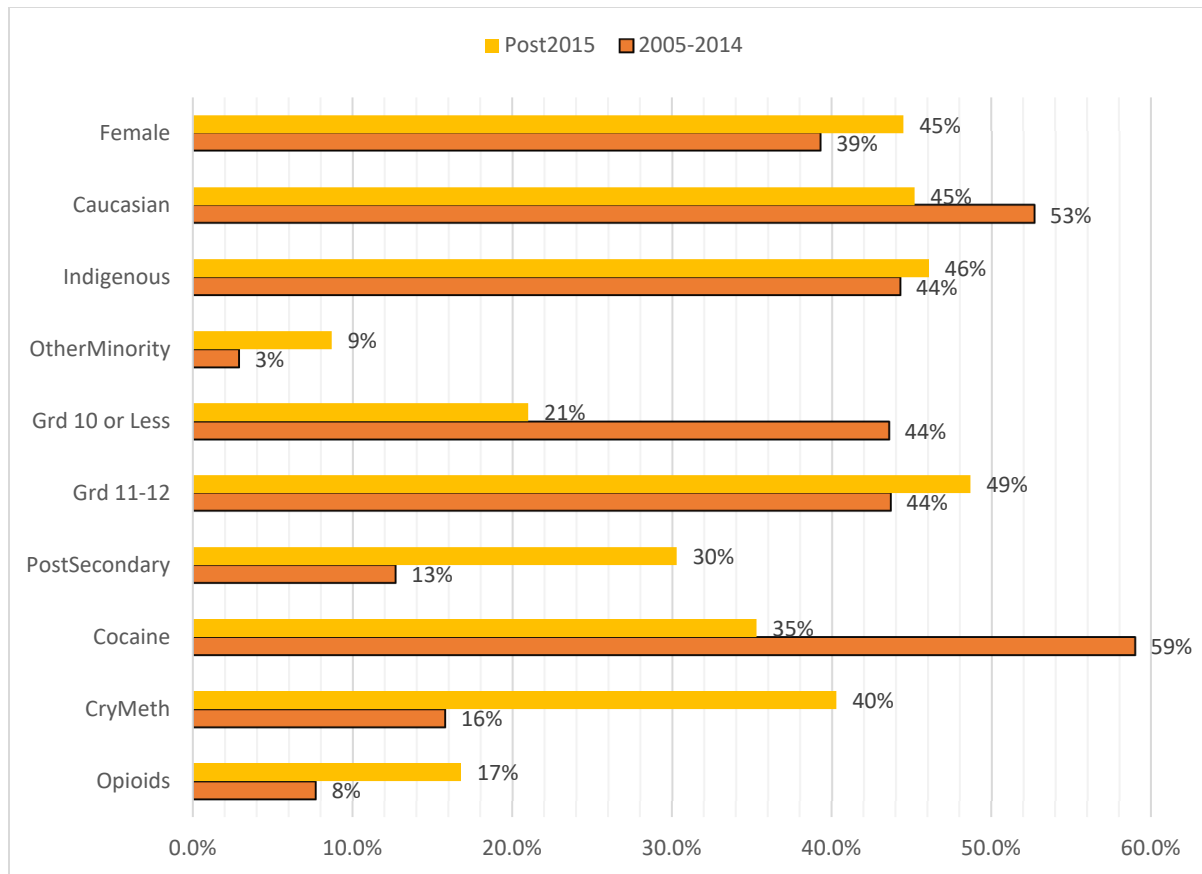


Figure 14 Comparison of Background 2005-2014 to 2015-2021 WDTC Cohorts

There are some changes of note in the demographic background between drug court referrals from 2005-2014 and new cases who came in after the revised model was introduced in 2015 (Figure 14). There were modest increases in the proportion of women, Indigenous, minority and postsecondary educated referrals. There were declines in males, Caucasian, and less educated participants.

There were significant shifts in the drug of choice, reflecting community trends in illicit drug use (Illicit Drug Task Force, 2019). Cocaine use was down and crystal methamphetamine and opioids (often fentanyl), were up.

The differences in ethnicity, education and drug of choice were statistically significant, i.e., unlikely due to random year or year fluctuations. A full breakdown of differences is provided in Appendix Table A1.²

² Ethnicity $\chi^2 = 15.52$, 6 *df*, $p < .05$, Education = $\chi^2 = 26.13$, 4 *df*, $p < .001$, Drug Choice $\chi^2 = 46.63$, 8 *df*, $p < .001$.

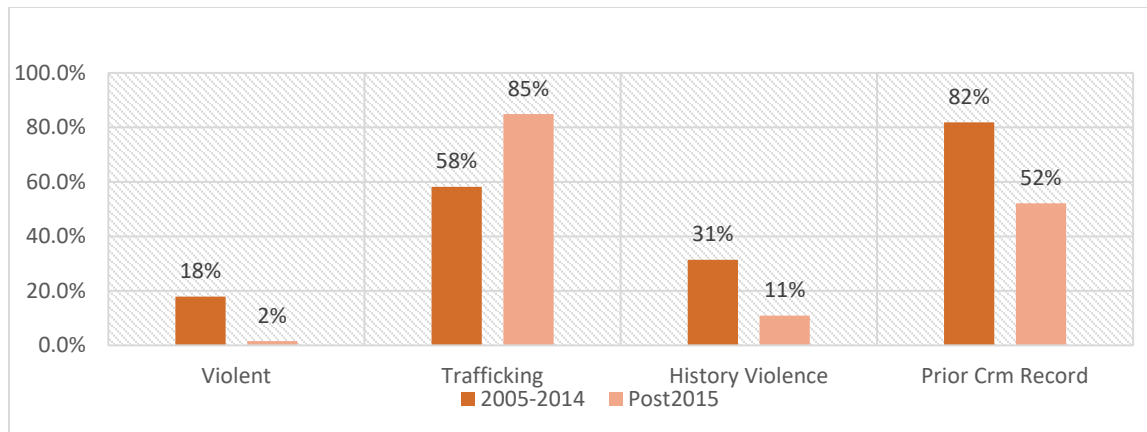


Figure 15 Comparison Legal Risk 2005-2014 to 2015-2021 WDTC Cohorts

There were significant changes in referral crimes and offender background (Figure 15). The WDTC used to take in just under 20% of referrals for violent crimes. This is no longer the case, as crimes against the person have declined from 18% to 2%. Conversely, drug trafficking crimes increased from 58% of all referrals to 85%. Referrals are also less likely to have a criminal history (down from 82% to 52%) or record for violence (reduced from 31% to 11%).³

Overall, it appears that the WDTC is now sticking more carefully to its policy of not taking violent offenders, and generally is taking lower risk cases.

It is important to note, however, that initial risk/needs levels did not change. Consider that the LS/CMI rankings, which include needs as well as risk, showed no real difference in rankings from 2005-2014 to the revised model period of 2015-2021. Thus, the WDTC may be emphasizing cases with less serve crime profiles, but they still appear to have significant needs, leading to consistently high overall risk/needs ratings.

Does taking lower risk cases mean that the WDTC is not achieving goals of reducing the use of custody? It should be noted that the *Criminal Code* penalties for drug trafficking charges are substantial, regardless of criminal history. Admissions appear to be assisting in avoiding unnecessary incarceration.

³These differences were all statistically significant and not a random uptick (see Appendix Table A2), Most Serious Charge $\chi^2 = 35.63$, 11 *df*, $p < .001$, Prior Criminal History $\chi^2 = 37.08$, 1 *df*, $p < .001$, History Violence $\chi^2 = 18.43$, 1 *df*, $p < .001$.

5.3 Sentencing Outcomes *WDTC 2015-2021*

5.3.1 Graduation Rates

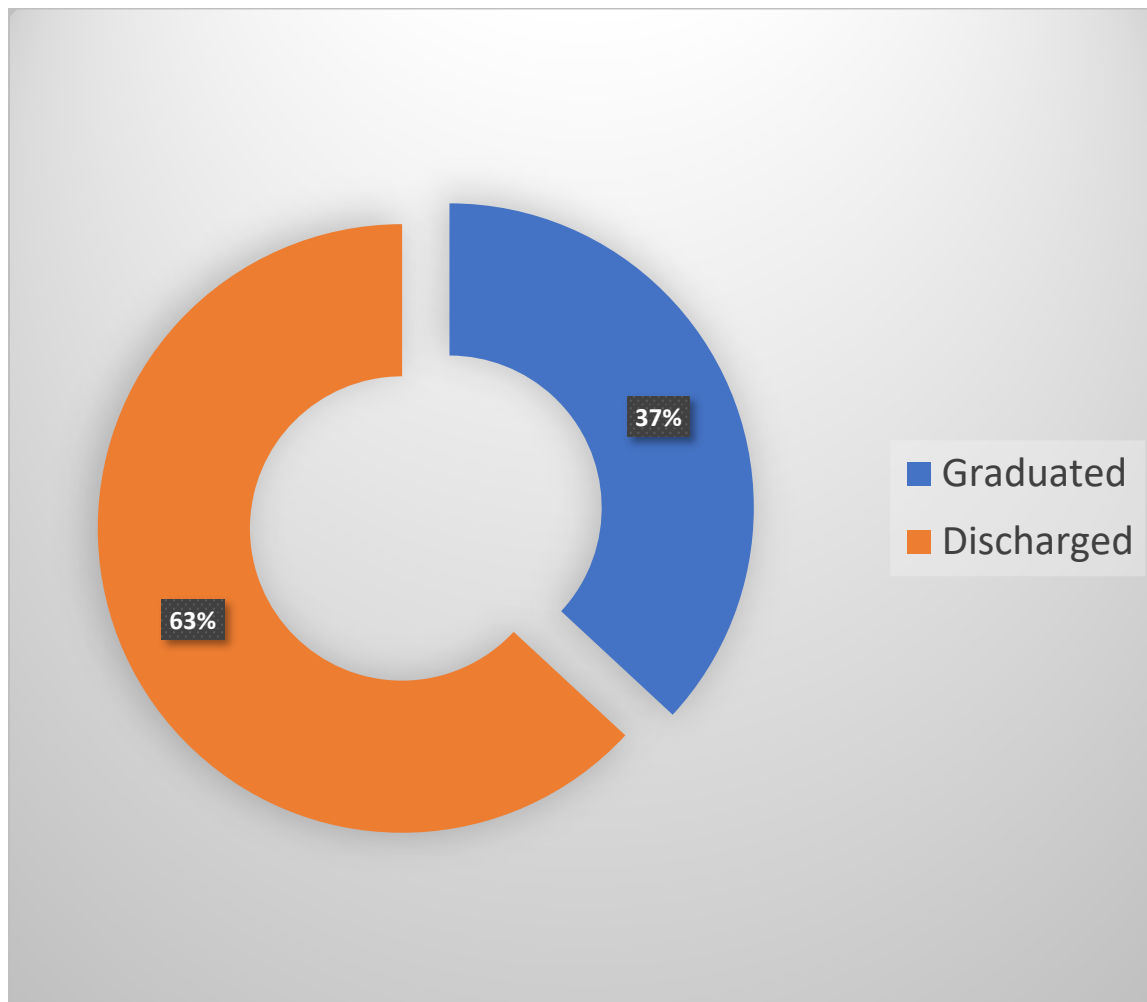


Figure 16 WDTC Graduation Rates 2015-21

N=103

While the period we cover here spans six years, the program took very few admissions during a period of funding uncertainty, so it really is more of a five year span. To be included, a participant had to be in the program more than 14 days (less than that, referrals usually either did not show up, or came for a week and absconded). As noted below, graduation rates were about 37% (Figure 16).

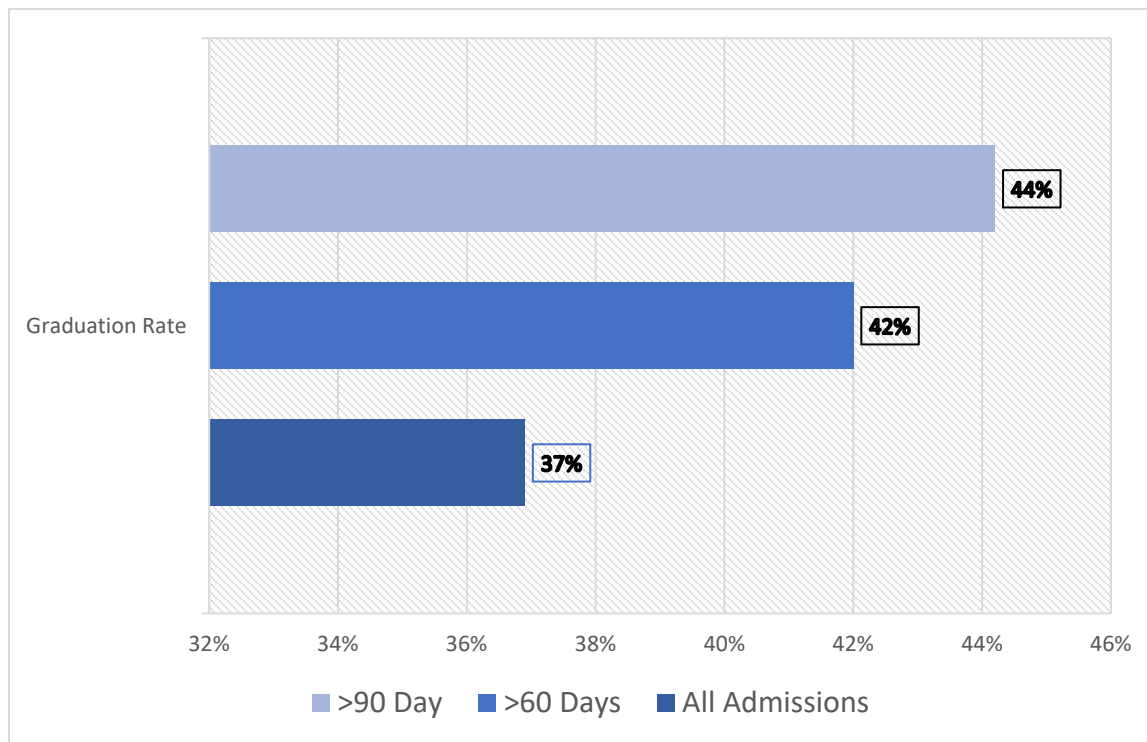


Figure 17 WDTC Graduation by Days in Program

N=103

In evaluating treatment programs, dosage is important and retention is also critical. In reviewing files we were concerned that many participants who were enrolled in the WDTC for around two months were not really involved in the program per se. File reviews showed some cases where individuals went into residential treatment after being accepted into the program, left, came into the program but perhaps attended court one week, missed appointments, and finally were considered out of the program. They might be listed as discharged a couple of weeks after they had absconded. The National Institute of Drug Abuse has indicated 90 days is a good minimum standard for treatment to manage addiction (NIDA, 2015). Thus, we outline graduation rates in Figure 17 for participants who stayed in the program 60 days and over and 90 days and over. This boosts the success rate considerably, to 44% and 47% respectively. Keeping participants in the program is important.

5.3.2 Sentencing Outcomes

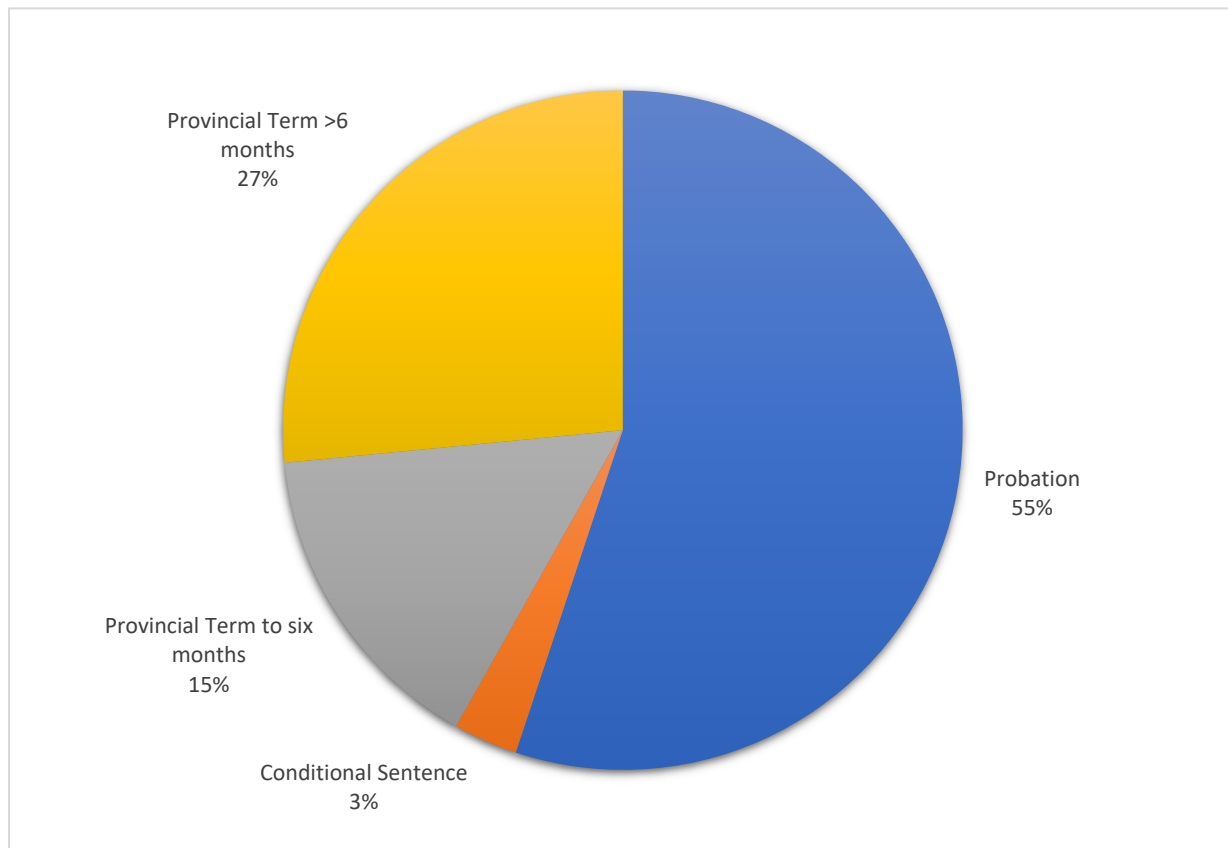


Figure 18 Sentence Outcomes 2015-2021

N=98

Note: All graduates received dispositions of 12 -30 months probation. There were five cases where discharges had not yet been sentenced.

Fifty-four cases, or slightly over half of the individuals who went through drug court were placed on probation (55%), with three cases given a conditional sentence (Figure 18). Most probationers were graduates (38), but 16 discharges also received probation in conjunction with credit for time served and/or credit for DTC or other treatment participation.

Otherwise, penalties were still fairly severe, with over a quarter (27%) of discharges receiving more than 6 months of provincial custody time. There were, however, no federal terms during this study period, compared to 23 from 2005-2014. This may be due to the larger number

of referrals with no criminal history in the recent 2015-2021 period, as well as the *R. v. McKnight* 2018 decision, which discussed and emphasized the granting of presentence credit for engaged time in the drug treatment court or other efforts at rehabilitation.

Drug courts have faced criticism for escalating punishments for discharge cases. Because discharges had committed to undertake the program and did not follow up, some argue that judges might be vindictive and punish them for their lack of follow-up. In examining overall outcomes, it seems highly likely that discharged cases get some consideration for time in drug court after they leave and are sentenced on their original charge. Consider that of 60 discharged cases where outcomes were available, 32% received dispositions of probation or a conditional sentence. It seemed participation in drug court likely garnered some pretrial credit at point of sentence. In speaking with WDTC prosecutors and defence counsel, they confirmed that they felt that time in the program was taken into account for discharge cases. One discharged interviewee reported that although he had been removed from the program for repeated drug test failures, he had been in the program for over a year and had demonstrated enough stability over time that he was granted a probationary disposition.

5.2.3 Changes in LS/CMI Ratings from DTC Admission to Graduation

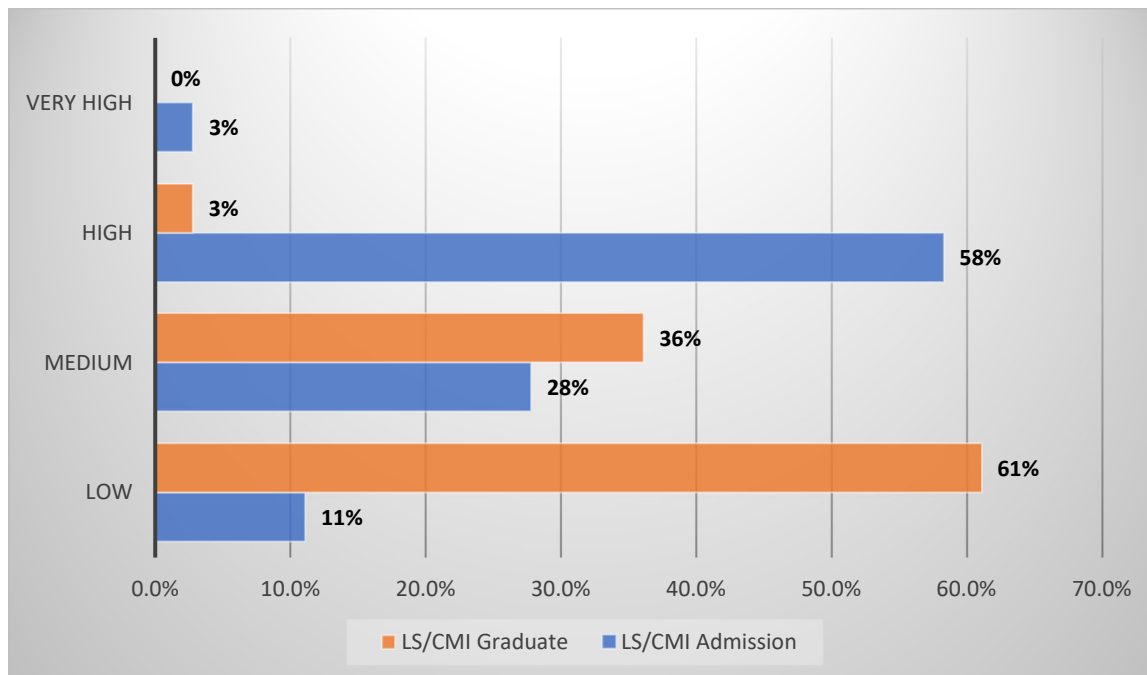


Figure 19 Change in Level of Service/Case Management Inventory Risk/Needs Rating for Graduates 2015-2021

N=36

Compared to admission scores, WDTC participants had much lower risk/needs rankings upon graduation (Figure 19). The proportion of medium risk increased but this included mostly individuals who had been “high” or “very high” previously.

The logic for this comparison is to measure progress. We compare risk/needs profiles at the time of admission for cases who graduate. LS/CMI rankings, which assess risk and needs for individuals involved in the criminal justice system, was used to create the comparison. The LS/CMI considers domains such as criminal history, but progress is best measured by considering how scores changed in relation to education/employment, family/marital relations, use of leisure time, prosocial companions, alcohol/drug use problems, attitude and antisocial patterns.

Rankings not involving over-rides were used to avoid potential subjectivity in ratings.

5.2.4 Recidivism Outcomes

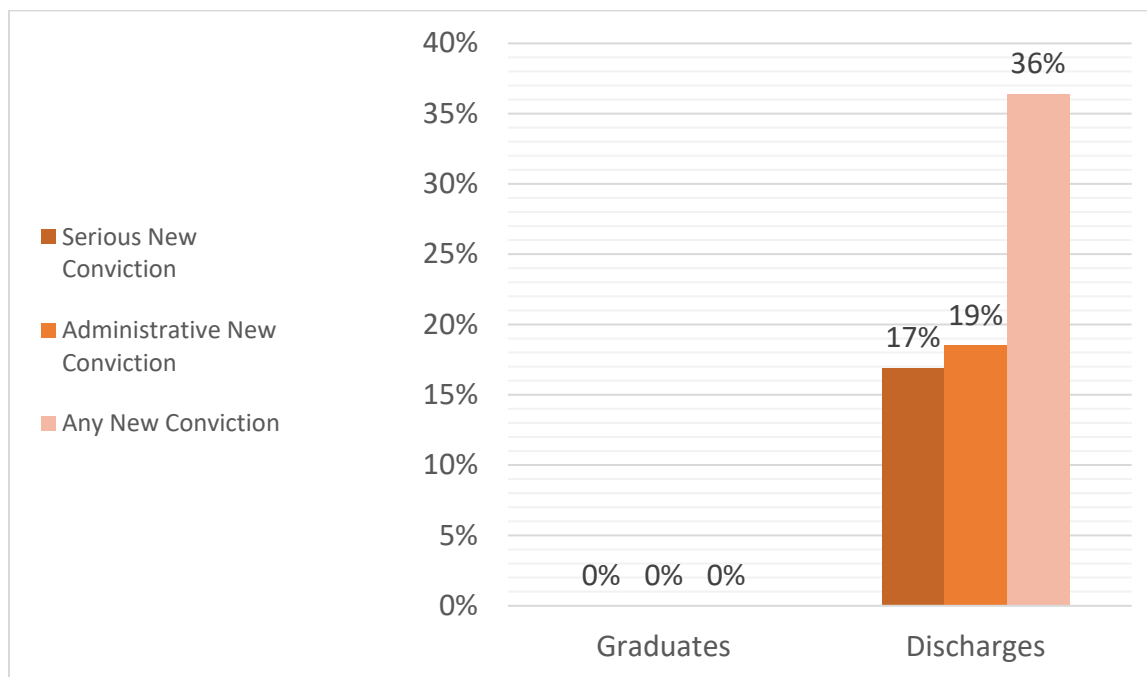


Figure 20 New Convictions WDTC 2015-2021

N=103, 38 Graduate, 65 Discharges, 16 current cases not tracked.

Reoffence outcomes were estimated by checking for new convictions for anyone entering the DTC program after April 2015 (Figure 20). All WDTC cases were checked for new convictions for any crimes for up to a two year period post WDTC attendance.⁴ There was zero reoffence for graduates, quite an accomplishment.⁵

Even discharge cases showed low reoffence for new predatory or drug crimes, with only 17% committing more serious crimes. About 19% reoffended only by committing administrative offences. Combining the two, about one in three discharges reoffended (36%).

⁴ All cases were checked, so there were some who had not passed the two year post program mark, and they should be checked again in any future evaluations.

⁵ Our focus is on new convictions as many charges end up being withdrawn. That said, we acknowledge that there were two graduates with outstanding charges, one for drug trafficking, the other for a less serious administrative fail to comply charge.

Table 5.3 Types of New Convictions for Discharge Cases

	N	%
Violent	2	8.7%
Property	4	17.4%
Drug Trafficking	4	17.4%
Possession Weapon	1	4.3%
Administrative Fail to Comply	12	52.2%
Total	23	100.0%

Most new convictions by discharges were for less serious crimes. The majority were for fail to comply charges (52.2%). A total of 17% of new convictions were for drug trafficking, but consider that this represents 4 out of 119 cases in the 2015-2021 cohort. Finally, only two new convictions were for violent crimes. This recent outcome data supports the assertion that placement of individuals into drug treatment court does not pose a significant risk to the public.

5.2.5 Outcomes Comparison Between Original Model and Revised Model

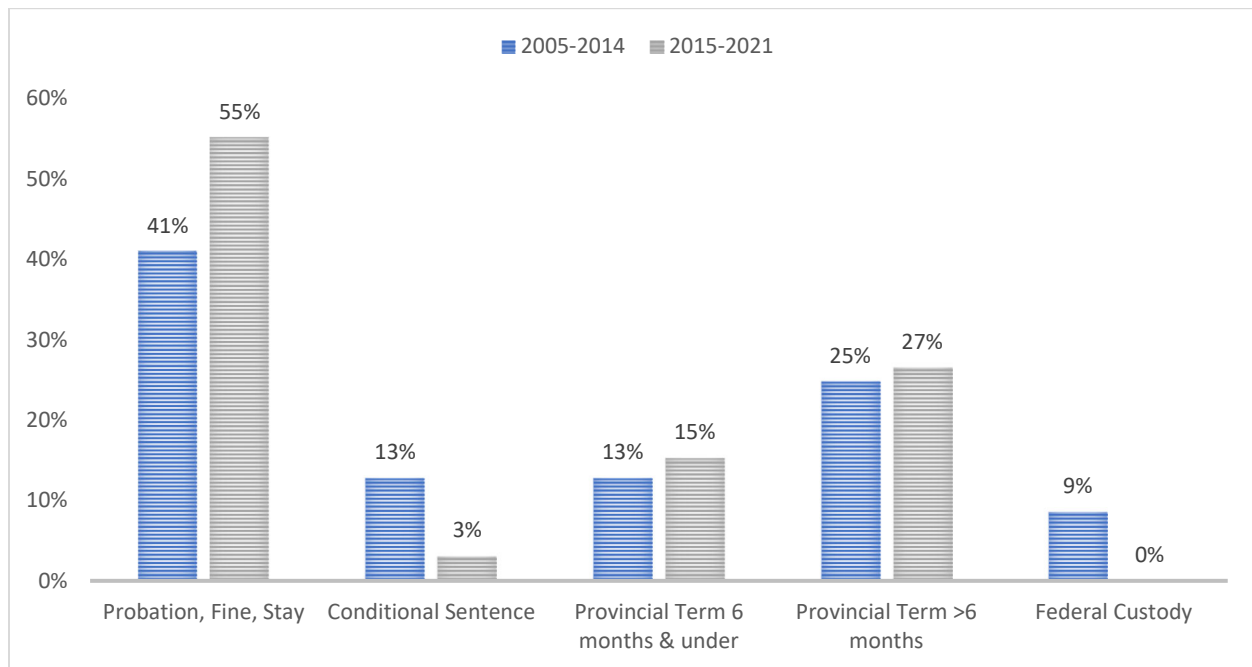


Figure 21 Sentencing Outcomes by Original & Revised Model

N= 266 (2005-2014)

N= 98 (2015-2021)

Dispositions for WDTC cases appear to be less severe in the program's most recent phase. While probation terms tend to be heavily ascribed to graduates, a number of discharge cases also appeared to be more likely to get a probation term over the 2015-2021 period. While conditional sentences went down substantially, this may reflect more probation terms being given out. Provincial custody terms stayed around 40% of all dispositions, but significantly, there were no federal terms (2+ years) given out.

As mentioned, a tendency to give less severe dispositions, even for discharges, might reflect the latest cohort of participants tendency overall to have no priors or violence. But it also likely reflects the influence of the *R.v.Mcknight* decision.⁶

⁶ Differences were statistically significant, $\chi^2 = 18.744^{***}$, 4 *df*, $p < .000$.

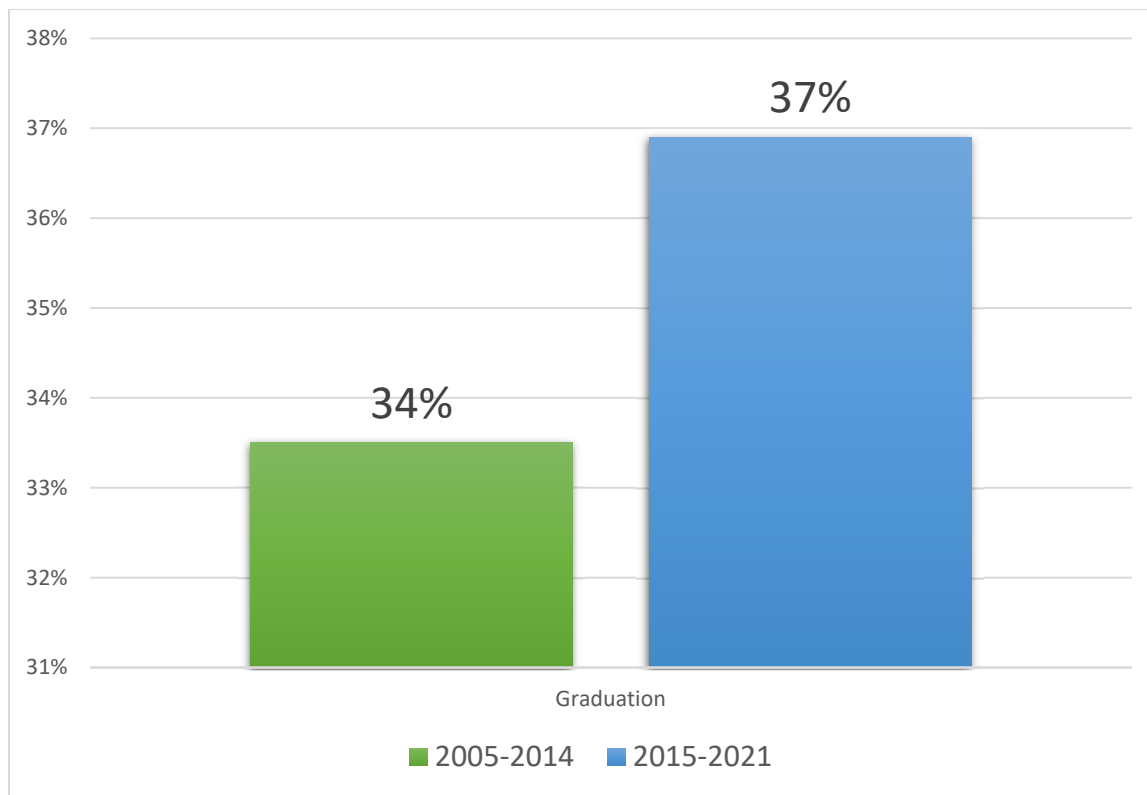


Figure 22 Graduation Rates Comparison

N= 275 (2005-2014)

N= 103 (2015-2021)

There has been improvement in graduation rates from the original model to the most recent period where the revised model was implemented. The difference was not statistically significant, but the improvement was in the desired direction.

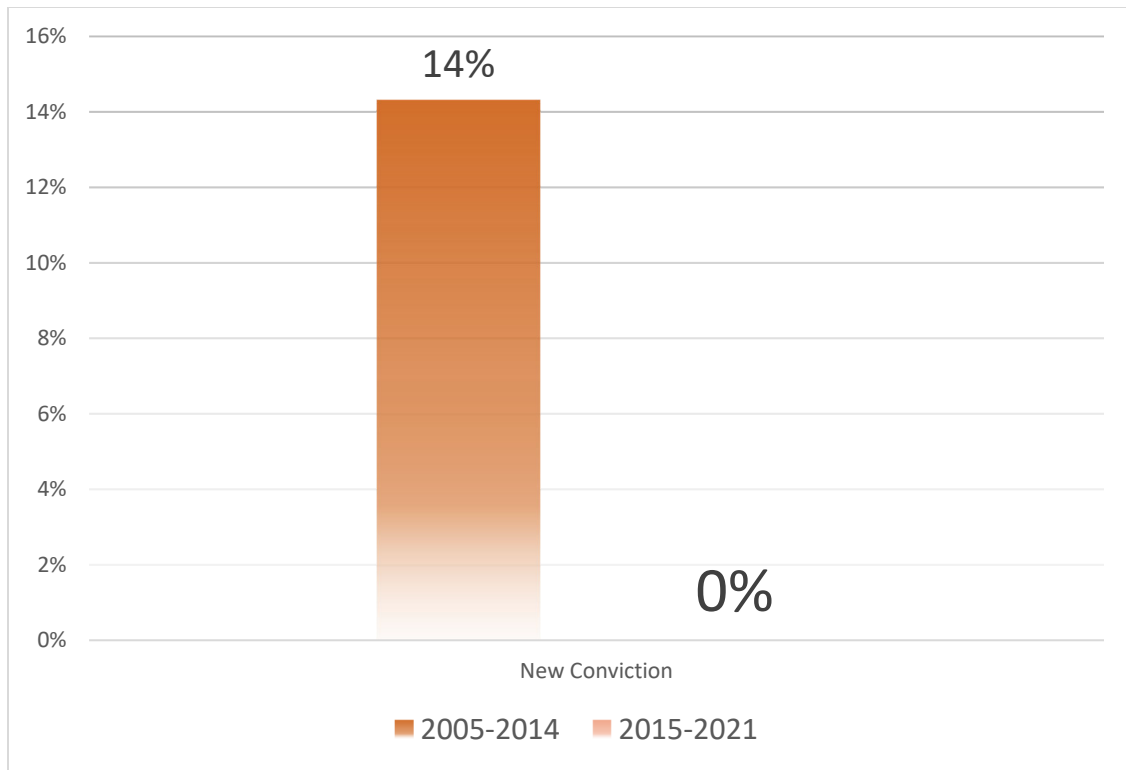


Figure 23 Graduate New Conviction Rates

N= 91 (2005-2014)

N= 21 (2015-2021)

There is a clear reduction in reoffence rates for the most recent graduates. Using the two year follow-up criteria, 21 recent graduates scored zero reoffence.⁷ Still, the 2005-2014 graduate reoffence rate of 14% is still quite low for an offender population.

⁷ There was one of the 21 cases who had an outstanding charge of Trafficking but that had not been decided at the time of this report. The differences were statistically significant $\chi^2= 10.27, 2 df, p<.05$.

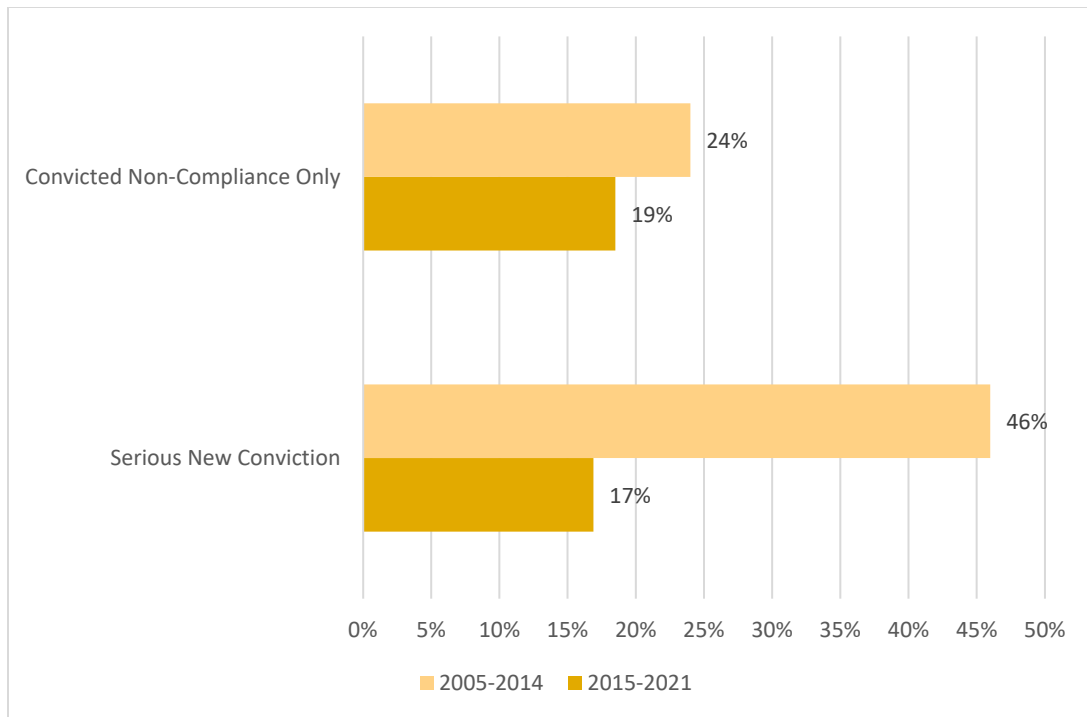


Figure 24 Discharge New Convictions 2005-2014 & 2015-2021

N= 183 (2005-2014)

N= 65 (2015-2021)

Lower reoffence rates are also evident for discharge cases in the revised model. Just under 1 in 5 Post 2015 cases (19%) had a new conviction for a more serious offence (violence, property, trafficking) compared to almost half (46%) of discharged cases from 2005-2014 (Figure 21). Non-compliance conviction rates were fairly even. Please note all cases were followed up for two years after leaving the program.⁸

⁸ The differences were statistically significant, $\chi^2 = 33.710$, 2 *df*, $p < .001$.

6. Qualitative Survey and Interview Results

6.1 Procedural Justice Ratings and Participant Comments

Table 6.1. Perceptions of Procedural Justice

1=Almost Never, 2=Rarely, 3=Often, 4= Frequently, 5= Every time.	N	Mean (1-5)	Std. Dev	Minimum-Maximu
1. Did you or your lawyer have a chance to tell your side of the story when you came to drug court?	18	3.4	1.8	1-5
2. Did the judge listen to what you or your lawyer said when you came to drug court?	19	4.2	1.3	1-5
3. Did the judge rely on reports from your case manager at the court hearings?	17	4.2	1.5	1-5
4. Was the information the judge had on your drug tests and treatment attendance accurate?	19	4.2	1.3	1-5
5. Did the judge try to consider all the facts?	17	4.7	.7	3-5
6. As far as you know, did the judge apply the rules about going to drug tests and drug treatment the same way for you as for other defendants?	19	4.5	.90	2-5
7. Did the judge follow the same rules every time about what would happen if you failed a drug test, skipped a drug test or did not attend treatment?	19	4.3	1.2	1-5
8. Were you treated politely and with respect by the judge?	19	4.7	.7	3-5
9. Were you treated politely and with respect by your case manager?	19	4.5	1.2	1-5
10. Did you trust the judge to be fair to you in the hearings? 1= Not Fair at All , 2=Unfair, 3=Fair, 4=Very Fair	18	4.3	.9	1-5
		Mean (1-4)		
11. Overall, how do you rate the fairness of the courts, and drug court case managers in their handling of your case?	19	3.0	.9	1-4
12. Overall, how do you rate the fairness of the sentence you received when you graduated?	10	3.2	1.2	1-4
13. Overall, how do you rate the fairness of the courts in using penalties for using drugs, skipping drug tests, or skipping drug treatment?	19	3.2	1.1	1-4



As mentioned, all interview participants were surveyed and got to rate their perceptions of procedurally just and fair treatment by the court, WDTC staff and their case in general. Those interviewed included current participants (8), graduates (7) and discharge (4) cases. Nine of the questions are ranked 1(rarely) to 5 (every time), with three questions going from very unfair (1) to fair (4).⁹

Keenan Fonseca conducts a telephone interview.

Table 6.1 shows favourable results. The highest ranked statements concerned polite and respectful treatment from the judge (4.7), the judicial consideration of the facts (4.7), followed by judge's consistent application of the rules (4.5) and polite and respectful treatment by the case manager. Ratings of over 4 for all items reflects a strong endorsement of fairness and courtesy.

One way to think about the ratings is to divide the average Likert rating by 5, then multiply by 100, converting it to a percentage approval. So, a 4.7 out of 5 would be 94%, quite a high rating of approval. The lowest mean scores were 4.2, which is still a high score of 84%.

The overall fairness ratings of the WDTC were 1- 4 and not quite as positive. Overall fairness was ranked three out of four on average, or 75%. Sentences received by graduates and discharges were ranked at 80%, as was the fairness of penalties applied for drug testing violations.

In table 6.1 we do not distinguish current and past participant ratings, because they are quite similar. Generally, the graduates were the most positive, followed by current participants,

⁹ We did not include question 1, which asked about the participant telling their side of the story. This seemed to confuse interviewees, who often ended up saying little in plea bargains when first appearing and agreeing to enter into the DTC.

and discharges a bit more likely to be negative. But generally, even the discharges were favourable in their ratings.

“I liked going as a group to drug court, I liked the experience, like the bonding with the group that we had. Yeah. Five. And I thought that it is good for routine as well.”

“Oh, Those judges! Yeah, they were awesome. I can't think of one bad one, so every time.”

“Because I had the best counsellor that I've ever had in my life. What made him so good? He was very empathic, very genuine and unconditional positive, he was insightful, friendly, got to know me, he showed me that kind of concern and care. Most of all he showed me that I could trust him.”

“I think they (penalties) make sense. I think they're pretty reasonable about like working around it, if you got to a certain point in the program and you had like some sort of job opportunity that maybe it would interfere with.”

The WDTC focuses on individualized treatment and harm reduction, which gives participants opportunities to redeem themselves after program violations. The idea is that those addicted are likely to relapse but can regroup and still make overall progress. While there are still some zero tolerance areas (e.g., tampering with drug screens, serious new charges) individuals are given chances to overcome regressions in the program. But to us this appears to have led to questions on consistency.

Despite relatively high numerical ratings on procedural fairness, narrative comments tended to refer over and over again to inconsistency in treatment, particularly over movement through the phase system. People felt while the overall program was good they were a bit guarded on how fair it was.

“The reason I'm saying (not always fair) is because the way some people have graduated in front of me and they had a few sanctions. And they got lesser probation, basically that is why I'm kind of stuck on the fence about fairness.”

Some participants felt they had met all program requirements but were moved very slowly through the program.

“This one girl started after me by three weeks, and she moved phases before I did. And my case manager thought I had done everything I needed to do, but the manager turned me down. Why?”

“I fought for so much stuff like in the past 20 months, I've done like over 18 different addiction programs and parenting programs. I got my kids back from CFS. I have my own house now. I have my own job, I have my own car. I've rebuilt my entire life back. But it's still taking me four or five months to get through each phase. I get every individual is different. But why am I still taking longer than others like it?”

“They would be like, we can't make special exception for you. But I was like, it's not special exception, I am doing these things.”

“There seems to be a little bit of favouritism here. I don't know who this person knows. It is a lot of answered questions, but we can't get there. You know, we talk to each other, and we talk about it outside the program”

6.2 Participant Life and their Experience at the WDTC

In this section we provide participant feedback on several broad areas, including past drug use, involvement in the justice system, prior treatment and entrance into drug court. past and current life circumstances, how they rated their WDTC involvement and general feedback on their experience. Whether current or past participants, interviewees had to have been in the program for at least three months. Coupled with our narratives are numerical ratings to contextualize physical and mental health, housing experiences and ratings of various facets of drug treatment court programming.

6.2.1 The Journey to Drug Court: Trauma, Drug Use, Crime, Past Treatment and Getting In.

Trauma

We found that most drug court clients had brutal experiences that preceded their addiction. And respondents were surprisingly matter of fact in recounting these horrific experiences. These tragic events ranged from being abused by parents or in a foster home, witnessing the death of a family member or experiencing a sexual assault when younger. While some respondents started using controlled substances at a young age most experimented with alcohol or cannabis and did not engage in harder drugs until their late teens or even twenties. Their entry into more serious abuse was often presaged by trauma:

“I was an alcoholic all my life. I just had a rough life. I’ve been using alcohol for many, many years. My parents I was abused by them, especially my mother. Then I went to foster home after foster home. I was bingeing, binge drinking for days, days, weeks and weeks. So and then I met (name) too, and I started heavy into the cocaine, crack, and meth.”

“I was depressed. I think I post-partum. And then CFS took my kids because they thought I was a danger because I was just depressed and stuff. After they took my kids, I started using again. Crack. And then that evolved just when everyone started using meth. Then it was like, meth and then heroin at the end. And then I got arrested.”

I got diagnosed with general anxiety disorder. And again, I don't want to make excuses, but I think I was dealing with that in depression, probably since my teens, and that once it just seemed like the opiates helped, and that was part of it.

“You know, when I was 12 and my brother committed suicide, and I found him hanging, and I did CPR on him, causing PTSD. And so I started drinking and MDMA and then started using Percocet’s for back pain and for anxiety. Whatever trauma I was hiding it became clear that I was using oxycontin, I was using oxy’s things every day.”

“In 2003 I was sexually assaulted. I was homeless at the time, I had left my parents home. But I was tired of living by the rules because I was a little shit. Pardon my language and I came to the city on my own with absolutely no comprehension of what the city was or, geographically speaking, where things were. Sure. And so one night I had been offered coffee by a gentleman because I was walking around in the middle of the cold and I accepted. Long and the short of that is I spent three days in a place I didn't want to be and I wasn't allowed to leave. And once I was able to get away, I turned to drugs for the escape, for the answer to deal with the trauma that happened there. And I look back on it now and you know, it took me years to come to terms with and to accept and also to forgive that kid who felt that drugs were the answer to what had happened. The criminal activity didn't start until the drugs did.”

Drug Use and Crime

Participants saw a clear link between their substance abuse and criminal activity. Whether it was dealing drugs or stealing for money to buy them, interviewees reported their lives and activities revolved around drug use and crime.

“Well, I would need to get high right so I would go out and steal. Yeah. To get my fix. OK?”

“So I guess I started using drugs probably around age 13 or 14. Kind of moved on from marijuana to opioids and then, I was addicted to opioids ... And then I think I was first arrested at 16 for possession of marijuana, purpose of trafficking. Got sort of clean for a little bit, but not really, and then moved on to kind of worse drugs. I used ecstasy and then cocaine and then went to methamphetamines. ...The only things I didn't do was crack or needles.”

“Basically, that's why I committed crimes, I started for addiction.”

“I know is all my criminal past would never happen if I wasn't an addict. That's not who I was or who I am. It's just drugs make you do some crazy things for sure.”

“First time using, liked it. And then it went from there to everyday use. And then next thing you know, it was like losing jobs. And then it was like the next thing in line was to just basically sell, so you keep yourself high. So that played a role. 13 years, 14 years and. Now. And it all came crashing down.”

Treatment History

Earlier in the report we observed that despite many referrals having no criminal histories or minimal ones, WDTC admissions from 2005-2021 tended to be rated high risk because of significant needs. This was certainly illustrated by their addictions history: a few had no record of treatment, but the majority had undertaken significant treatment in the past. Involvement in addictions programming included outpatient counseling from AFM, attending Narcotics

Anonymous or Alcoholics Anonymous, and stints in residential treatment. Some had spent time receiving psychiatric treatment. A number of interviewees went from residential treatment straight into the WDTC.

“I was accepted into the walk-in program in WCC (provincial women’s correctional centre), which is a new program. I take it as similar to Winding River for men.¹⁰ It's like drug treatment, therapeutic community, they call it. They do programing there. So I just did six months.”

“I got quite a bit out of AFM. I did some good work there. But then just unfortunately, I got sucked back into addiction and then didn't really keep up with it. There was no like structure kind of enticing me or telling me where to go, like drug court. So I just eventually slipped out of the habit of it”

“After recovery on methadone I did the detox at Main Street Project, three years prior. So I was, technically in drug treatment for opiates.”

“I applied for every program online that I could, and it took it through Zoom, you know, and I. Awesome. I literally have like 18 certificates from completing and that's like in 20 months. I completed 18 programs like Kicking Addictions, Red Road, to healing parenting programs, stuff like that.”

“I went to the AFM addictions 28 day program twice in 2008. I was at Behavioral Health Foundation for four months, six months. In 2012. I was in the Winding Rivers program when it first opened up (2012), then again in 2018. I was in Behavioral Health Foundation a third time. I don't remember when off the top of my head. I was in the Anchorage program at Salvation Army. And that was part of the conditions of release into drug court.”

“There is five treatment centres I've been to, also many detoxes throughout Canada. I was in Vancouver and Kelowna. Yeah, at least five treatment centres would say I tried a holistic approach and tried to challenge the approaches. I tried the approach with Aboriginal smudging and sweat.”

Motivation and Getting Into Drug Court

While different paths were undertaken, the most common method of getting into drug court was through one’s lawyer. Other times participants would have learned about the program from others. In a minority of case respondents reported regretting their decision but in most cases they reported having weighed the options before making their decision.

¹⁰ Winding Rivers is a modified therapeutic community for men offered at Headingly Correctional Centre.

“I heard about drug court because I know a couple people that completed it and they have done really well to this date. So I had asked my lawyer, I said, Well, what about drug court?”

“Really it was on advice of my lawyer. I think that came probably from our first meeting and the things that I told him as a youth. He probably understood that I was struggling with a problem. I was just like, dude, I'll just go to jail. I had an offer to just do 18 months and I thought I'll just take that. And he was like, No man. I think this is a good fit, but just do it. I was like, yeah, that's a really good idea. Like, I have a problem that I need help with, and that seems like a good solution.”

Participant motivations most frequently centred around dealing with their addiction and often getting children back from social services. Some even desired the routine discipline and sanctions that went with the WDTC.

“I wanted to get help with my drug use. If I would go to jail and come out, I'll do the exact same thing, so I felt it was my time to get sober and, you know, get the support that I needed. And so I did get that and I'm very thankful for that and doing a lot better.”

“To try and heal. OK. Move forward from addiction.”

“I wanted to get a hold of my addiction. Avoiding jail is part of it, too. But the main thing was getting clean.”

“I was going into court for my children, to take some sort of responsibility, to at least own up to that. I didn't all have them at that time. But for me, I turned my life around by saying to myself, can you be a father and do things the proper way and make it?”

“The first time my original plan came when I was in jail. What I wanted to do was apply for drug treatment court and do the programs they had to offer so that I could turn my life around. It was either go to jail for three to five years in the pen or change my life around, get sober. I'm like, I'm not going to sit there and waste five years of my life and not see my kids. By the time I get out, my kids will be half grown and I will miss everything. I'm like, I don't want to do that. So I told my lawyer, like, I don't want to live this life. I just want to get better.”

“You know, I've tried to get sober for my kids and it didn't work. You know, it had to be for myself.”

“But now I really made a firm decision that I like. It's not really so much jail, I really do want to get sober. And I've known for a long time I need help and support. The program definitely gives good support, you know? It's really helpful.”

“Because I needed discipline myself. I needed a heavy discipline to match the consequences if I f____ up because I know me, any lenient bail, anything else, I sort of did whatever I wanted. I heard that it was very, very tight. Oh, it had a reputation that it was strict.”

Not verbalized as often but avoiding a custodial sentence was still a key factor. However, even some who initially just wanted to avoid jail still ended up engaged in the WDTC regime.

“I went to drug court because I was looking at jail time and I'm not built for jail. I don't think I would have survived in there. And I mean, I look at the other people that have gone to jail, have come out of jail after doing X number of years, and they've gone right back to using, whereas I figured if I had some help I'd stay sober.”

“No, it was strictly because I had trial coming up and I was really scared. I just didn't want to go to jail. I had been working on myself in my life. And I thought jail would not be a good thing.”

“To tell the truth before when I heard about drug court, it was just to get out of jail. And eventually I go into it. I embraced it.”

The long time for the wait list was brought up by a number of respondents. They reported considerable stress and anxiety when on the waiting list for long periods, particularly while in custody.

I knew my charges were bad, so my lawyer advised me of drug treatment court. And he said, That's probably going to be your best bet unless we can beat your charges. And once I got my second set of charges, I knew that drug treatment court was the only option that I could do. So I ended up just getting my lawyer to inquire about it, but because there is such a wait for drug court, I had to get bail from jail, so went to BHF for treatment.

“Drug court from what I had read was something that could help me. I wasn't sure if it would. But I knew that it could. So to be honest, applying for it again in 2018 was kind of a last ditch effort to either try to get some help or pretty much embrace the criminal lifestyle because I'm going to get seven, eight, nine years right now.”

“My lawyer set it up. My Lord, it took him a while to get me in there. It took almost like a year and a half or two years for me to get into drug court. It was a long time.”

Only a couple of participants voiced feelings of being coerced to plead guilty, but most saw WDTC as logical decision, given their circumstances.

“Like at the time, I didn't want to go to jail. I figured I made a mistake, and I kind of thought this was my best option. I was pregnant as well. So just everything kind of lined up for me to be able to use the system to my benefit. Rather than, you know, deal with a system that isn't really just, at times.”

“Other people that I knew talked about it (drug court). My lawyer didn't even mention it as a possibility. I had to ask him. And he said, Oh, that's a slim chance of that. And then so I kept

pushing and pushing for it. And then he finally talked to the crown. Then they allowed me to join.”

Goals

Participant goals upon entering the WDTC centred around completing the program, getting clean and sober, getting children back, getting an old job back or undertaking training for a new or better one. Others simply did not want to go back to their old lifestyle and jail. The theme of drug treatment court as part of a journey emerged again. Some respondents voiced a need for change, but others couched change as getting back to the good person they knew they really were.

“Not go to jail. Yeah. I'm not going to lie about that. That was one of my biggest goals was I did not want to go to jail, I wanted to do the program properly and I did and I, to this day, that's kind of what I set forward to do, and I'm happy I did.”

“To try something different. I just, like never lived really a life of not using drugs, so I had seen that obviously my life wasn't very good on them. Maybe there is something else that I can try that will yield better results for myself.”

Staying sober, and get my mental health figured out, that was my goal pretty much. And stay out of jail.

“To stay clean, find a job, get through treatment. Try to find some semblance of the life, I at one point knew, but never really experienced to any great extent, you know. Try to find myself was the big one.”

“Well, of course stop drug use to get into a good job, to stay clean and gain what I lost.”

“To remain sober for one and use that time. It was to maintain sobriety and to straighten my f___n life, but I needed straightening over.”

“I just wanted to keep my job and keep living my life honestly. And then throughout the program, it changed. I actually decided to go to school. I applied for university and the program was really competitive so I didn't get in. But now I'm looking into like education and career and other stuff. So, initially I just wanted to work and be left alone.”

Community Support

Most participants reported having community support from parents, a partner or a friend. A few reported having no one and entering on their own.

“Yeah, I had support. My parents who stuck by me throughout, everything, and my immediate family I should say. I had my daughter at that time as well when I was in drug treatment court.

She was ____ months old at the time when I first started drug treatment court and. I had my BHF community.“

“I did have a girlfriend at the time, and she was a support. She helped because you're like doing a lot of things. So she would help get me places on time sometimes when I couldn't get there.”

“My dad's always been there. He always goes to all my court dates. He's a big supporter.”

“Yeah, my family was definitely supportive, to a certain extent, so that was definitely a help. But I definitely created better supports from going through the program and then just changing my life.”

“Family, friends AA. I volunteer as a peer mentor to woman at North End Woman Centre who are seeking help. I pick them up for it all the time. Awesome. Yeah. No. I have a great support system.”

“I had a couple of friends that had stayed true throughout the years, and family for me was huge. They supported me.”

“I always have family. I just chose to not go around them when I was using. So that's how they always knew when I was back on shit, but I always had support.”

“I didn't have much support, but I didn't relapse either. I guess I made my mind up in this regard, and that's all there is to it.”

“Yeah, I didn't have much of a support network.”

6.2.2 Drug Court, Health, Employment and Personal Changes

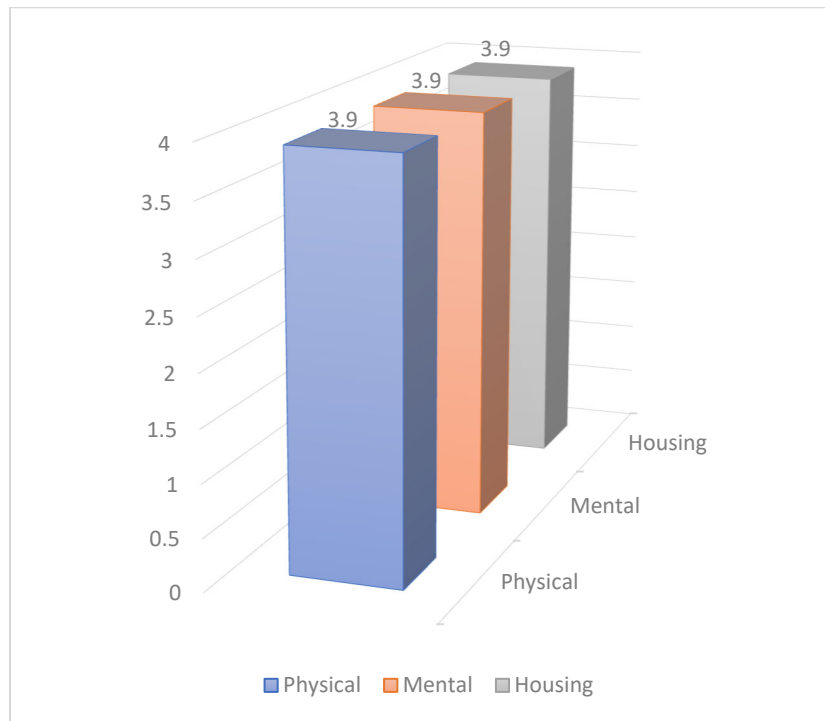


Figure 25 Current Health and Housing Status Ranking 1-5

N=19, 1=Very Poor, 2= Poor, 3=Average, 4=Good, 5=Very Good

Participants were surveyed on their current physical and mental health and their current housing situation. Responses varied, with the average being just under four out of five (Figure 25). Some of the lower ratings were reported by discharge cases, who were struggling, or individuals with chronic conditions.

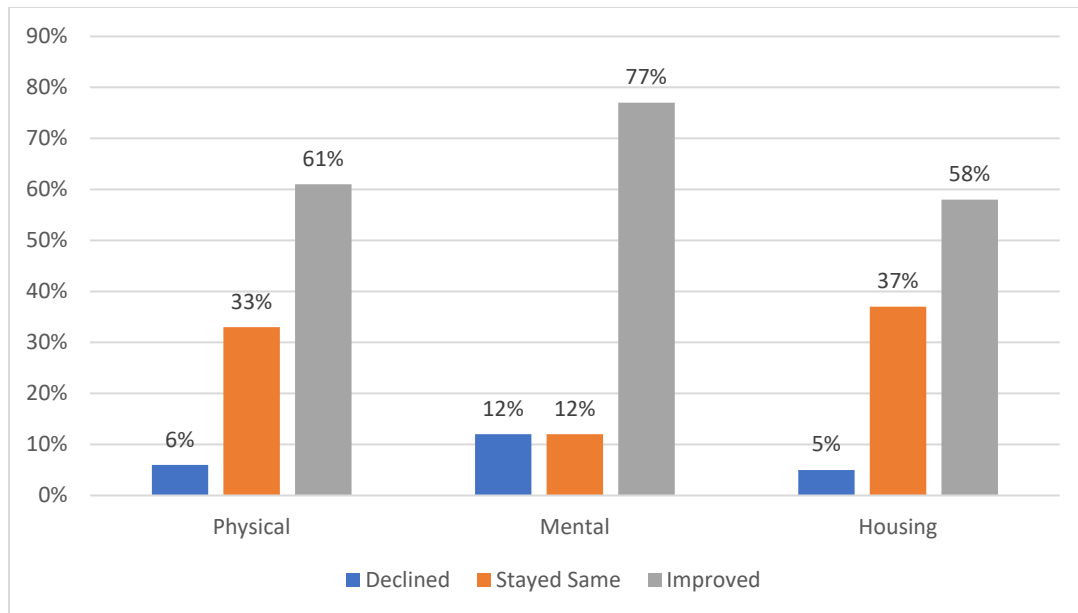


Figure 26 Health and Housing After Drug Court

Physical and Mental Health

Participants generally reported improving their health and housing situation after being admitted to the drug court. Sixty-one percent (61%) of respondents reported physical health improvement, while 58% felt their housing had improved. The most significant improvement was reported in mental health, at 77%. Physical health varied in its challenges prior to drug court but participants consistently reported coming in with mental health challenges, particularly anxiety.

“I think like when I was, at intake, I think I was like 130 pounds, over six feet. And now I’m like 180 pounds, like a normal human being.”

“I had two heart attacks and was diagnosed with a heart condition. But that’s it. Yeah.

Major depression is still an issue. I do have OCD and PTSD tendencies.

“Yeah. Suicidal thoughts, PTSD, flashbacks, depression, I actually tried committing suicide multiple times,”

“Yes, and I kind of always have mental health stuff and always will. I have a borderline personality disorder. And I also have ADHD.”

Significantly, most participants believed that the WDTC had contributed to their good health, particularly mental health. Skill development in managing their conditions, dealing with others and even just improving their day-to-day organization made a significant difference. For some, lessons learned while at the WDTC were still making a difference in their lives.

“Oh, it definitely improved. Definitely improved with all the coping skills that drug treatment court taught me, just with all the life skills like that, the resources I got from them. No matter what my mental health is, I know how to get it better. Because of that, it'll always be better because of my program.”

“Like, it definitely improved, so I've been out of drug treatment court for two years, over two years. So when I started the program, my health was poor, because I was in a relapse. So I started at probably a one (poor) and then I moved forward once I started the program, I probably got to about three like super fast, but because I started working out every day and things like that.”

“Well, one very major difference is that before the program, I was so depressed and anxious, I couldn't even hold a job. It was just because I couldn't get out of bed or whatever. And then lots of social anxiety. I didn't know how to talk to people or ask for help or get the things that I needed from people. And then obviously, just the fact that we're doing this interview now, that's changed majorly so. Yeah, I'm at a point now I can talk to my boss, I can send out emails, I can make doctor's appointments and all that sort of stuff, which is all very important in living a good life.”

“Say it's improved my mental health, my you know, my physical health, I mean, I've obviously got healthier, started eating properly, sleeping, I've gotten healthier all around now, both mental and physical.”

“I actually don't think I bonded with my daughter until that point (entering drug court). And we connected. A lot through that program, I don't think I'd have the relationship I have with my daughter today. I also was able to go back to work successfully sober. I started working out again through that program. Just that, it just gave me like. I had to set goals every week, like it wasn't like I could just be like, OK, I'm sober, that's good enough. I actually do work on myself and like, I'm, you know, if you're not doing something like, if you don't have a goal, they kind of made you have a goal.”

While credit was accorded to the WDTC program, some participants noted that just joining the program and engaging in sobriety made a big impact. Staying sober helped lead to better mental health.

“I feel like it is better. I'm better. But that just comes from sobriety. Like that just comes every month that you're sober. My mind's grip is better.”

“I'd say it (health) improved quite a bit, actually. You know, just getting off of drugs and everything, and so throughout my time, I'm a lot healthier, so I'd have to say it had improved so far.”

Housing

As mentioned, 58% of interviewees reported an improvement in their housing. The situations coming into WDTC varied quite a bit, with some participants having stayed comfortably with family and others coming from remand custody. But for some, and most who came from prison, housing situations were precarious and might involve couch surfing from place to place.

“I was a couch surfer. Like, I don't know, I wasn't on a lease, but I was never homeless, you know?”

“I was couch surfing before I got arrested. I was couch surfing. I would only stay at a friend's house for two days and then look for, sometimes I slept in a bus shed. And sometimes at the park. When it's winter, I don't know how I survived it. But yeah, I was basically homeless. Yeah, I was homeless for a majority of two years.”

“Winters are cold here, it's really horrible to be homeless in Winnipeg, even on drugs.”

“My housing situation, I was living with my parents.”

“I had a beautiful home, but then I lost my home. And then I was staying with some friends for a while. I basically ended up homeless.”

While most interviewees reported reasonable housing or accommodation with family or friends, some discharge cases reported living in poor circumstances, with a negative effect on being able to avoid drugs.

“It was awful, it was that place that they got me, it was Boyd avenue, and it was a crack den, the house was getting raided every day, swat teams raiding houses for meth, people shooting up

meth, people banging on the door. I couldn't sleep, when I moved in there was needles on the floor."

Employment

A few participants reported working fairly regularly prior to WDTC, although in some cases they had undertaken treatment and engaged in work after being sober for a while. Before the WDTC, most reported being unemployed and living off drug trafficking or other crimes. Some recounted instances of losing jobs because of addiction.

"No, like I would try and work off and on, but I just always either end up quitting or getting fired because I would just be depressed. I don't want to show up and be like, I don't need to work. I'll just sell drugs."

"I was at a sober living facility and was on EIA when I entered drug treatment court. The drug treatment court was the one who applied. Like, gave me a referral letter for the housing because it was a sober living housing."

Most typically, participants reported being on employment income assistance when first entering into WDTC. Some had help from family but generally they had to rely on EIA. Some interviewees took upgrading while at WDTC. Several graduates reported obtaining employment upon or near program completion.

"I'm just getting my last credit for high school and just trying to figure out what to do with the rest of my life."

I ended up opening my own business while in drug treatment and at the Anchorage program, some contracts have come up for renovations downtown and some apartment buildings, and I bid on the contracts and I won. So I ended up opening the business. That was a fun day because I was really making headway.

"Now I work almost full time at a pizza place, but I'm also like a resident manager of my apartment building, so like caretaker, so at least I don't have like rent or whatever to pay, so that's good. But yeah, so two jobs and school right now."

Some individuals felt they received considerable assistance from WDTC staff and were referred to programs that benefited and led to employment training. A number of WDTC clients felt capable and pursued opportunities on their own.

"They also helped me, the case manager, for the sake of the children. And they helped me with my legal aid stuff and my EI stuff and they didn't leave me hanging."

“I usually do that (work, education) on my own. I go out searching for stuff on my own. I'm very independent. Yeah, I've been there before. So and then if I needed things for my kids, need it right and go down to appointments, I feel like I've got everything covered there.”

“There was definitely some recommendations of programs to go to that would help, and I did do them. And those helped me get some training and certificates and stuff that maybe helped me pad my resume a little bit and ultimately get a job.”

I was definitely put on to a lot of different opportunities at my time there that really helped me raise my recovery to the next level and helped me improve my life. A couple of programs that I ended up going through was the DBT program at the MATC and then the CBT program at MATC. And then there was another one at Ma Ma Wei centre. I forget what that was called but that was like the pre-employment sort of training that I ended up doing. And then there was some other programs that some other members got drawn to in there. One was called Build, which some other members went to when I was attending, said it was really good and helped them find employment as well.

“Like, no, I don't need any of that, I said I'm perfectly fine. I could take care of myself. I don't need them to do me an old resume or nothing. I have a resume, very stable. I could function. I could do all my things by myself.”

“No, there's not really room for working, but they did advise us to volunteer. So I was volunteering at Winnipeg Harvest. And then when I was in the last stage in the program, they told me look for a job, which I did. I found a job immediately. I was actually working when I graduated.”

“He (caseworker) helped me build a resume that was so technically sorted. He showed me and one of the participants how to use the indeed.com for jobs. So there's been thorough supports, resources and the resume building from (caseworker). A little help. More directions than help, for instance.”

6.2.2 Drug Court Activities

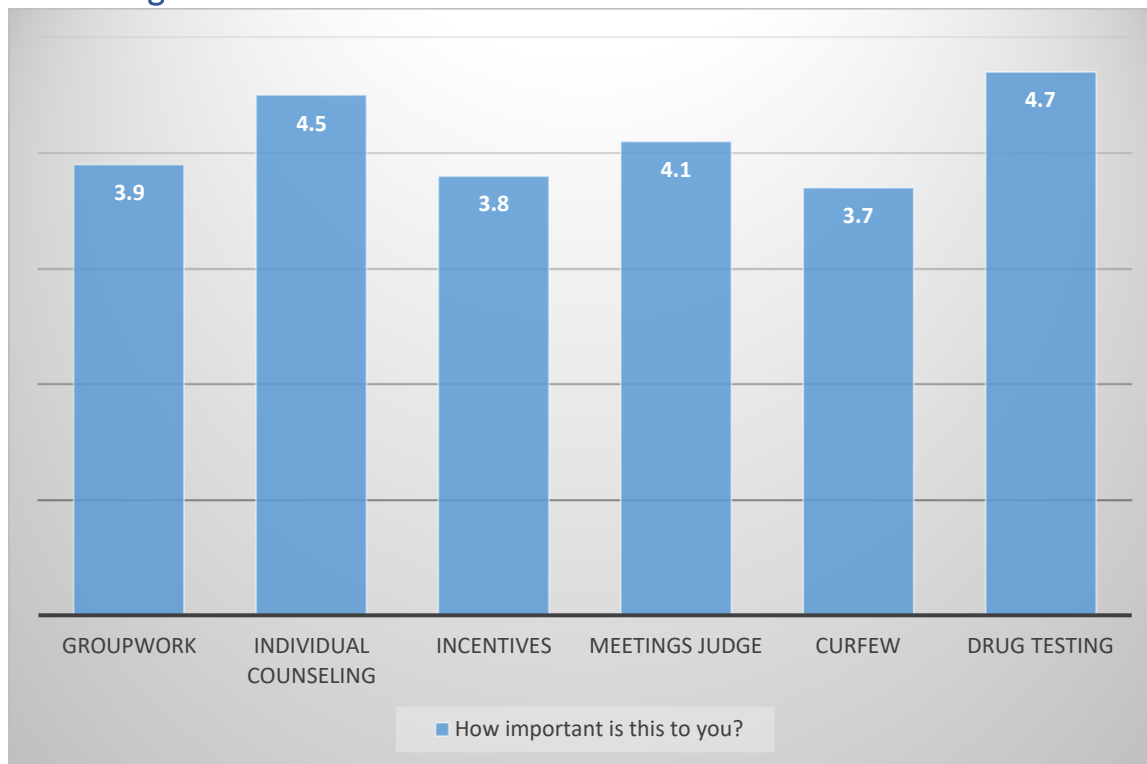


Figure 27 Program Feature Participant Importance Ranked 1 -5

N=19 How important (1=not at all, 2 = not important, 3=neutral, 4=important, 5= very important.)

Drug court activities that rated highest in importance were individualized counseling and drug testing. Judicial meetings and group work received strong endorsements, whereas incentives and curfews ranked moderately well in value. Of course, these questions measured importance to the respondent, so some interviewees tended to downgrade their personal assessment, because they thought things like curfews were important for “others” but not them personally.

Groupwork

There were definitely some respondents more interested in group than individual counseling and vice versa. Group work comprised a variety of perceived benefits. There was the power of group learning and the individual work accomplished with the group through sharing and discussion. Learning from others was important. Another benefit for many was group interaction and bonding with other drug court participants. Some graduates had maintained friendships first developed in group.

How important is the group work to you?

“Oh, it's very supportive. Its very important. If they didn't have it, I'd probably be dead right now.”

“I can actually hear other people's stories. What went on with their lives? Right? It's like an AA meeting, you know? And then you get to feel comfortable and then, you know, you get to praise them when they graduate, you get to feel how they feel like. Like when they slip, you know? Yeah, I feel the things they feel when I go to the program.”

“Very important because a lot of those people from that program are my friends today as well. So to build a community.”

“They were fun. But yet, I was more interested in knowing other people's stories and what they were going through. When you're going into a brand new procedure, and experience, you start opening up to different views.”

“It gives you a sense of a group, like you got people that are going through the same things as you. And as long as they're open and they're honest. It's always good to have people that know that you're going through the same thing and to talk about things. I think the first time I didn't get as much out of it because I was like in denial, I was lying myself. I was living in that lie. You know, I think I'll get a lot more out of it now that I'm sober.”

“What is probably the hardest part of becoming sober for myself is that you don't really know how to be around people that don't use drugs and you don't probably know very many people that don't use drugs the same way as you do. So being in a room full of people that are trying to do the same thing and then being surrounded by the case managers and the AFM staff, which are obviously people that are doing the right things in life, is helpful. As basic as it is, we're learning how to interact with those people in social settings because for me, when I was using that, was one of the hardest things that you got to work in.”

“It was good. Because it was easy to do, easy to get along with everyone. Counselors were always nice and respectful.”

“I think it goes very well. You know, got to know some of my peers like a lot and continued friendships with them.”

“At the beginning, it was a little intimidating because I was still maybe only a couple of months clean, but as the time went by, I started to open up actually for myself more because I actually cared.”

Some respondents did not care for group during the on-line TEAMS sessions. They felt that it impaired their ability to develop relationships with others and speak freely.

“Because it was all Zoom, it was kind of impersonal, very. I mean, you couldn't really get much sharing and everybody cutting everybody off. It was just due to COVID, it was hard and wasn't very effective.”

“The groups that we've been having lately in person are far better. Everybody is more into it. It's more everybody puts their input in. Usually, we can challenge each other and agree or disagree.”

Not everyone liked the groups or the content. Some participants who had undertaken quite a bit of treatment in the past either disagreed with the approach at WDTC, and didn't value what was learned in the groups.

There's, some of the stuff they're teaching, because I started counseling when I was eight until the time I was 18. So I mean, some of the stuff we're learning about feelings and stuff, and some of it I just totally disagree with because there's some of it's going off a disease model or other things that I don't agree with. So the groups I'm going to rate for me, a two, I guess some of them were OK.

Individual Counseling

Individual counseling was one of the highest rated activities and elicited very positive feedback from participants. Overall, counselors and case managers were felt to be respectful and helpful in performing their duties. There was a minority of negative comments, some of which appeared related to staff turnover. One graduate who was otherwise positive about the program stated he had five different counselors while at WDTC. But generally, current, graduate and discharge cases viewed counselors and case managers favourably.

“The one on ones with my case manager and my AFM counselor too really helped me. At first I was afraid that if I told them something would report it right back to the judge, so I kept my distance. But it is very important. I need that lift of encouragement.

“It was kind of scary sometimes just because I didn't actually ever talk about my problems before. Like, I mean, I knew I had problems, and maybe I voiced them here and there with my friends, but I never actually got someone's professional opinion about it.”

“I like one on one stuff. I'm big on that. It was good.”

“The counselling part, they were awesome the AFM people who came in were cool and great, talked about a lot of good things, taught me a lot of good things.”

“One on one's, this is behind closed doors, where you can actually share, you can open up more and be honest. Its kinda hard in group because you can be afraid of being judged or attacked.”

“That's what I believe helps me more, because you can actually dig into the problems and work on things that bother you. It's just more personal.”

It's good, I like talking to them, they're good to talk to. They listen to me go on my little rants about whatever I'm ranting about. I can talk about whatever that is just bothering me. They listen. They talk to me.

Feelings with counselors were often intensely positive, but bad relationships also elicited strong feelings. For example, discharge cases were split on how they felt about counselors, and some reported very negative experiences.

“I just felt like my time was not treated as important. Like sometimes I would just come and my case manager wasn't there.”

“They don't care. Yeah, try to talk to them. And they won't even say anything. We'll get back to you. They never get back to you. They never discuss anything with you, they just said, this is it, you're done.”

Counselor turnover also appeared to be a problem at times. Because of the WDTC's use of one year term positions many staff end up applying for more secure positions, and some years apparently can be bad for turnover.

“A lot's changed since I've been in the program, all counselors have switched, you know. But I think it's going really very well. I think they're both (AFM) doing a great job.”

“You didn't want to share too much, because what's the point? I had to get my own counselor outside of them. Oh yeah. I knew early on after I had been through three in the first three months

that I needed to be finding someone for myself. So I found someone through Klinik. So I didn't really rely too much on the counselors structure because of the constant turnover."

Incentive Program

The incentive program at the WDTC consists of physical rewards such as coupons and gift cards for progress in the program, and achievements such as many clean drug screens. But incentives also consist of praise from the judge during court appearances and progression through the phases, less onerous curfews and less court appearances. Incentives are one part of the program but sanctions also play a part, such as community work assigned for missed curfews or court appearances.

There were some mixed feelings expressed towards the use of incentives, but ratings were overall favourable (3.8 mean on 5 point scale). Most supported that part of the WDTC program.

"But I really like it when the judge says something that you have done good and that's really rewarding."

"I thought it was, cliché at first; but like I mean, it works."

"I think that when you're first learning kind of the less options that you have makes it easier. And then sort of gaining more and more freedoms as you develop and grow. I like that. I think that's a smart system."

"If you go do your screens, your readings, they give you like some gift cards here and there, I think that's pretty cool. I think that's a great perk to the program, you know?"

"I think it's good. I took them (coupons) to Dollarama because I could use them for cleaning supplies and stuff, which is kind of good. We should be rewarded. I think we should be rewarded more. You know, we do a lot of hard work and sure, people acknowledge the hard work you're doing."

While ratings were generally positive, some participants felt that their sobriety should not depend on small rewards. Sobriety should be important enough to strive for without added encouragement.

"As far as the gift certificates cards are concerned, not really important. The certificates from the drug court, it depends on the kind of person you are. To me, it's just a piece of paper. The getting through the program was the incentive. The fact to say that I did it, that's the incentive, you can't put a price on that or rate it."

Meetings in Front of Judge

A cornerstone of drug treatment court programs are the status hearings in front of a judge. The encouragement and sometimes admonishment by judges, as well as their work with treatment staff form the core of “therapeutic jurisprudence,” the more active involvement of the judiciary in working with offenders. The rating of 4.1 on a scale of 5 for importance is favourable. Many respondents were enthusiastic about their court appearances and saw the judge as an important part of the WDTC process.

“Usually we do a check, how we're feeling, what's going on, you know, last week, what are our accomplishments are what we done with the program. It's over. They get a report from counsellors and the caseworkers or they might come to the court. Judge already knows what I've accomplished in the last week, and will ask how you are feeling, whatever. So it's all good. I don't have a problem. I'm very open.”

“Any compliments we would get are like...they make me more and more determined to finish the whole entire program.”

“I thought it was nice because normally you see judges as stern or serious...but (in drug court) you could bond with them, and you got to actually hear the lessons that they were trying to give you. Normally when you're through court from what I've seen is it's like one day you're just kind of in and out and that's it. But when you actually learn to know your judge. You kind of listen to them better and you understand them better, and it's more like taking constructive criticisms rather than someone just criticizing you.”

“I think it's important just to be present and be respectful, you know.”

“Those judges! Yeah, they were awesome. I can't think of one bad one.”

“I enjoyed going every week to have a chance to talk with the judge and hear what I hoped would be good things about my progress and where I was at. So it was kind of like words of affirmation for me. Give me a little bit more motivation to do better that week or the next week.”

“... the judge always told us how good we were doing, which is one thing that addicts would really like or really want, that constant affirmation that we're doing good. That keep up the good job. Yeah, it lifts up our spirit.”

Others saw the court appearances as an opportunity to bond with other members of the program.

“I liked going as a group, I liked the experience, like the bonding with the group that we had. And I thought that it is good for routine as well.”

“At the beginning? Annoying because there was the same thing over and over again. As time went by, I wanted to be there and involved, support others and wanted to see what others were going through.”

Despite a general endorsement of status hearings in the numerical ratings, there were almost half of respondents who challenged the view that weekly appearances were necessary or worthwhile. Some thought appearances were more useful for WDTC treatment and court members than for participants.

“I think it's good, like maybe the frequency could be potentially less. ...I think that it's good because before the program I didn't really have any sense of realness surrounding my charges. Because I had never even had to go to court or anything like that, really. My only thing would be that for some of the clients that are doing really well, I wouldn't want to like over-exhaust resources. Just because I'd imagine that is quite expensive to run a courthouse for an hour.”

“I don't think you have to go every week, it was the same shit every week.”

“You don't have to go every week, I don't think really much people like that, going up and talking in front of people in court, I didn't like that part.”

“It is not necessary every week. Once every two weeks is fine, but not every week.”

“I think it's more useful for ... the court system just to keep tabs on everybody. I don't really find a use for it. It's kind of a waste of an hour. But from the legal side, it's more useful for everybody else to just see how the program works.”

“Going to court for an hour just so the judge can say, ‘Well, you did good this week. Have a good week’. I don't really get anything out of that.”

“It's just a court appearance to me. I mean, it's to hear the same things over and over. It becomes monotonous, it becomes repetitive to the point where it's not important. It's like not real.”

“Well, it's just a kind of repetition of everything our caseworker and our counselor basically told the judges, and they're just confirming it back to us.”

Generally, for other questions we found only small differences between the perceptions of current participants, graduates and discharges, but court appearances was one area where there were some clear distinctions. Feedback from past drug court evaluations (2005-2014), mostly from graduates, tended to place great value on appearing weekly in front of the judge. In this survey we note that the majority of graduates were again quite enthusiastic about the court

appearances. Most individuals requesting less appearances were current participants and recent discharges. What distinguishes current participants and recent discharges is that for the past couple of years they have generally visited court using video conferencing such as TEAMS or ZOOM. This format may have limited the relationship building and impact of a court appearance; status hearings may be more effective when in-person.

Comparison with Regular Court

The drug treatment court is intended to be different from the regular court setting. Using a therapeutic jurisprudence approach to provide a supportive environment, judges, prosecutors and defence counsel are involved in each case. Most participants described substantial differences in the regular court and drug court.

“Similarities, I guess we're just being in a courtroom, but I figure the drug court judges are more respectful and easier to talk to, they congratulate you for the effort and everything.”

“Well, in both you have lawyers to represent you. Conventional court is dealing with your crimes. So not about recovery or a goal to become a better person, right? And by putting people in jail is not helping, especially addicts it does not help. It's not the right decision. People have mental health issues or addiction problems. These are issues of disease and putting people in prison for a disease, I think it's wrong.”

“It was extremely different, there's much more support and structure. Like I said, my original experience with court was just here's this date, I'll see you in a year. And then you just go, do whatever you want. Yeah, but the (drug) court, obviously there is like a regiment and a schedule that you need to follow ...it definitely helps with accountability.”

“Setting wise, same courtroom, same chairs and judge at the front set up on a pedestal. But the mindset in either one are completely different.”

They're completely different. The only similarity would be that I see a judge, I guess, once in a while. They (drug court) just offers so much extra support. So now they just put in lots of extra, I guess, stepping stones and features to keep me on track to do the right thing.”

“If you mess up, you get a chance. Whereas like a minor breach will be back in jail (in regular court). F___ you, too bad. Whereas drug court, you're granted leniency on the hard work that you have been putting in. Compassion would be the answer to that one.”

“There's more praise in the drug court, where the traditional court system would be debating the guilt or innocence. So it's more judgmental through conventional court whereas drug court is what are you doing to not be that person you used to be?”

“The fact that it wasn't just cut and dry and it was a gray area for drug treatment court. You didn't just get charged and that's it. You got to work on yourself. And I think that's the most important thing about drug treatment court is that you're not just shunned away into jail, you're actually able to work on yourself. And I think that's what everyone in the world should have the right to do.”

Very few individuals provided much input on crown or defence involvement in the WDTC. But those that did commented positively on what they saw.

*“I haven't really dealt with them (crown) directly, but they're more focused on, again, what we're doing for ourselves to change who we are. Instead of being more, let's put this f***er away, they're looking and watching and understanding again what we're doing to better ourselves, so they're growing with us. As opposed to putting us away.”*

Finally, not every respondent felt that there was much difference between conventional court and the drug treatment court, as significant controls in both were evident.

“I just think it's exactly the same. Other than the judge asking, How's your week? Was there something in other court? So you have to be there for whatever. (In regular court) your lawyer talks for you, here you talk for yourself and they follow up with all your records. So that's the only difference.”

“I don't know, they are barely different. When you went to (drug) court, you just talked about how your week was, it was different, people get up and tell them how their week was, I like regular court better because its more to the point.”

Curfews

Participants generally viewed curfews favourably. Some felt it helped give them an excuse to avoid friends who were still using.

“Because it gives me a lot of motivation to be on time. It keeps me away from the drugs that are out and around my area here because there is lots.”

“I always lied and said I had a curfew even when I didn't have a curfew, because that was the only way I could stay away from friends that were bad without feeling bad. Later on, I could set boundaries properly, so I thought they were really important “

“I think in some regards they're meant to set you up, but I think in other regards, they're very important. I think it has to be. So long as the participant is communicating that the curfew can't be met for whatever reason, and it's a valid reason then they should be receptive to hearing that and allowing that, but if not, then yeah, they should be held accountable for not being on time.

Curfews are there to basically test us, and if we can't simply be at a certain place at a certain time, how are we supposed to make do and go through everything else we're supposed to?"

"Oh, five, especially going as far as being an addict, you do lack self-control. And you need a reminder. And that's one kind of reminder. OK, if it's past 12 o'clock, only bad things happen or you're up to no good. So what the hell are you doing outside? Okay?"

A minority of individuals did not care for the curfew. One respondent suggested an electronic monitoring bracelet as an alternative to waking someone up in the middle of the night for a curfew call.

"Curfew calls, There's got to be a better way for them to know that you're at home. And for a phone call, I mean, it's stupid. I know they can't use police to come and check up on everybody once, twice, three times a week. Why didn't they recommend a bracelet for myself? They said that's far too expensive. The most frustrating for me is the curfew calls."

"I don't know, I think curfews are bullshit. I guess its good for some people, some people can't, there are different types of people who should have curfew, people who are breaching all the time. I don't need curfew, I don't go out past 10. You get robbed walking down the streets nowadays in broad daylight, no reason to go out at night, curfew is not for me."

Drug Testing

While there were a minority of concerns about curfew calls, there were almost none on the importance of drug testing, aside from some individuals “cheating the test.” Participants viewed drug testing as an important feature of accountability and a strong deterrent and motivator for themselves and others.

“It holds you accountable. I think once you get that sober test you that you, you want to keep that. You know what I mean? It makes you. That's how I felt.”

“It was fair. ... You have to drug test people, its understandable, that's why I never used drugs, and when I did I was open about it. The drug testing system is okay how it is.”

“I think for the people that are there for the right reasons, it's great, I think for the people that are there for questionable reasons, it's a way to figure something out and how we can get around this. But very important in the end, it's a huge, huge deterrent.”

“Very important. If you didn't have that, 90 percent in my mind would be back to drugs within the first week of being out, easily.”

“Its obviously important. You can't go on an honour system. Addicts are your worst nightmare for liars and conners.”

“It's just like just a little reminder in the back of your head like, you know, you've got to stay sober because you can't fool anybody, you know what I mean? It is a helpful, helpful reminder this knowing. Because that gets a big consequence too, right? Like, I don't want to ruin everything over one little slip or something.”

“Five. Especially for me. If I was a student, I wanted to be an A student, so I stuck to everything. I didn't do nothing they said not to do. If someone was doing (faking) it, I wanted them to get caught without me ratting on them. So that's the way that they got caught. They got themselves caught.”

Relations with Other Participants

Participants expressed positive feelings towards each other. They generally felt positive support from their peers. The WDTC was reported to encourage participants to support each other. Some maintained contact after graduation.

“I was really close with them, we're in constant communication, and constantly reminding each other, Oh, you're still clean? Don't screw it up. Or, you're doing a good job. Yeah, we're still in contact.”

“We support each other, you know? I'll pick them up, we'll go to AA and then we'll come back to my house on a Friday night, have nachos and cheese and watch movies. ... We're not allowed to hang out with other people who are on probation. But Drug Court thinks it would be good if we were a support towards each other to kind of help with that sobriety, I guess.”

“I met a few good friends in, I got about five or six.”

“It was good, and everyone got along. I made a couple of friends there, too, that I spoke to after the program.”

“I've made some good friends there, some great friends, you know. I actually stayed connected with quite a few people.”

Some participants chose to keep their distance from others. They felt that contact with others who are managing addiction is too much of a reminder of their past substance abuse.

“Currently, I don't really talk to any of them. One I speak to every once in a while. In the program we were a pretty tight knit group. Yeah, I would just say, like at this stage in my life, that's like such a small part of my identity that it's not enough to really create a bond over with somebody else.”

Participant Relations with WDTC Staff

Participants rated the one-on-one counseling highly so it is not surprising that they reported good relations with staff. Responses often centred around the compassion of staff, their supportiveness and professionalism.

“I actually still visit the staff. I just check in on them, they helped me even without the program, like, after I was done drug treatment court, I relapsed and I actually ended up dealing with the effects during that relapse, rather than relapse and getting charges. So it was a very tough time in my life and the program director was there with me the whole time.”

“I got along with everyone. I never had a squabble or any kind of debate or any kind of.”

“It was good. They were honest. I had no problems with them.”

“Fairly well, I like the staff, good staff, nice hopeful, you know, good down to earth people, I like the relationship with the counselors.”

I'd say it was excellent. As long as you made the effort to reach out to them. Support, they're there to work with you, they're there to help you. If you don't open up and you don't ask, they're not going to. They're not going to do anything really for you other than give you the basic guidelines of where you go in the program. Of what would be required, and I mean, it's all up to you to put the work in, right? I mean, they gave you the guidance, they gave you the tools and I'd say our communication and interaction with them was professional.

“Staff, it was really good. They treated me like I wasn't an addict. They treated me like one of them and they knew how to talk to me.”

TEAMS, ZOOM and the On-line Drug Treatment Court

Because of the COVID pandemic a great deal of the program has been delivered the last two years on-line or through video platforms such as TEAMS or ZOOM. This appears to have been quite challenging for participants. From video errors to making it difficult to get to know other participants, on-line communication made the program challenging.

“(It is hard) to just interact and just think. I get sidetracked really. I'm sitting here and a car goes by, I'm distracted. Distracted is the word, you know, I can't just focus on the computer. So in person is a lot more helpful for me, especially with meetings... Zoom, I don't like it.”

“I couldn't get to court and they sent me the wrong link. They didn't have me on the list for court because they sent in Zoom and it didn't send me an email for court that day. And so I was trying to call in and I couldn't call into the court. And so I miss court. So they put a warrant out for my arrest or they were going to But I kept in contact... There is an issue that I called him (case manager), I called him right during court and I said, I'm trying to get on the Zoom. I can't get on the Zoom. And so I was kind of upset about that.”

“We don't really know anybody in person make other than if we went out for coffee. So we don't do it. It's all because of COVID. It's all been done through telephone calls or video conferencing, right? Which is unfortunate, but it'd be nice to be back in person for one on one or with group. Everybody get to know each other better, see each other's faces. One of the reasons for using, as well as stress and depression, is also isolation and stuff like that. It's very difficult, I find for myself.”

“I'd say they (groupwork) are, ok. It's so different doing it over teams opposed to doing it in a person setting like we had at the beginning of the program, where we were all in one room. We kind of had the interaction. That was very short lived. And then I went to TEAMS over the phone.

Some of the last participants we interviewed towards the end of the evaluation had experienced in-person groups, and viewed them as a definite improvement.

“Because it was all Zoom, it (groupwork) was kind of impersonal, very. I mean, you couldn't really get much sharing and everybody cutting everybody off. It was just due to COVID, it was kind of hard. It wasn't very effective, I don't think. “

“Interviewer: And do you think that it would have been more effective in person then?”

“Absolutely. The groups that we've been having lately in person ...everybody is more into it. It's more everybody puts their input in. Usually we now can challenge each other and agree or disagree.”

Strengths of the Program

Consistent with earlier ratings and comments, individual counseling and drug testing were seen as important contributors to WDTC success. But a significant theme to emerge was the overall strength of the structure and routine that the WDTC provided. The program requirements of phases, regular meetings, court appearances, community supports, all worked to help participants organize their lives and work towards sobriety.

“No, actually, it's on me and you know, I always look forward to my daily routine. Every morning coffee, get up at 6:00 and my girls at 7:00 and its breakfast time and everybody's out the door at 8:30 for school.”

So the strength of the program was that there were phases. And you got to do them at your own pace, because, there was always a minimal time. But if you needed more time there, you got more time there and I thought that was important. I kind of wish there was like a mandatory time limit. Because I think that I, even though I did the program in 15 months, I think I needed more time and I think there should have been some kind of a “go back” kind of button to just if you felt like you needed that.”

“The strength of the program was probably the structure they laid out the stages you had to go through. And getting them done accordingly, like there was no nonsense with the program. In regards to not having any excuses...why you didn't go to any kind of meetings or why you missed a drug test, or why you x y z, why you didn't show up at court, you know, on time.”

“Structure. Accountability. The access to resources and then just the overall willingness to help the clients work through any problems that they had or may arise.”

“The ability to learn life again and abstain from drugs or alcohol. To get you back into a regular routine, stabilization and build a future for yourself”

“Just completing the daily tasks.”

“The strength of the program for me were the consistency and oh, what's the word structure? Structure was uber important for me. I had a place to be, time to be, and I needed to be there, and that was all I needed to know. And I would make sure whatever things I needed to do. Well, I would make sure that everything I needed to do, to be there on time were things I needed to do. So the structure was most important.”

As mentioned, there were a number of comments about the staff and support offered. We provide some of those comments below:

“The staff at drug treatment court, when I went there was so amazing. I think it was totally meant to be, happen for a reason or a purpose, whatever. I owe a lot to drug treatment court. I still do. Even if they didn't know that they were doing a good job that day, like they were, they were doing so good.”

“Getting support from your counselor and case manager, the screens, you know, you're being held accountable. You know what I mean? And going to treatment and going to court, you know, like those are all great things that kept me sober. You know, I didn't have that before I tried getting sober and I always relapsed. Now I am 14 months clean.”

“The programme is very supportive. And they're curious on what you're doing and what your progress is, where your mind's at and if you're frustrated or angry. ... It's a great programme. I mean, it saved my life, basically, saved my life.”

“It's definitely nice to see people working so passionately towards creating a better society. I think that a lot of people that maybe go through the situations that I was in and a lot of the other members while I was there, ... are some of the least advantaged people in our society. And it's just nice to see people going out of their way and the government taking initiative to help those people. As, you know, often we're not as privileged to have the sort of advantages that maybe other people have. “

Weaknesses and Ways to Improve the Program

There was overall satisfaction with the WDTC, but regardless there were a number of suggestions for improvement. For instance, despite kudos for structure, some interviewees observed that at the beginning of the program there needed to be more structure and time committed by new admissions.

“...one complaint I have about it is the amount of free time people have at the start. Like they say, it's super busy and all this, but like at BHF when you enter your busy all day, every day you get two hours of free time and you're made to work.

I also didn't like the fact that it was only two hours. I kind of wish it would have been longer per day, like at the beginning. 'Cause normally treatment is like eight hours a day at the beginning. So it would have been if it was something like that, that could it kind of could have been even more beneficial or just even if it was just the first month.

Despite considerable support for drug testing, several respondents felt that having to travel all over the city was unreasonable, and were concerned that some participants got to be tested at the WDTC office.

"Maybe some people got different kind of privileges than others. I'll give you an example. Like if you had to take a urine test for a drug, a drug test, which happened quite frequently. Yes, some people got them right at the office. Right. Whatever reasons, I don't know. But then I know myself, I had to drive across the city to do mine."

"The only thing that I would change is going back to perhaps testing at the facility instead of externally testing,

As mentioned earlier, movement through the phase system was an area of contention. Some participants viewed it as a mysterious process where their counselors or case managers got over-ruled and they could not progress, even though they had hit certain benchmarks.

"But like I said, if two people agree that one person should move to the next phase and one person doesn't agree, then that person is really getting held back because of one person's deciding not to support it. I don't really think that's fair. Like if two people say yes and one person says no, then it should be a yes, not a no."

"People to get treated equally. That's the only thing. Fairness and equality, that's the only thing I can think of. That's the only not good thing about the program."

As discussed earlier, periods of high staff turnover detracted from the overall experience for some participants.

"The biggest weakness for me was just the consistency of the people that you dealt with. That was it. I mean, if there's one thing an addict needs when they're trying to get clean or are trying to stay clean is consistency. Routine. Last thing you need is to be opening up to somebody that switches every couple of weeks."

I feel like they're still almost working on things a little bit and maybe working some kinks out. It's changed since I've been there. There's new workers and we talk about different things now. And they're still working it out sometimes. What, what should we talk about? Like, what would you guys like to talk about like?"

The tendency for the WDTC from 2015-2021 to take mostly drug traffickers was noted by both current participants and some graduates. They felt that a more diverse group of offenders should be considered. One person suggested that social class appeared to increase the possibility of successfully being referred.

“I think it's a good program, you know, we're very thankful that we got the opportunity. Not everybody got the chance, I don't know why. I guess it's only some types of charges but I guess it's strict. I don't know how to put it like they only take certain classes or whatever, you know what I mean?”

“I notice that they have taken a lot of drug trafficking charges recently. I think a lot of those guys aren't even drug addicts, they just use the WDTC as a 'get out of jail' card. There are a lot of offenders in the system who could use this program. I wish they'd taken me back in 2011, instead I went to Stony. And I finished the program when they finally accepted me.”

While a minority position, we observe that some participants who were not successful in the program and did not view the staff as supportive. Their feelings of injustice were intense.

“Yeah, (staff) didn't run it properly, and if you are in a program to help people, you should help people not just throw people into jail. ... They didn't want to help people.”

One participant thought the WDTC counselors were good but not accessible enough and sometimes were slow to respond to efforts to contact them.

“When you build that relationship with your therapist through the drug treatment program that you're assigned to or your case manager and you want to reach out to them and they don't answer their phone and you've already built that relationship with them ... I didn't find it easy just to reach out to my AFM counselor at the time. They're not always available or like a crisis line. To call them in a panic, and I just have to wait for them to call me back like the next day because they're not at work or they're not at the office, that I think was really weak. So I think that's one thing that needs to improve about the program is that the lack of accessibility.”

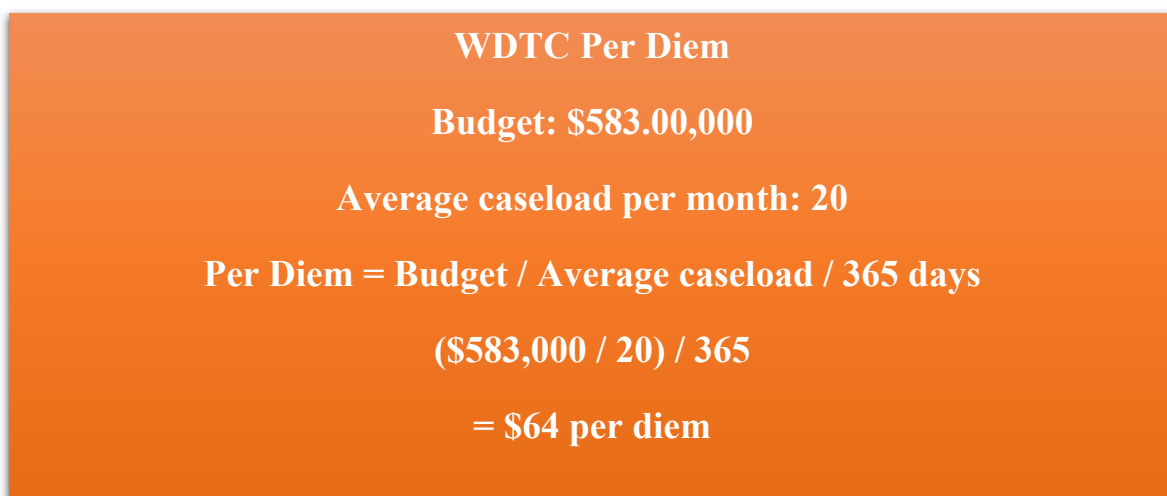
6.3 Summary

In this section we provided an overview of survey ratings of fairness, physical and mental health status and housing, as well as ranked importance of various program features. We also considered the narrative reviews of current and past WDTC participants. Overall survey ratings were quite positive. Many of our 19 participant interview sample came from traumatic backgrounds and had undertaken considerable treatment in the past. Pursuit of WDTC placement

was motivated by avoiding custody but also overcoming addiction, becoming a better person and reuniting family. Program strengths appeared to be centred around the program structure program features and the staff. Suggestions for improvement varied from reducing court appearances, providing more structure at the program's beginning, to WDTC case workers and counselors not turning over so often and being more regularly "on-call" in the event of client difficulties.

7. Cost Benefit

Data provided by WDTC management showed about \$440,000 in funds allocated from the federal government. Monies were primarily spent in staffing (\$333,000), in case management/treatment, close to \$40,000 to drug testing, \$2,000 in rewards/incentives, \$1600 in participant transportation and health supplies, and the rest on miscellaneous office expenses and planning activities. The Addictions Foundation of Manitoba funds half of two counselor positions but that usually is not applied in full because of vacancies, such as this year. So we estimate an additional \$50,000. We did not receive any information on office space costs (\$40,000?), nor on pro-rated costs for probation officers or court staff, who all devote arguably much less than half of their time the WDTC (50,000). For purposes of this exercise, which is not exact, we decided to simply round up the total cost of the WDTC to \$583,000. This lead to an estimated per diem of \$64 per day.



WDTC Per Diem

Budget: \$583,000

Average caseload per month: 20

Per Diem = Budget / Average caseload / 365 days

(\$583,000 / 20) / 365

= \$64 per diem

Figure 28 WDTC Per Diem Estimate

We compared the WDTC per diem to per day costs of provincial and federal custody, and Manitoba residential treatment. The provincial and federal figures are based on data from 2018-2019, while WDTC data is from this most recent fiscal year. The WDTC budget has been quite fixed the past few years, so the figures are likely quite comparable. The residential treatment numbers are taken from websites or government reports, so may not be up to date but provide a general idea of how the WDTC compares to the cost of residential treatment (see References section for URL's).

7.1 Comparison between WDTC Per Diem and Federal and Provincial Correctional Facilities

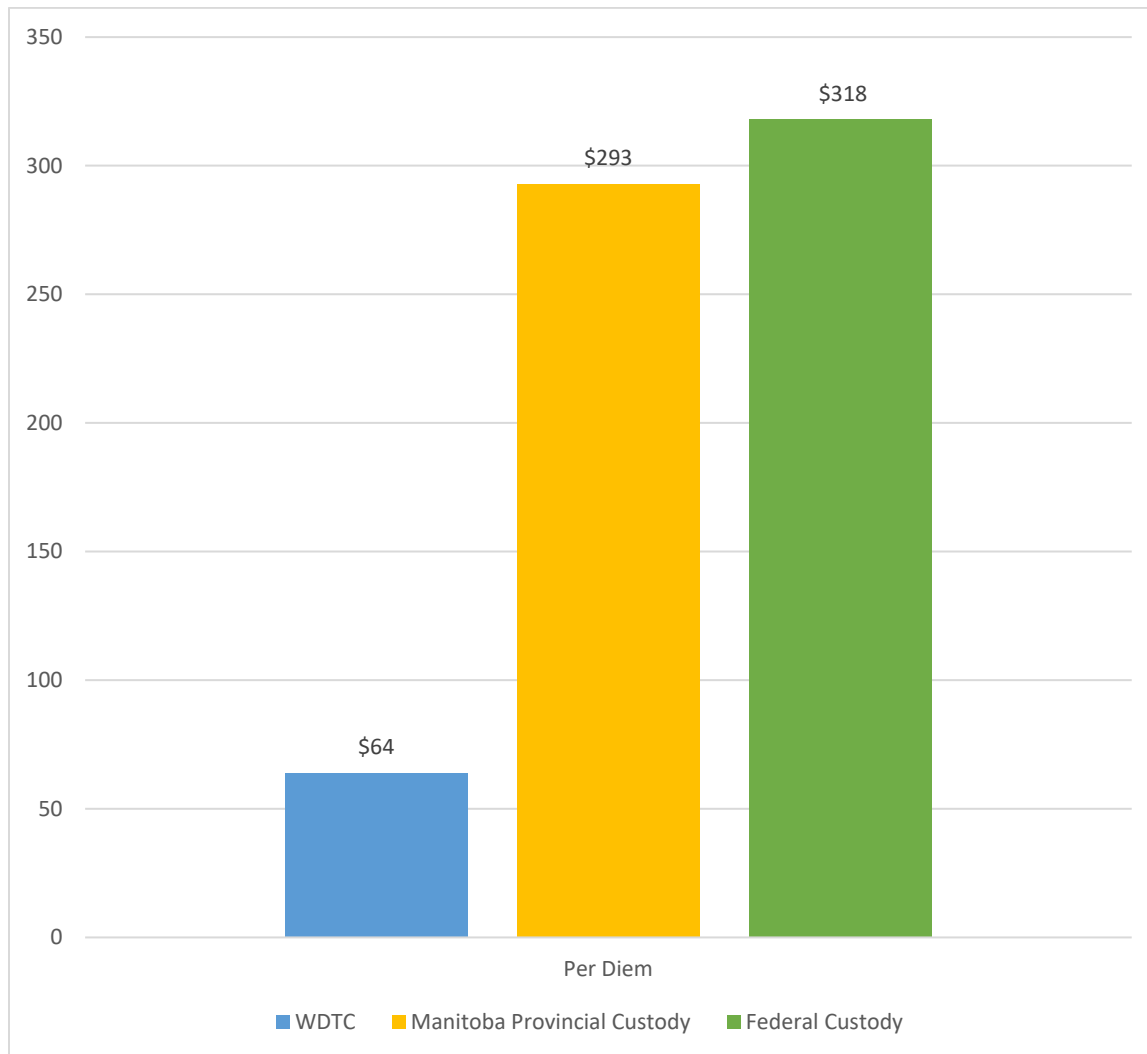


Figure 29 Daily Cost WDTC vs Provincial & Federal Custody

Our first comparison shows federal and provincial custody requires roughly five - six times the resources the WDTC does.

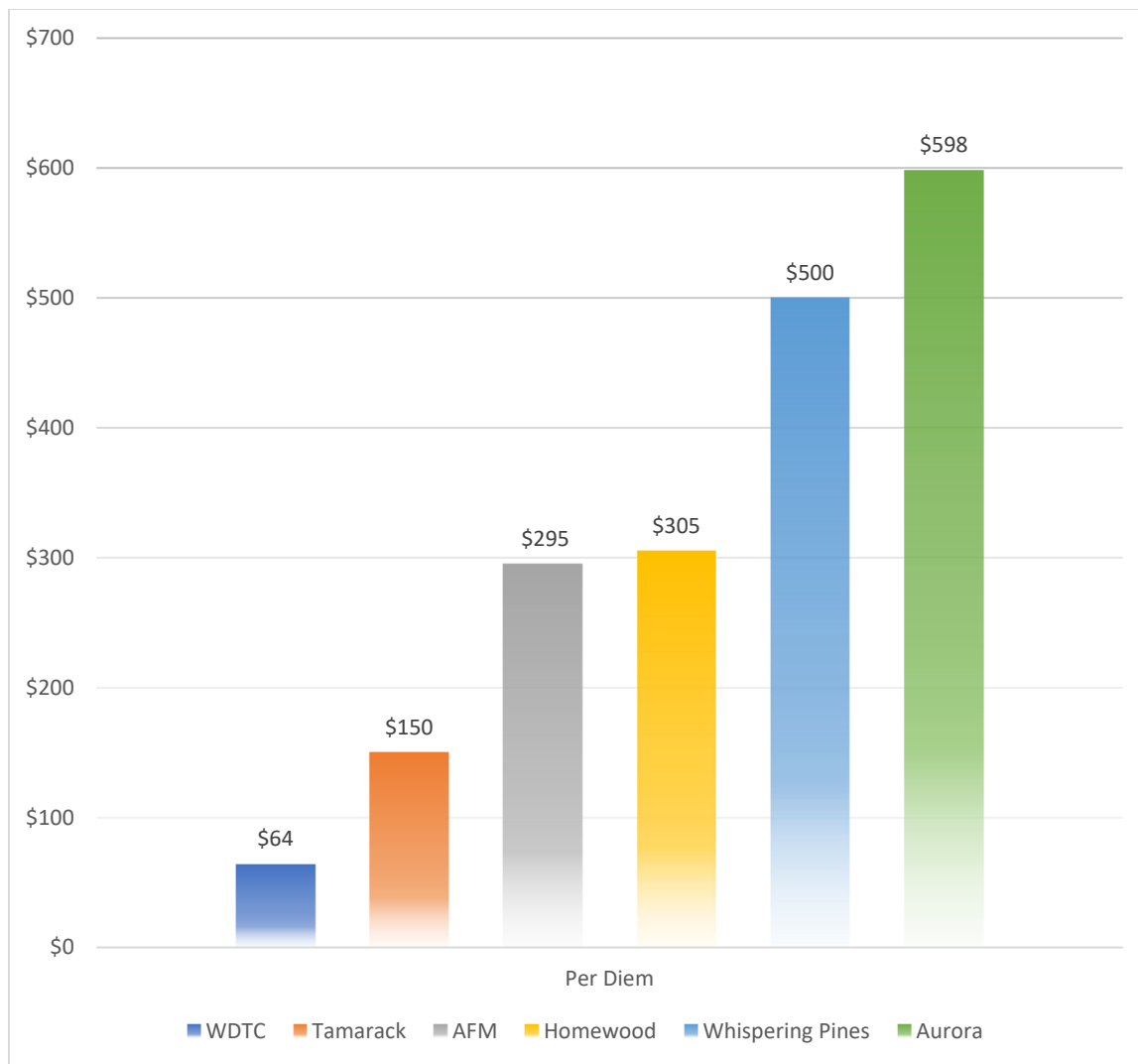


Figure 30 Daily Cost WDTC vs Manitoba Residential Treatment

The data provided to us by AFM and what we were able to glean from various websites showed that residential treatment is much more costly than the drug treatment court. Of course, these facilities provide housing and intensive treatment, some provide detoxification and can be quite long term. But arguably, the WDTC also provides long term treatment and some intensive forms of service.

7.2 Cost Savings Through Program Participation

As noted earlier, there are many likely savings from involvement in drug court and graduation, or even from progress made by discharges who do not reoffend. Policing, courts, use of social services and costs of crime are all likely benefits.

After consulting with crown prosecutors and defence counsel, most drug trafficking cases for first offenders (the majority of recent cases) likely are in the 18 - 24 month range. Others referred to the drug court typically have criminal histories and also are likely to be incarcerated for 12 to 18 months. Taking the most straightforward comparison, we estimate the custody sentence most drug court participants would get if they plead guilty is 18 months. With provincial remission (i.e., time off for good behaviour), they would serve 12 months, or 365 days.

From 2015 to 2021, there were 58 DTC cases who either graduated or were discharged but showed enough progress to get probation or a conditional sentence. Their average days in program were 417. We estimate the WDTC cost at \$1,548,000 compared to a cost of an 18 month prison sentence at \$6,203,000.

This works out to potential savings of approximately \$4,655,00.

20015-2021: Graduates and Discharges Receiving Probation or Conditional Sentence: 58

Per Diem = \$68

Their Average Days in Program: 417

Calculation (58*64*417)

COST: \$1.548,000

If 58 Cases Given Average Custody Sentence of 18 Months

Per Diem 293

Serve 12 months or 365 Days

(58*293*365)

COST: \$6,203,000

WDTC Savings: \$4,655,000

Figure 31 WDTC Cost Savings Estimate

Extending our analysis to the entire period the WDTC has been running, we see a total of 201 graduates and discharges getting probation or a conditional sentence, and average 414 days in the program. For simplicity we will use the same per diems, which at least give estimates in current dollar value. So, 201 cases at \$64 multiplied by an average of 414 days is \$5,364,000.

Serving an average sentence of 12 months in custody instead would incur \$21,500,000 (rounded) in per diem costs. Thus, the WDTC can well have earned a savings of \$16,132,000.

These figures may be challenged in a variety of ways, but consider that they are in many ways an underestimate of the benefits of WDTC. We do not take into account sentence reductions for discharges sent to prison but getting some presentence credit. As mentioned, we also do not take into account policing, court and crime victimization savings for those rehabilitated. And of course, the quality of life for the WDTC helping individuals getting their addiction under control.

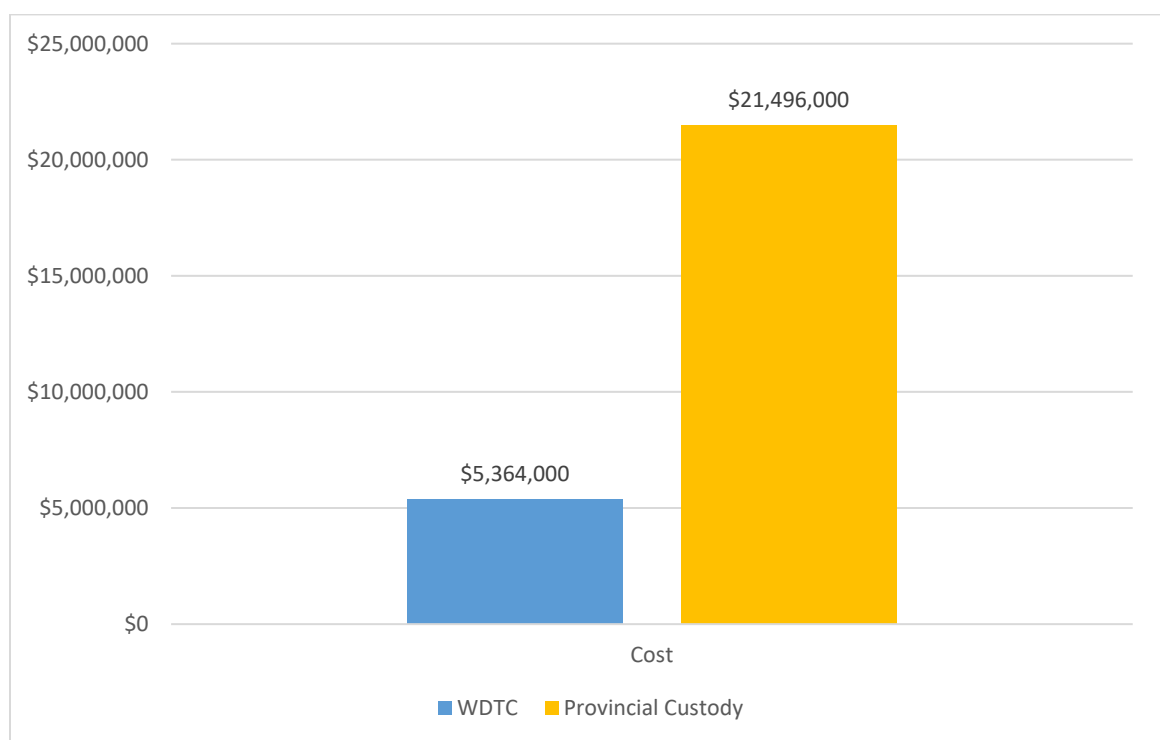


Figure 32 Average Cost 2005-2021 for WDTC Grads/Discharges Getting Probation or Conditional Sentences vs Cost 18 Month Provincial Custody

N=201

8. Conclusion and Recommendations

This program evaluation has found many positive results for the Winnipeg Drug Treatment Court. In 2015 administrators modified the program model to distinguish case work and some surveillance duties from counseling which would take a more focused therapeutic approach. The WDTC also continues to deliver traditional drug court services including a phase program, group and individual counseling, judicial status hearings, incentives and monitoring programs such as curfews and drug testing. The Oversight and Operations Committee structures appear logical and to be working effectively. The manager brings a wealth of experience and good relations have been established between the WDTC with probation services for some program services and aftercare supervision.

Compared to the original program (2005-2014), official records show a slight uptick in graduation rates (37%, up 3%) and substantially lower reconviction rates (0% for graduates). Some of the reduced reoffence rates are likely due to a lower risk clientele being admitted to the WDTC since 2015. The sentencing for discharges appears to be taking into account presentence credits for constructive days in the WDTC, reducing use of custody for those leaving the program. Graduates show a substantial drop in risk/needs ratings from the start to the end of the program, illustrating progress. Overall, past and current participants give high ratings to staff and WDTC program services. Compared to prison or residential treatment, the WDTC costs significantly less per day, with prison savings potentially as high as \$16,131,000 since the program began in 2005.

First, we would like to recommend a continued emphasis for the WDTC to:

1. Maintain a high standard of group counseling and program delivery.
2. Maintain a high standard of individual counseling and case management.
3. Maintain diligent curfew and drug testing practices with the principle of accountability balanced with harm reduction and compassion.

We see some areas of improvement for the drug treatment court.

Recommendation 1

That the Manitoba Department of Justice and Winnipeg Drug Treatment Court staff increase the number of provincial referrals.

Data show a clear drop off in admissions from 2015-2021. Part of this is due to staffing but it is not entirely clear to us why more referrals have not been received from provincial crown prosecutors. We have been assured that this has been targeted recently by WDTC staff and the provincial crown, and hopefully improvement will be observed over the next year.

Recommendation 2

That the Manitoba Department of Justice and Shared Health establish permanent positions for WDTC staff.

Staffing has increased over the last year for the WDTC, as another case manager and counselor have been added. This should assist in securing more referrals and handling a larger case load. But there were complaints received from otherwise satisfied WDTC participants over program periods of large turnover. This was very disruptive to the case work process and is obviously something no organization aspires to. We do not see how this turnover problem will change unless permanent positions become the norm at the WDTC. The program has been in successful operation for 17 years, surely it is time for regular positions to be established.

Recommendation 3

That participants who attend program functions regularly, do not violate their bail order conditions, maintain sobriety for four months and meet all program requirements graduate in the 12 month program period. In some cases where serious incarceration has been avoided by WDTC participation, additional sanctions through curfews and community work service may be considered at point of sentence.

Despite high ratings on feelings of fairness, narrative comments included a large number of complaints from participants on progression through the phase program.

For individuals coming into the program who had been sober and had already undertaken considerable treatment, there was consternation over spending more than 12 months in the program despite (reportedly) regular attendance and no violations. This is not a new issue and was raised in some of our earlier evaluations from 2005-2021. We understand that drug trafficking and other WDTC crimes are serious, warrant custody, and drug treatment courts are

the only option allowable under the Controlled Substances Act for most drug trafficking offenders to avoid lengthy incarceration. However, we disagree with this affecting the amount of time individuals must spend in the program. If sentencing principles of deterrence or retribution need to be met, they could be applied later at point of sentence. For example, an individual whose drug offences or other criminal code offences were quite serious who met all the WDTC standards including achieving four months sobriety or longer at time of grad should be able to complete in 12 months, and any further sanctions deemed necessary such as curfews or community work service could be applied as part of a conditional sentence or probation order. Spots in the drug treatment court are precious and graduation should be allocated to those who have met the program standards. A treatment program should not be used as a punishment.

Recommendation 3

That participants who can confirm significant program involvement and progress prior to WDTC admission be allowed to begin the WDTC program in an advanced phase. A minimum period in the WDTC in advanced cases could be 9 months, for those who meet all requirements.

The spirit of the Controlled Substances Act is that individuals who undertake significant efforts at drug addiction rehabilitation through a drug court or other programming, shall be granted a non-custodial disposition at the point of sentence. This means that theoretically judges can (and likely do) sentence a defendant with a serious offence such as drug trafficking to a conditional sentence or probation if they have diligently attended significant treatment programming and attained a substantial period of sobriety. The strength of the WDTC and drug treatment courts for the judiciary is that the courts can have program attendance confirmed and sobriety validated through drug testing. But it seems to us that in some cases WDTC participants have achieved considerable progress in treatment and abstinence prior to entering the program, and that this could be confirmed through related agencies. We agree that simply having been in a program does not guarantee progress or abstinence, but it seems there are cases where confirmation of successful engagement would not be difficult. Presentence reports are an option in such situations. When substantial treatment involvement and successful progression can be confirmed, a new admission could be started in an advanced phase after a week of orientation.

Recommendation 4

That the WDTC review criteria for incentives, sanctions and phase progression.

Again, high numerical ratings for fairness were contrasted with a number of concerns voiced by participants on consistency in individuals getting through phases or penalties for violations. We appreciate that the WDTC individualizes treatment and engages in harm reduction practices, making discretion important. Confidentiality means that participants do not always have all the facts to consider when they compare themselves to others. However, the number of concerns seemed significant and we think that at a minimum, a review of current practices is warranted. Involvement of current participants and past graduates in such an exercise would lend significant legitimacy to this exercise.

We observe that although judicial status hearings were generally rated as good program features, there were a number of current and recent participants who felt that court appearances were scheduled too frequently. We believe some of these feelings are due to on-line reporting, making relationship building difficult. Past research shows that judges and court appearances are related to better WDTC performance, but this tends to be for more high risk cases. In Marlowe et al.'s (2006) examination of judicial status hearings, high risk cases (i.e., more serious addiction/treatment history, criminal history) benefited from bi-weekly court appearances as they had more poor drug screens when they only reported "as needed". Conversely, for low risk cases (not as serious addiction, minimal criminal history), the number of court appearances did not impact urinalysis outcomes. Particularly as WDTC referrals are likely to increase in the coming months, the WDTC may wish to monitor this issue, as Tuesday afternoon courts could become quite crowded with a larger caseload.

Finally, we believe that the Oversight Committee has an appropriate diversity of government agencies, but should consider adding a couple of grass roots addiction agencies to the Committee, to facilitate communication with the local drug treatment community.

References

- Alkins, M. (2011). *Evaluation essentials: From A – Z*. NY: Guildford Press.
- Drug Facts (n.d.). Canada's Free Source for Drug & Addictions Information.
<https://www.drugfacts.ca/>
- Downey, P. M., & Roman, J. K. (2014). *Cost-Benefit Analysis: A guide for drug courts and other criminal justice programs*. National Institute of Justice Research.
<https://www.ojp.gov/pdffiles1/nij/246769.pdf>
- Illicit Drug Task Force. (2019). *Recommendations to reduce the use and effects of illicit drugs within Manitoba's communities*. Report submitted to Winnipeg City Council, Winnipeg, MB.
- Liska, A. (2020). *Real help for addicted offenders: Further evidence from the Calgary Drug Treatment Court*. Report Prepared by Calgary Drug Treatment Court.
- National Institute of Drug Abuse (2015). *How is treatment provided in a therapeutic community?*
<https://www.drugabuse.gov/publications/research-reports/therapeutic-communities/how-treatment-provided-in-therapeutic-community>.
- Ostermann, M., & Caplan, J. M. (2016). How much do the crimes committed by released inmates cost?. *Crime & Delinquency*, 62(5), 563-591.
- Justice Canada. (2015). *Drug Treatment Court Funding Program Evaluation. Final Report*. Ottawa: ON. Evaluation Division, Corporate Services Branch. Available at:
https://publications.gc.ca/collections/collection_2015/jus/J2-413-2015-eng.pdf
- Malakieh, J. (2020). Adult and youth correctional statistics in Canada, 2018/2019. *Juristat: Canadian Centre for Justice Statistics*, 3-23.
- Marlowe, D. B., Festinger, D. S., Lee, P. A., Dugosh, K. L., & Benasutti, K. M. (2006). Matching judicial supervision to clients' risk status in drug court. *Crime & Delinquency*, 52(1), 52-76.
- Weinrath, M., Gorkoff, K., Watts, J., Smee, C., Allard, Z., Bellan, M., Lumsden, S., & Cattini, M., 2018a. Accessing diversion from custody: Retention and classification in a drug treatment court. *Annual Review of Interdisciplinary Justice Research*, 7, p.315.
- Weinrath, M., Gorkoff, K., Watts, J., Smee, C., Allard, Z., Bellan, M., ... & Cattini, M. (2018)b. Accessing drug treatment courts do age, race or gender matter?. *Australian & New Zealand Journal of Criminology*, 51(4), 619-637.

Weinrath, M., Gorkoff, K., Watts, J., Smee, C., Allard, Z., Bellan, M., Lumsden, S., & Cattini, M. (2019). A quantitative study of a drug treatment court in a western Canadian city: Post-sentencing and reoffence outcomes. *Canadian Journal of Criminology and Criminal Justice*, 61(4), 45-68.

Websites for Residential Treatment Fees:

Tamarack Recovery Centre. <https://tamarackrehab.org/our-programs/program-fees/>

Aurora <https://www.aurorarecoverycentre.com/frequently-asked-questions/>

Cases Cited:

R v Mcknight, 2018 MBPC 42

Appendix A Interview Instrument

Instrument

PROCEDURAL JUSTICE SURVEY AND QUALITATIVE

IN-DEPTH INTERVIEW OF CURRENT DRUG TREATMENT COURT CLIENTS



PROCEDURAL JUSTICE SCALE

INTERVIEWEE _____

INTERVIEWER INSTRUCTIONS: PLEASE READ THE SCRIPT AND GO THROUGH THE PJ SCALE WITH THE INTERVIEWEE. CIRCLE OR BOLD THEIR ANSWER.

Script:

We are interested in your opinions about your drug court experience. Please let me know how you would rate the following statements on a scale of either 1 -5 or 1-4. Your responses will be held in the strictest confidence. Feel free to think a bit about the question before you answer.

Responses to items 1 -10 are on a 1 – 5 scale and range from one (almost never) to five (every time).

Responses to items 11 -13 range from one (not fair at all) to four (very fair).

- 1) Do you or your lawyer have a chance to tell your side of the story when you came to drug court?

1	2	3	4	5
Almost Never	Rarely	Sometimes	Frequently	Every Time

- 2) Does the judge listen to what you or your lawyer say when you came to drug court?

1	2	3	4	5
Almost Never	Rarely	Sometimes	Frequently	Every Time

- 3) Does the judge rely on reports from your counselor at the court hearings?

1	2	3	4	5
Almost Never	Rarely	Sometimes	Frequently	Every Time

- 4) Is the information the judge has on your drug tests and treatment attendance accurate?

1	2	3	4	5
Almost Never	Rarely	Sometimes	Frequently	Every Time

- 5) Does the judge try to consider all the facts?

1	2	3	4	5
Almost Never	Rarely	Sometimes	Frequently	Every Time

- 6) far as you know, does the judge apply the rules about going to drug tests and drug treatment the same way for you as for other defendants?

1	2	3	4	5
Almost Never	Rarely	Sometimes	Frequently	Every Time

- 7) Does the judge follow the same rules every time about what would happen if you failed a drug test, skipped a drug test, or did not attend treatment?

1	2	3	4	5
Almost Never	Rarely	Sometimes	Frequently	Every Time

- 8) Are you treated politely and with respect by the judge?

1	2	3	4	5
Almost Never	Rarely	Sometimes	Frequently	Every Time

- 9) Are you treated politely and with respect by your counselor?

1	2	3	4	5
Almost Never	Rarely	Sometimes	Frequently	Every Time

- 10) Do you trust the judge to be fair to you in the hearings?

1	2	3	4	5
Almost Never	Rarely	Sometimes	Frequently	Every Time

-
- 11) Overall, how do you rate the fairness of the courts, and drug court counselor in their handling of your case?

1	2	3	4
Not Fair at All	Unfair	Fair	Very Fair

- 12)

1	2	3	4
Not Fair at All	Unfair	Fair	Very Fair

- 13) Overall, how do you rate the fairness of the court in using penalties for using drugs, skipping drug tests, or skipping drug treatment?

1	2	3	4
Not Fair at All	Unfair	Fair	Very Fair

QUALITATIVE DEPTH INTERVIEW QUESTIONS

DRUG COURT PARTICIPANT INTERVIEW GUIDE

Script: *Now I would like to ask you a few questions about your past involvement with the justice and drug treatment systems, and your experience with and opinions about the drug treatment court. Remember you do not have to answer any questions that you do not want to and all responses are confidential. Please do not tell me about any activity that might be criminal in nature, unless it has already been dealt with by the courts.*

1. DRUG USE AND INTERACTION WITH THE CRIMINAL JUSTICE AND TREATMENT SYSTEMS.
 - 1.1 Tell us about your
 - past criminal history
 - drug use?
 - 1.2 How were they related?
 - 1.3 What is your drug of choice? Second choice?
 - 1.4 How old were you when you started using?
 - 1.5 Had you been in conventional court before?
 - 1.6 Were you involved in any treatment or programming for addiction prior to entering the DTC? If so, elaborate please (e.g., outpatient counseling, NA, AA, residential treatment, times enrolled or involved).
 - 1.7 Why did you decide to enter the DTC?
 - 1.8 How did you get into the program?
 - 1.9 When entering the DTC, did you have a support network outside of the program (i.e. spouse, family, friends or another pro-social network)
 - 1.10 What were your primary goals (i.e., things you wanted to achieve) when entering the program?

2. PAST AND CURRENT LIFE CIRCUMSTANCES

2.1 Were you employed upon entry into the program? If not, how do you support yourself?
On social assistance?

2.2 What is your current employment situation? Are you working FT, PT, are you on social assistance or pension, are you enrolled in an education program?

2.3 In the past have you had any major health issues? Did you have any when you were admitted into the DTC?

2.4 How would you rate your current physical health?

1	2	3	4	5
Very Poor	Poor	Average	Good	Very Good

2.5 It may not be very long, but has your health improved, declined or stayed the same from when you were first admitted to the DTC?

2.6 In the past did you have any mental health issues? Did you have any issues upon admission into the DTC?

2.7 How would you rate your current mental health?

1	2	3	4	5
Very Poor	Poor	Average	Good	Very Good

2.8 Has your mental health improved, declined or stayed the same from when you were first admitted to the DTC?

2.9 What was your housing situation just prior to admission to the DTC? (e.g., homeless, couch surfing, private residence, if in custody prior to DTC admission, ask about, situation prior to custody).

2.10 What is your current housing situation?

2.11 How would you rate your current housing situation?

1	2	3	4	5
Very Poor	Poor	Average	Good	Very Good

2.12 If applicable, has your housing situation improved, declined or stayed the same from when you were first admitted to the DTC?

3. INVOLVEMENT IN THE DTC

3.1 How long have you been part of the program?

3.2 Can you describe some of your activities so far?

3.3 I would like to hear your impression and rating of different aspects of the drug court experience.

3.4 What do you think of the **group work**?

3.5 How important is the group work to you?

1	2	3	4	5
Not at all	Not Important	Somewhat Important	Important	Very Important

3.6 What is your impression of the **individual work through counseling**?

3.7 How important is the individual work to you?

1	2	3	4	5
Not at all	Not Important	Somewhat Important	Important	Very Important

3.8 What do you think of the **incentive system**?

3.9 How important is the incentive system to you?

1	2	3	4	5
Not at all	Not Important	Somewhat Important	Important	Very Important

3.10 What do you think of the use of **curfews** in the program?

3.11 How important is the use of curfews to you?

1	2	3	4	5
---	---	---	---	---

Not at all	Not Important	Somewhat Important	Important	Very Important
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3.12 What did you think of the use of **drug testing** in the program?

3.13 How important is the use of **drug testing** to you?

1	2	3	4	5
Not at all	Not Important	Somewhat Important	Important	Very Important

3.14 What do you think of reporting to a judge regularly?

3.15 How important are the regular court appearances to you?

1	2	3	4	5
Not at all	Not Important	Somewhat Important	Important	Very Important

3.16 What is your relationship like with other DTC participants?

3.17 What was is your relationship with the staff?

3.18 Do you receive any assistance for housing or finances? If so, what does that consist of?

3.19 Are you getting any job or other training?

3.20 I would like you to compare your experience in the DTC with conventional court experiences. If you have never experienced regular court, we can skip this question.

3.21 In what way is the drug court the same as regular court?

3.22 How is it different?

3.23 How did you feel about people (prosecutors, judges) working in the conventional justice system? How does your relationship differ with the DTC, if at all?

4. OVERALL FEEDBACK ON THE DRUG COURT EXPERIENCE

- 4.1 What do you see as the strengths of the program so far? What do you think has benefited you the most by being in the program?

Probes: court appearances in front of judge, group work, individual counseling, incentives; housing & financial needs, drug testing curfews, positive treatment oriented environment vs. punitive one; linking with community resources;

- 4.2 What are the weaknesses of program?

- 4.3 What would you change about the program?

- 4.4 Is there anything else we didn't talk about that you would like to add?

Thank you for your assistance!

WE WOULD LIKE YOUR INPUT!

We are researchers from the University of Winnipeg's Criminal Justice Department, conducting an evaluation of the Winnipeg Drug Treatment Court (DTC) program and are interested in hearing your opinions and learning about your experiences. The goal of this evaluation is to assess if improvements can be made to the DTC program. This evaluation will result in a report submitted to Manitoba Justice with recommendations for program improvement. The research will also likely result in educational presentations, conference papers and published articles by the researchers intended to help improve programming for addiction.

Description of Procedures

We are asking you to participate in an interview. The interview will be 45-60 minutes and involve questions about your past drug use and experiences with the drug treatment court. The interview will be conducted via phone or ZOOM. It will be audio taped and then typed up into a transcript for analysis, along with those of other interviewees. No identifiers will be used.

Your Participation is Voluntary

Your participation is totally voluntary. If you agree to participate but later change your mind, you can withdraw from the study up until publication of the final report. This will mean destruction of any notes or recordings involving you. To recognize the time and expense involved in participating in this interview, we will provide \$40 to you.

Privacy and Confidentiality

Your identity will be kept confidential. Only we researchers will know how you responded to the questions and what you said or did. The recording of our interview will be stored securely in password protected computers and locked offices. We will be careful to present information from interviews either aggregated as a general opinion (e.g., interviewees generally felt that...) or in a manner that will not identify you or other participants (Interviewee 5 stated:...). There will be no drug court staff knowledge of who participated and who did not.

Risks

Some of the questions about judging the program may make you uncomfortable. You are not required to answer any questions that you do not wish to.

Benefits

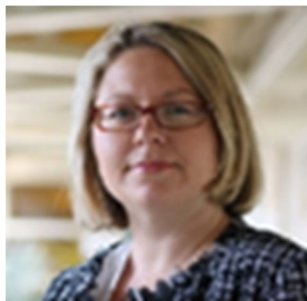
Your ideas and opinions are important to us. They will help us improve the drug treatment court program. We believe that it is important that we get feedback from participants.



If you are interested or would like to know more, please contact the Project Supervisor: Dr. Michael Weinrath, University of Winnipeg, at 204/558-8094, or m.weinrath@uwinnipeg.ca.

A time will be arranged at your convenience for the interview. The interviews can be conducted via phone or ZOOM.

Dr. Sarah Heath and Dr. Kelly Gorkoff of the University of Winnipeg (below) are also part of the Drug Court evaluation team.



Appendix B Informed Consent

Informed Consent – Drug Treatment Court Participants

We are researchers from the University of Winnipeg's Criminal Justice Department, conducting an evaluation of the Winnipeg Drug Treatment Court (DTC) program and are interested in hearing your opinions and learning about your experiences. The goal of this evaluation is to assess if improvements can be made to the DTC program. This evaluation will result in a report submitted to Manitoba Justice with recommendations for program improvement. The research will also likely result in educational presentations, conference papers and published articles by the researchers intended to help improve programming for addiction.

Description of Procedures

We are asking you to participate in an interview. The interview will be 45-60 minutes and involve questions about your past drug use and experiences with the drug treatment court. The interview will be conducted via phone or ZOOM. The interview will be audio taped and then typed up into a transcript for analysis, along with those of other interviewees. No identifiers will be used.

Risks

Some of the questions about judging the program may make you uncomfortable. You are not required to answer any questions that you do not wish to.

Benefits

Your ideas and opinions are important to us. They will help us improve the drug treatment court program. We believe that it is important that we get feedback from participants.

Privacy and Confidentiality

Your identity will be kept confidential. Only we researchers will know how you responded to the questions and what you said or did. The recording of our interview will be stored securely in password protected computers and locked offices. We will be careful to present information from interviews either aggregated as a general opinion (e.g., interviewees generally felt that...) or in a manner that will not identify you or other participants (Interviewee 5 stated:...). There will be no drug court staff knowledge of who participated.

Your Participation is Voluntary

Your participation is totally voluntary. If you agree to participate but later change your mind, you can withdraw from the study up until publication of the final report. This will mean destruction of any notes or recordings involving you.

To recognize the time and expense involved in participating in this interview, we are offering \$40.

Manitoba Justice is funding this research and is authorizing University of Winnipeg researchers to collect personal information on a confidential basis, per section 36(1)(b) of The Freedom of Information and Protection of Privacy Act (Manitoba) . If you have any questions, or wish for a copy of your transcript or any other data the UW researchers collected regarding you, please contact Dr. Weinrath.

I, _____, am 18 years of age or older and give my consent to my interview taped with an agreeable second party.

I am free to discontinue my participation in this research at any time. I can contact the senior researcher, Dr. Michael Weinrath, or the University Human Research Ethics Board project officer at the number listed below to have my questions addressed or if I am in any way dissatisfied with the research procedures.

In signing this consent form, I acknowledge that no coercion, constraint, or undue inducements were used to obtain my voluntary consent. I am aware that I may withdraw from the study at any time. Withdrawal means erasure of the interview and any related materials. My interview and any printed or electronic copies of the transcript will be deleted or destroyed by the senior researcher, in any event, by December 2029.

I may receive a copy of the final report posted on-line by Manitoba Justice upon request of Dr. Weinrath. A copy of this letter will be given to me.

Questions and Further Information

If you have any questions regarding the research project or your involvement, please do not hesitate to contact

Project Supervisor: Dr. Michael Weinrath, University of Winnipeg, 204/558-8094

Ethics Program Officer

P: 786-9058

E: ethics@uwinnipeg.ca

This research has been approved by the University Human Research Ethics Board.

I have read this form and understand the procedures outlined.

Participant's Signature

Date

Researcher Signature

Date

Appendix C Comparison Tables

Table C.1 Background Differences Between 2005-2014 and 2015-2021 WDTIC Cohorts

		Original Model	Post April 1 2015	Total	
<i>Gender</i>	male	166	65	231	
		60.4%	54.6%	58.6%	
	female	108	53	161	
		39.3%	44.5%	40.9%	
	transgendered	1	1	2	
		0.4%	0.8%	0.5%	
	Total	275	119	394	1.402 (2df)
<i>Ethnicity</i>	Caucasian	144	52	196	
		52.7%	45.2%	50.5%	
	First Nations	54	30	84	
		19.8%	26.1%	21.6%	
	Metis	56	22	78	
		20.5%	19.1%	20.1%	
	Non-Status	11	1	12	
		4.0%	0.9%	3.1%	
	Black	3	1	4	
		1.1%	0.9%	1.0%	
	South Asian	0	3	3	
		0.0%	2.6%	0.8%	
	East Asian	5	6	11	
		1.8%	5.2%	2.8%	
	Total	273	115	388	15.519 (6df)*
<i>Marital Status</i>	Married	8	5	13	
		2.9%	4.2%	3.3%	
	Common-Law	56	17	73	
		20.5%	14.3%	18.6%	
	Single	195	90	285	
		71.4%	75.6%	72.7%	
	Separated	6	2	8	
		2.2%	1.7%	2.0%	
	Divorced	8	5	13	
		2.9%	4.2%	3.3%	
<i>Education Level</i>	Total	273	119	392	2.843 (4df)
	Grades 5 -8	32	7	39	
		11.9%	5.9%	10.1%	
	Grades 9-10	85	18	103	

<i>Employment</i>		31.7%	15.1%	26.6%	
	Grades 11-12	117	58	175	
		43.7%	48.7%	45.2%	
	Post Secondary	30	31	61	
		11.2%	26.1%	15.8%	
	<i>University Graduate</i>	4	5	9	
		1.5%	4.2%	2.3%	
	Total	268	119	387	26.134 (4df)***
	Employed FT	61	27	88	
		22.5%	22.7%	22.6%	
	Employed PT	10	5	15	
		3.7%	4.2%	3.8%	
	Student	3	1	4	
		1.1%	0.8%	1.0%	
	Retired or Unable to Work	6	0	6	
		2.2%	0.0%	1.5%	
	Unemployed	191	86	277	
		70.5%	72.3%	71.0%	
	Total	271	119	390	2.787 (4df)
<i>First Drug Of Choice</i>	Cocaine	161	42	203	
		59.0%	35.3%	51.8%	
	Crystal Methamphetamine	43	48	91	
		15.8%	40.3%	23.2%	
	Opioids	21	20	41	
		7.7%	16.8%	10.5%	
	Cannabis	27	4	31	
		9.9%	3.4%	7.9%	
	Sedatives	7	0	7	
		2.6%	0.0%	1.8%	
	Hallucinogens	3	0	3	
		1.1%	0.0%	0.8%	
	<i>Amphetamine</i>	7	1	8	
		2.6%	0.8%	2.0%	
	Alcohol	2	2	4	
		0.7%	1.7%	1.0%	
	Ecstasy	2	2	4	
		0.7%	1.7%	1.0%	
	Total	273	119	392	48.627 (8df)***

Table C.2 Legal and Risk Differences Between 2005-2014 and 2015-2021 WDC Cohorts

		Post April 1			
		Original Model	2015	Total	
Prior Criminal History	No	50	57	107	
		18.2%	47.9%	27.2%	
	Yes	225	62	287	
		81.8%	52.1%	72.8%	
	Total	275	119	394	37.079 (1df)***
History of Violence	No	188	106	294	
		68.6%	89.1%	74.8%	
	Yes	86	13	99	
		31.4%	10.9%	25.2%	
	Total	274	119	393	18.434 (1df)***
LS/CMI Rank	Low	12	7	19	
		13.3%	6.3%	9.4%	
	Medium	19	34	53	
		21.1%	30.4%	26.2%	
	High	41	52	93	
		45.6%	46.4%	46.0%	
	Very High	18	19	37	
		20.0%	17.0%	18.3%	
	Total	90	112	202	4.566 (3df)
ISA Rank	Low	212	108	320	
		85.5%	90.8%	87.2%	
	Med	36	11	47	
		14.5%	9.2%	12.8%	
	Total	248	119	367	2.002 (1df)
Most serious charge in current convictions					
Drug offense		160	101	261	
		58.2%	84.9%	66.2%	
Robbery		28	1	29	
		10.2%	0.8%	7.4%	
Break & Enter		32	6	38	
		11.6%	5.0%	9.6%	
Theft over		7	3	10	
		2.5%	2.5%	2.5%	
Assault		19	0	19	
		6.9%	0.0%	4.8%	
Possession weapon		1	0	1	
		0.4%	0.0%	0.3%	
Breach probation/recognizance		1	0	1	

	0.4%	0.0%	0.3%	
Fraud	11	2	13	
	4.0%	1.7%	3.3%	
Theft under	14	4	18	
	5.1%	3.4%	4.6%	
Communicating prostitution	1	0	1	
	0.4%	0.0%	0.3%	
Possession stolen property	1	1	2	
	0.4%	0.8%	0.5%	
Arson	0	1	1	
	0.0%	0.8%	0.3%	
Total	275	119	394	36.626 (11df)***