



American Prosecutors  
Research Institute

# *Drug Prosecution and Prevention Across the Nation*

Prosecutors' Perceptions of  
Drug-Related Crime and Strategies  
to Combat the Problem in Their  
Communities

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The American Prosecutors Research Institute is the research and development division of the National District Attorneys Association.

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Communities

**October 2006**

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# INTRODUCTION

**N**o neighborhood or community is immune to the ravages of drugs and drug-related crime. Approximately 10 percent of all arrests and 20 percent of all incarcerations involve drug-related crimes (Boyum & Kleiman, 2003). As gatekeepers to the criminal justice system, the nation's local and state prosecutors stand at the forefront of the fight to keep communities safe from drugs and drug-related crime. There is research to suggest that incarceration alone may not be the most effective intervention for some drug offenders. As a result, local and state prosecutors, as leaders in their communities, are often called upon as agents of change, creating new and innovative strategies for addressing various crime-related issues. Prosecutors commonly work in collaboration with law enforcement officers, government officials, educators, and community leaders to develop effective drug education, prevention, and treatment programs within their jurisdictions. These programs contribute to more comprehensive strategies focused on combating drug problems in cities and towns across the nation without sacrificing public safety.

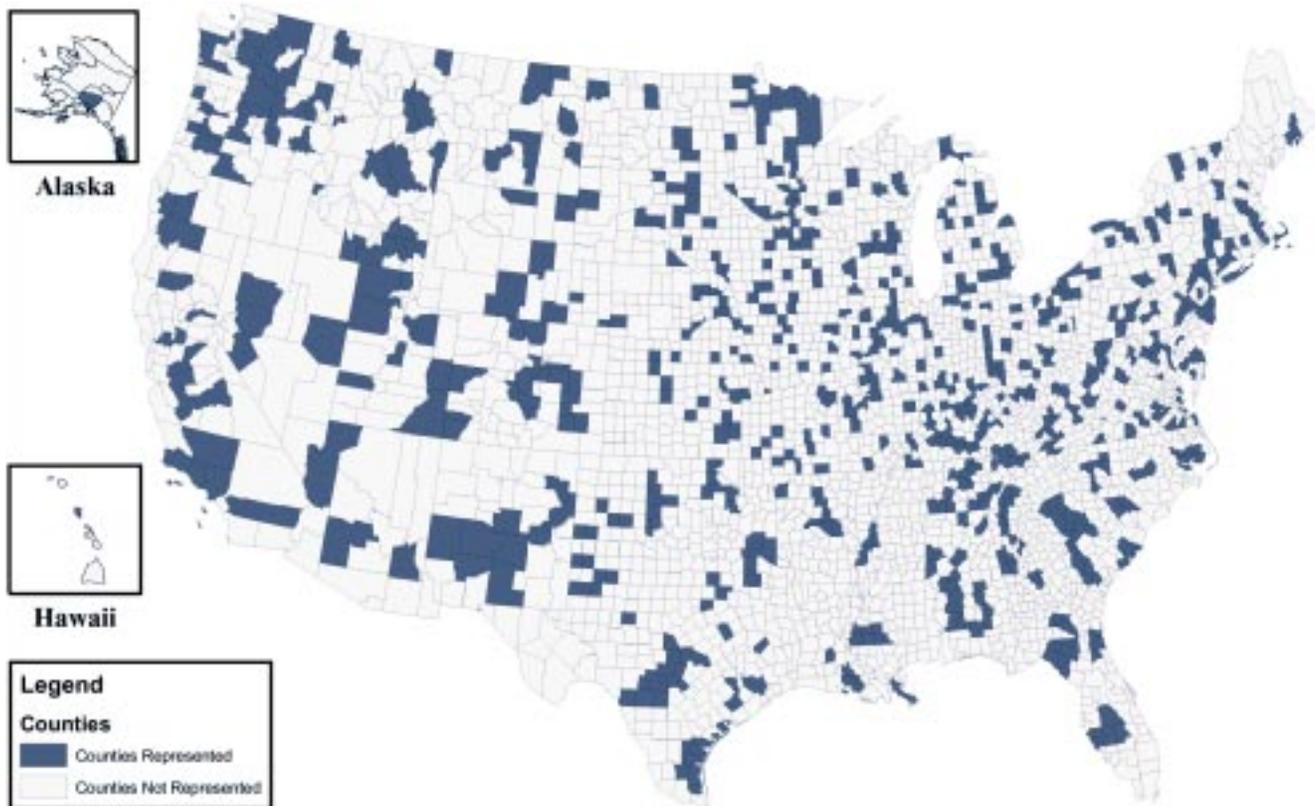
To document these strategies and to respond to prosecutors' inquiries for more information about how to address drug crime, the American Prosecutors Research Institute (APRI) developed and implemented a national survey of prosecutors to identify current trends in drug crime prosecution and prevention. The primary purpose of this survey was to assess and document prosecutors' current efforts in implementing and operating innovative drug crime prevention, intervention or prosecution programs. The survey represents a significant step forward in the collection of information and data on prosecutors' perceptions of the drug problem and any efforts by prosecutors to reduce drug crimes in their jurisdictions.

This research documents the increasing involvement of prosecutors in shaping and developing unique drug programs such as those that incorporate community involvement, focus on alternatives to incarceration, and most recently, programs that deal specifically with methamphetamine use, manufacturing, and distribution. In addition, this report details the significant findings of the study including prosecutors' perceptions of the drug problem, promising practices that may be replicated in other jurisdictions, and the emerging issues for prosecutors in drug prosecution and prevention.

## DESCRIPTION OF THE SURVEY

APRI distributed the national drug prosecution and prevention survey to 2,719 local and state prosecutors' offices throughout the nation. The survey contained questions that targeted prosecutors' perceptions regarding the scope of the drug problem in their specific jurisdictions and any programs their office has actively participated in, initiated, or led. Respondents were asked to provide a detailed description of their program(s) and were also asked to submit any brochures or written materials describing their drug prevention or prosecution program(s). In addition, respondents were asked to identify innovative programs outside their jurisdictions, and reflect on any emerging drug-related issues affecting their community. A total of 563 surveys were returned, representing offices from every state and more than 700 counties across the country. As shown in Exhibit 1, the offices responding to the survey account for approximately 22 percent of the nation's counties and nearly 103 million, or 35 percent, of the total U.S. population.

**Exhibit 1: Counties Represented Among Survey Respondents**



When examining drug abuse and associated crime, it is important to recognize how regional geography, economy, and socioeconomic characteristics of the population lay the foundation for certain drugs to flourish in some communities while the same drugs may be less prevalent in other areas of the country.

To explore regional differences, APRI classified each respondent into one of four discrete regional locations using the U.S. Census 2000 geographical regional breakdown of the country: Northeast, South, Midwest, and West.<sup>1</sup> Exhibit 2 shows the regional breakdown by state according to the U.S. Census.

**Exhibit 2: The U.S. Census Regional Breakdown**



Of those prosecutors responding to the survey, 40.9 percent were located in the Midwest region, while slightly more than 30 percent were from the South region, 17.9 percent of respondents were from the West region followed by approximately 11 percent from the Northeast region. Exhibit 3 below breaks down the number and percentage of respondents by jurisdiction size.

**Exhibit 3: Size of Jurisdiction and Number of Respondents**

Jurisdiction Size	Percent of Responses*	Number of Respondents
Less than 20,000	26.0%	146
20,001 – 50,000	25.8%	145
50,001 – 100,000	15.0%	84
100,001 – 250,000	15.5%	87
250,001 – 500,000	9.4%	53
More than 500,001	8.5%	48

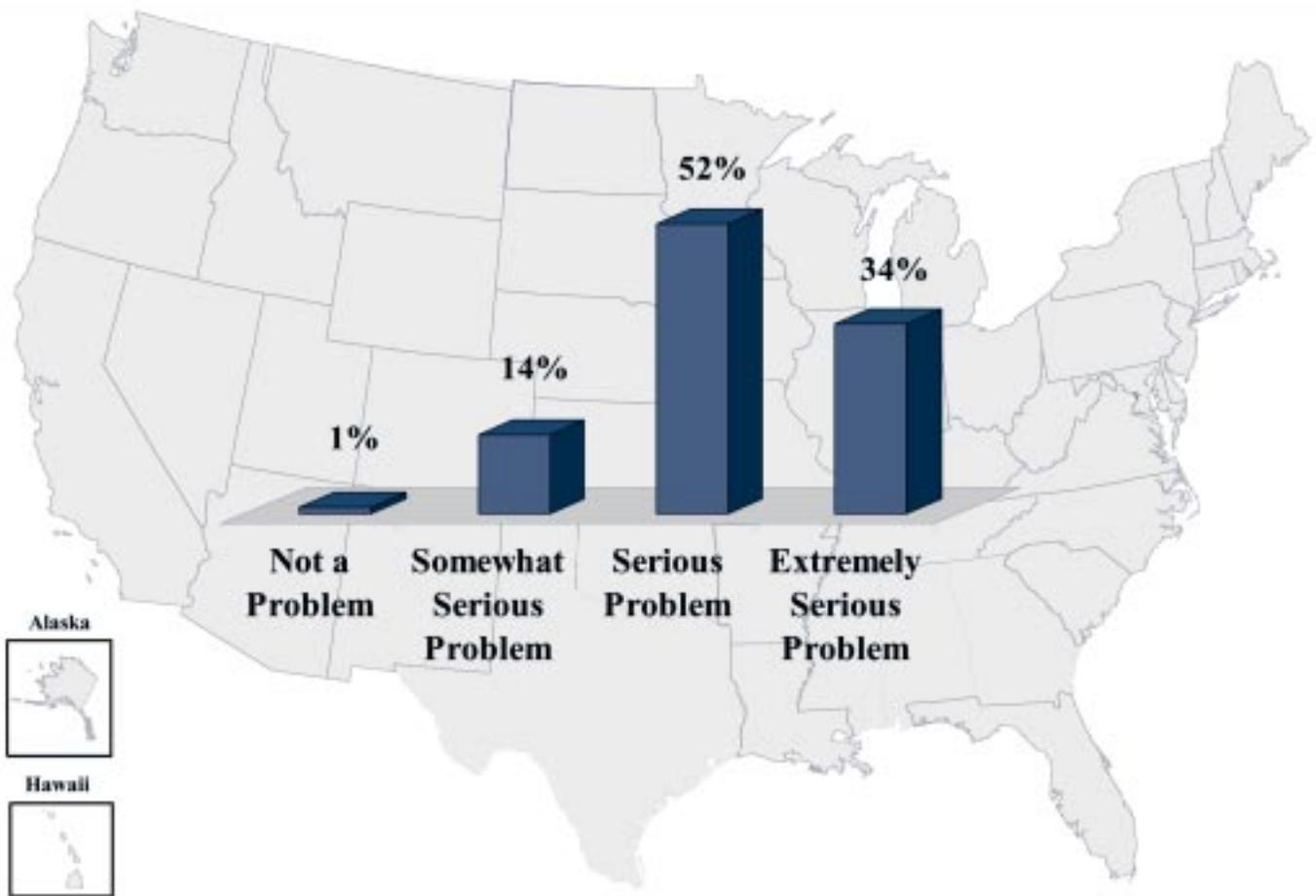
\* Please note: The total does not equal 100% due to rounding

<sup>1</sup> **Northeast Region:** Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Delaware;  
**South Region:** Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia;  
**Midwest Region:** Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin; and  
**West Region:** Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

## SCOPE OF THE DRUG PROBLEM

To assess the scope of the drug problem across the nation, prosecutors were asked the following two questions: “How serious is the drug problem in your jurisdiction?” and “Has the drug problem improved or worsened in the last five years?” Exhibit 4 shows the overall level of seriousness respondents perceived the drug problem to be in their jurisdiction.

**Exhibit 4: Prosecutors’ Perceived Seriousness of the Drug Problem**



A majority of respondents believed that drugs and drug-related crime were a serious to *extremely* serious problem in their communities. In particular, about 34 percent (n=188) of respondents indicated that the drug problem in their jurisdiction was *extremely* serious while more than half (n=290) believed drugs and drug-related crime to be a serious problem within their jurisdiction. The remaining 14.3 percent (n=82) of respondents classified their jurisdictions’ drug problem as somewhat serious to not a problem at all.

Prosecutors in smaller jurisdictions, or those with less than 20,000 residents, differed significantly from their counterparts in more populous jurisdictions in their perceptions regarding the seriousness of the drug problem. In particular, prosecutors from the smaller jurisdictions were more likely to indicate that drugs were a somewhat serious problem, while prosecutors in larger jurisdictions were more likely to perceive the problem as more serious. When regional differences are considered, prosecutors from the Midwest region did not consider the drug problem to be as serious a problem as prosecutors in the Northeast, South or West. Of all the regions, prosecutors in the West consider the drug problem to be more serious in their jurisdictions than prosecutors from any other region.

Overall, a majority of respondents or 64.8 percent believed that the drug problem within their jurisdiction has gotten worse in the last five years whereas 28.1 percent believed drug-related crime has stayed about the same. A small percentage or 7.1 percent of those responding to the survey indicated that the drug problem within their jurisdictions has gotten better. There were also regional differences in prosecutors' perception of changes in the drug problem. While prosecutors in all regions believed the drug problem had gotten worse, this perception was most pronounced in the Western region and the least pronounced in the Northeast.

## TYPES OF DRUGS ENCOUNTERED BY PROSECUTORS

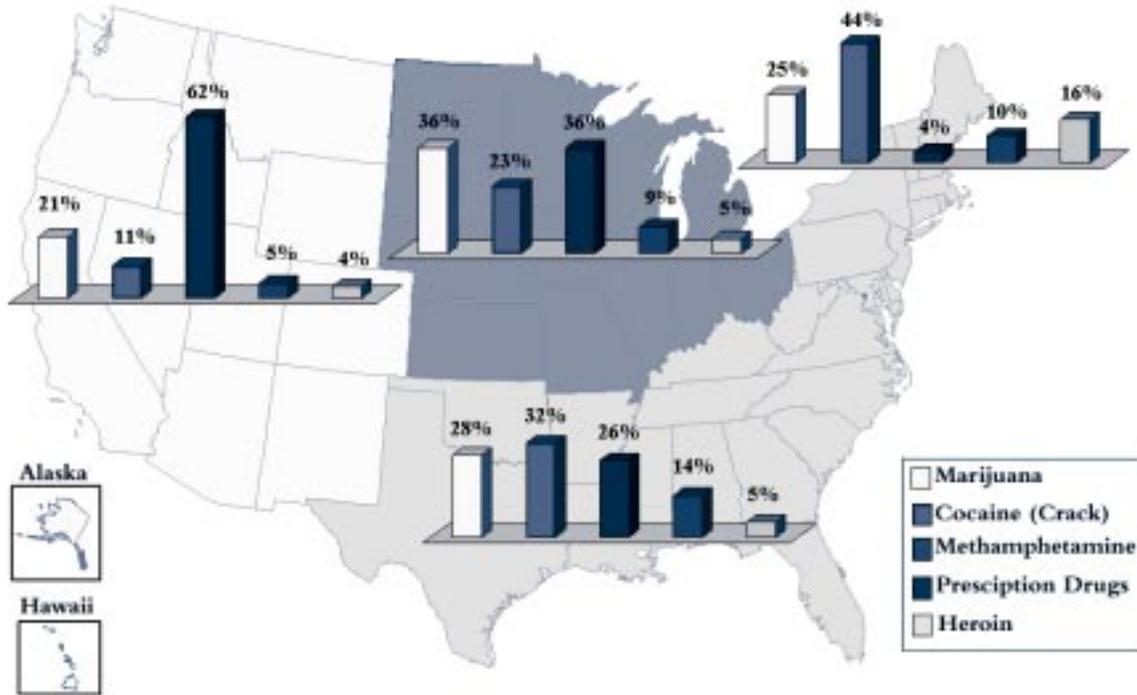
▲PRI asked respondents to indicate what types of drugs were most prevalent in their caseloads. Marijuana, methamphetamine, cocaine, and prescription drugs were most frequently reported (see Exhibit 5). In addition, a considerable number of respondents indicated that heroin, ecstasy, hallucinogens, downers, and inhalants were also part of their caseloads while only a small percentage of prosecutors mentioned anabolic steroids.

**Exhibit 5: Drugs Represented Within Prosecutor’s Caseloads**

DRUGS	Percentage of Respondents Selecting Drug as Part of Caseload	Number of Respondents Selecting Drug as Part of Caseload
Marijuana	97.2%	547
Methamphetamine	87.2%	491
Cocaine (crack, etc.)	86.5%	487
Prescription Drugs	77.8%	438
Heroin	46.9%	264
Ecstasy	39.6%	223
Hallucinogens	36.2%	204
Downers	22.9%	129
Inhalants	21.8%	123
Anabolic Steroids	13.9%	78
Other	13.5%	76

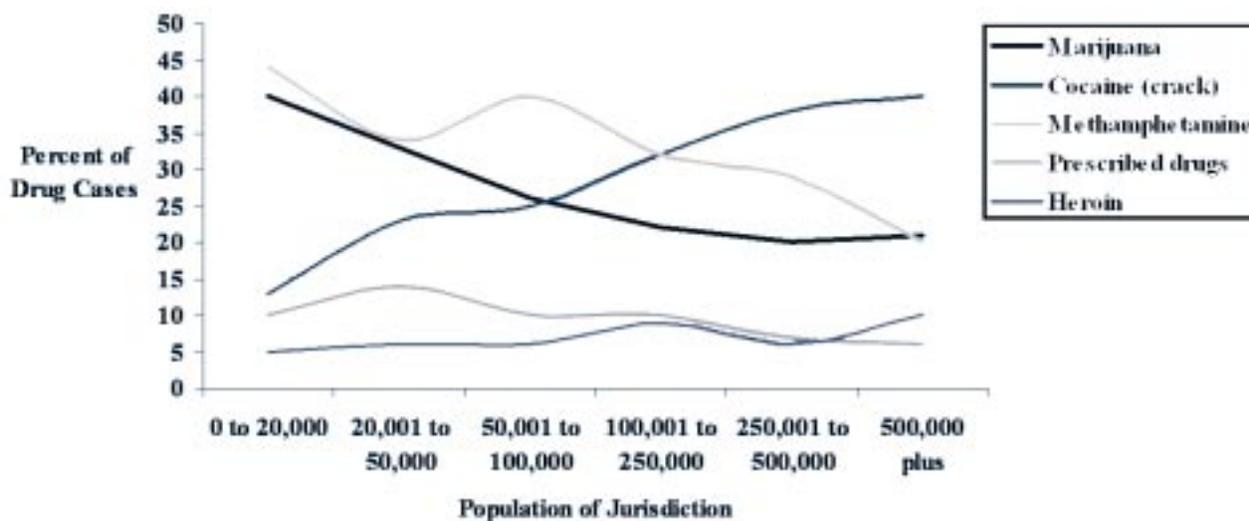
To draw a more accurate picture of the drug problem for specific jurisdictions, prosecutors were also asked to estimate what percentage of their actual drug cases were dedicated to specific drugs. Methamphetamine accounted for the highest percentage of drug cases, averaging 29.8 percent of prosecutors’ current drug caseload, followed by cocaine at 21.8 percent, marijuana at 19.9 percent and prescription drugs and heroin at 8.5 percent and 5.9 percent respectively. Other drugs such as anabolic steroids, ecstasy, downers, inhalants, and hallucinogens collectively accounted for approximately 14.1 percent of prosecutors’ current drug caseloads.

*Exhibit 6: Regional Differences in the Prosecutors' Drug Caseload*



Regionally, prosecutors in the Northeast had far fewer methamphetamine cases, but when compared to other regions, had significantly more heroin and cocaine cases (see Exhibit 6). Prosecutors in the Midwest region had significantly more marijuana cases while those prosecutors in the Southern region had significantly more cases involving prescribed drugs when compared to other regions. Not surprisingly, the Western region reported having significantly more methamphetamine cases in their caseloads when compared to prosecutors in other regions.

**Exhibit 7: Percent of Drug Cases Based on Jurisdiction Size**

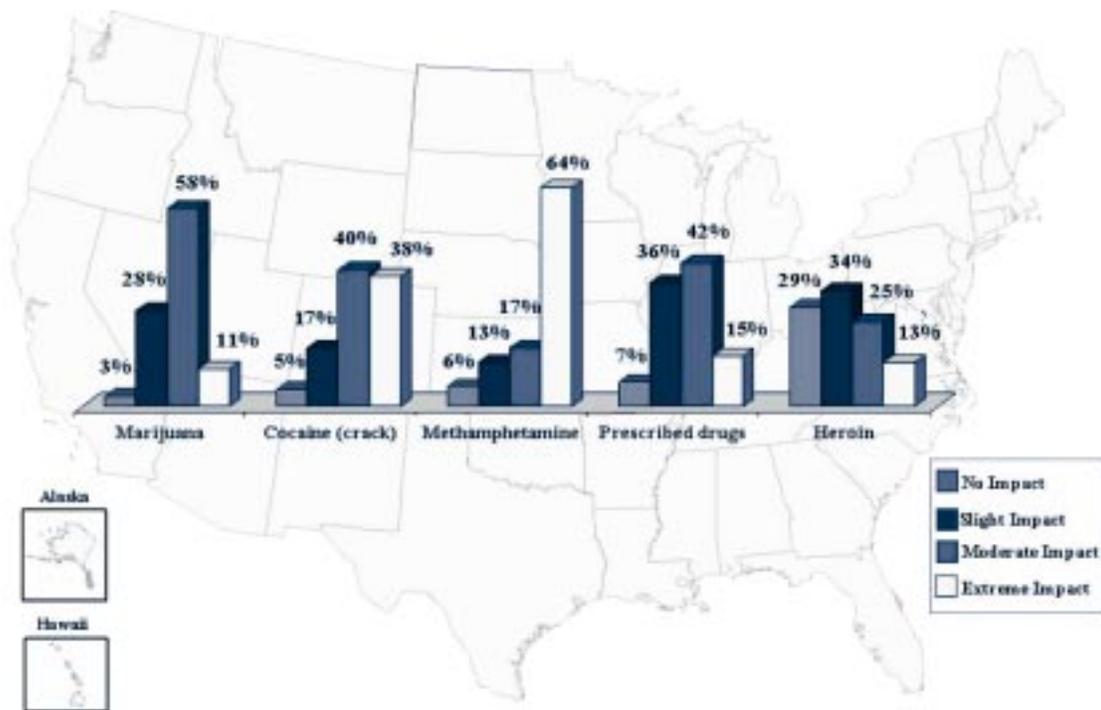


There is also some variation among prosecutors' caseloads based on jurisdiction size, as shown in Exhibit 7. In general, smaller jurisdictions (up to 50,000) were likely to have significantly more marijuana cases in their caseloads than larger jurisdictions. Prosecutors from larger jurisdictions (100,000 +), on the other hand, were likely to have significantly more cocaine cases in their caseloads. Although not statistically significant, regarding methamphetamine cases, smaller jurisdictions (up to 100,000) reported more methamphetamine cases when compared to larger jurisdictions.

# IMPACT OF DRUGS ON PUBLIC SAFETY

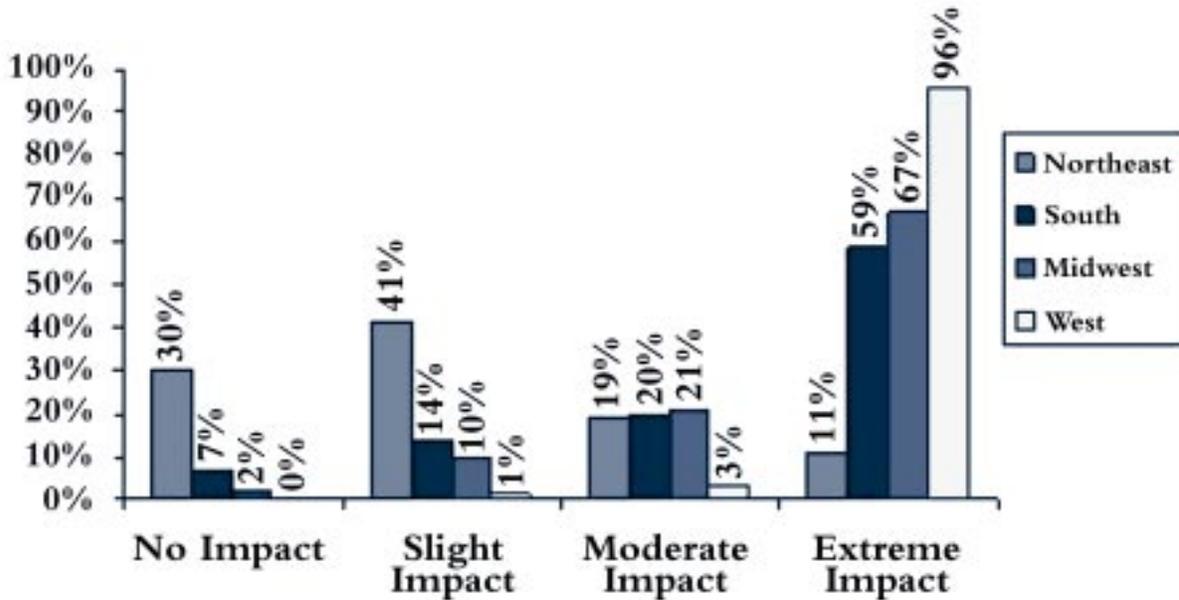
Prosecutors were asked to indicate how much of an impact certain drugs had on public safety in their communities. As shown in Exhibit 8 below, overall 64 percent of respondents believed methamphetamine to have an extreme impact on public safety whereas marijuana and cocaine were found to have a moderate impact on the public. Prosecutors also indicated that prescription drugs had a moderate to slight impact. Although not all these drugs are presented in Exhibit 8, respondents perceived drugs such as inhalants, steroids, hallucinogens, downers, heroin, and ecstasy to have a slight or no impact on public safety in their jurisdiction.

**Exhibit 8: Overall Impact of Drugs on Public Safety**



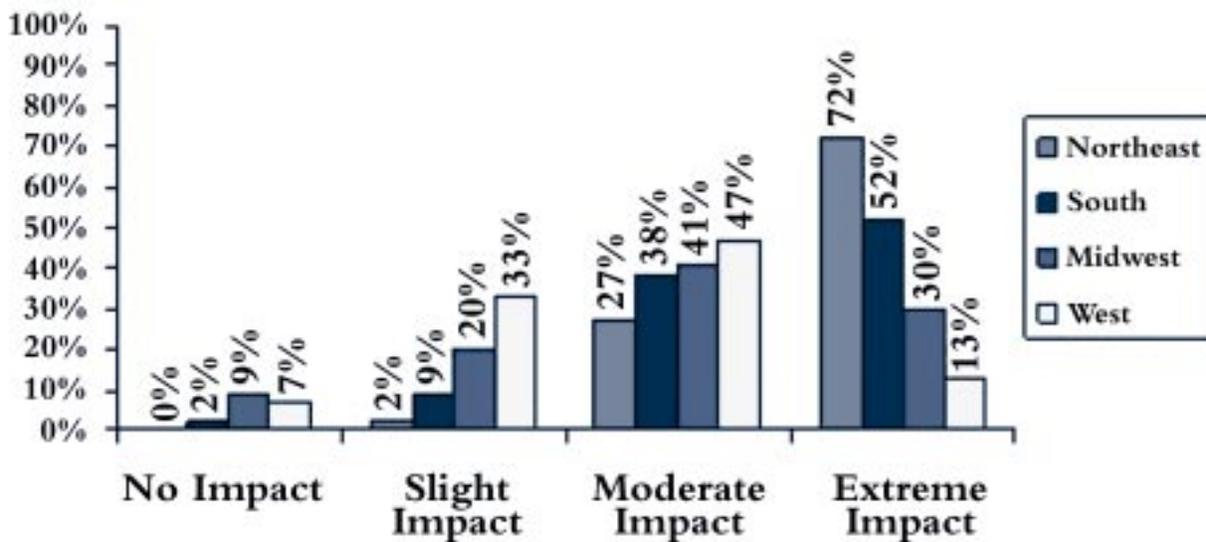
When referring to Exhibit 8, it would appear as if most prosecutors responding to the survey indicated that methamphetamine had an extreme impact on their communities. However, this was not the case when responses were compared regionally. Although some regional differences existed with all the drug types, methamphetamine, cocaine, and heroin had the most pronounced variation. These differences are examined more closely in Exhibits 9, 10, and 11 on the following pages.

**Exhibit 9: Regional Impact of Methamphetamine on Public Safety**



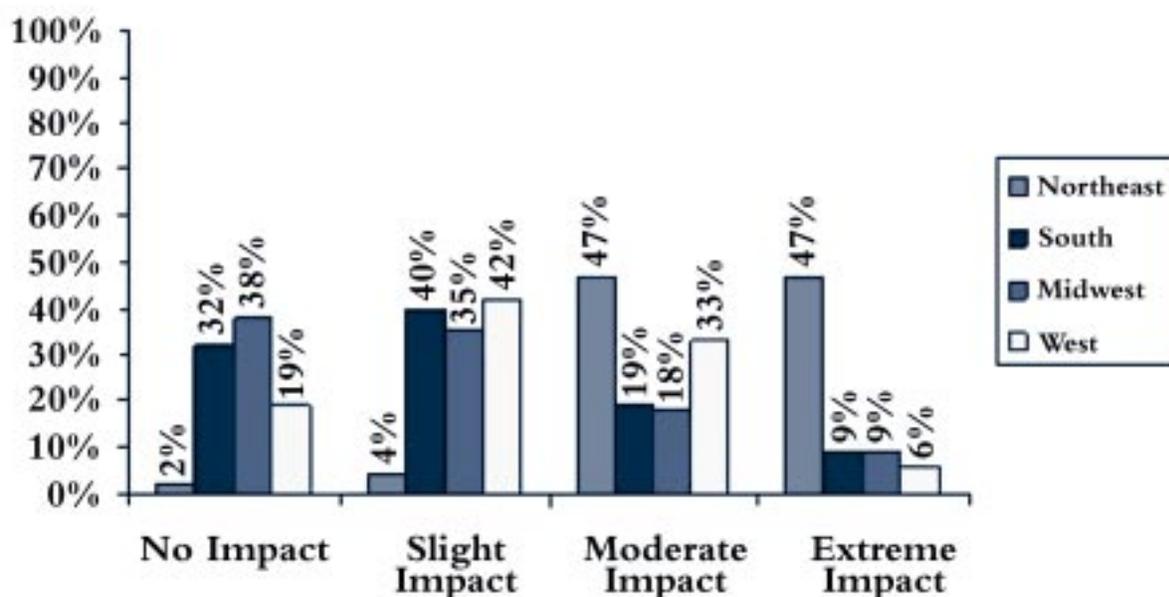
As shown in Exhibit 9, prosecutors in the West, Midwest, and South indicated that methamphetamine had an extreme impact on their communities compared to prosecutors in the Northeast, who generally did not perceive methamphetamine as having much of an impact on their communities. Of all the prosecutors responding to the survey, not one prosecutor in the West identified methamphetamine as having no impact on the community.

**Exhibit 10: Regional Impact of Cocaine on Public Safety**



Likewise, when examining the regional impact of cocaine on communities (Exhibit 10), most prosecutors in the Northeast and South indicated cocaine had an extreme impact on public safety, while a significant number of prosecutors in the West and Midwest indicated only a moderate impact. Not one prosecutor from the Northeast identified cocaine as having no impact on the community.

**Exhibit 11: Regional Impact of Heroin on Public Safety**



There were also significant regional differences in the perceived impact of heroin. In particular, as shown in Exhibit 11, prosecutors from jurisdictions in the Northeast perceived heroin as having a moderate to extreme impact on communities compared to prosecutors from other regions. Most prosecutors in the West, Midwest, and South indicated either a slight or no impact from heroin on their communities.

Jurisdictions with less than 20,000 perceive cocaine as having less of an impact on the public safety than jurisdictions with greater population numbers. There were also significant differences with heroin by jurisdiction size. In this case, larger jurisdictions (100,000 +) perceive heroin as having more of an impact than smaller jurisdictions. The differences in perceived impact of steroids are smaller but significant. Larger jurisdictions (100,000+) perceive steroids as having more of an impact in their communities than smaller jurisdictions. The difference is most apparent with those jurisdictions with less than 20,000 in population. Interestingly, there were no significant differences in the perceived impact of methamphetamine. In other words, methamphetamine is a drug that is impacting jurisdictions equally, regardless of size.

## METHAMPHETAMINE PRODUCTION AND USE: IMPACT ON LOCAL AND STATE PROSECUTORS

Recently, much attention has been paid to a reported increase in methamphetamine use, manufacturing, and distribution. Methamphetamine has been named as one of the major drugs of concern by federal, state, and local law enforcement, with 31 percent of state and local law enforcement agencies now citing methamphetamine as a major drug problem (National Drug Intelligence Center [NDIC], 2005). The spread of “meth labs” has led to thriving production of the drug, particularly in the rural Midwest and South (Sexton, et al., 2005) and change in production and trafficking of the drug has introduced methamphetamine to areas of the country in which it was not formerly available (Sloboda, 2002). Unfortunately, according to the *National Survey on Drug Use and Health* (Substance Abuse and Mental Health Administration [SAMHSA], 2003), nearly 12 million people in the United States reported having tried methamphetamine at least once in their lifetime. Given this fact, it is not surprising that methamphetamine use and its impact on communities was a significant issue raised by prosecutors. Specifically, 85 percent of respondents indicated that there has been an increase in methamphetamine-related cases over the last five years. Moreover, according to those prosecutors responding to the survey, offenses related to methamphetamine constitute the largest percentage of prosecutors’ drug cases, averaging nearly 30 percent (followed by cocaine at 21.8%).

Local and state prosecutors are not only faced with offender addictions but also the health hazards typically associated with methamphetamine. As methamphetamine is often produced in makeshift “labs,” it poses significant health and environmental risks to the community. The materials needed to manufacture methamphetamine are highly flammable and produce toxic waste that can be introduced into the environment (NDIC, 2005). Thus, while the number of users may be low compared to other illegal drugs (King, 2006) the impact of the drug goes beyond those that simply use the drug. Children living in these environments are often exposed to toxic fumes and are at risk of burns from fires and explosions in “meth labs.” According to research conducted by the NDIC, child neglect and abuse are common within families that produce or use methamphetamine (2005). Given this fact, it is not surprising that nearly 60 percent of the prosecutors responding to the survey indicated an increase in cases involving child endangerment and methamphetamine.

Recognizing the need for specialized drug programs to address the methamphetamine issue, approximately 22 percent of prosecutors have implemented programs that deal exclusively with methamphetamine drug cases and abuse. As drug-related crime involving methamphetamine is a relatively recent phenomenon, many jurisdictions are implementing programs focused on the dangerous effects this drug poses in terms of usage, manufacturing, and distribution. Currently, jurisdictions, particularly small jurisdictions, are beginning to implement programs targeting methamphetamine use as this is now a crisis in many communities across the nation.

# DRUG PROSECUTION AND PREVENTION PROGRAMS<sup>2</sup>

As the criminal justice system strives to hold offenders accountable and protect public safety, many prosecutors have integrated education, treatment, and prevention into the criminal justice response to drug use and drug-related crime. As shown in Exhibit 12, when asked how their efforts in drug crime prevention and treatment have changed in the last five years, most prosecutors indicated increases in prosecution, collaboration with multiple agencies, treatment, drug courts, and the use of asset forfeiture. Through many of the efforts listed in Exhibit 12, offenders who previously would have received little to no treatment are now enrolled in programs that may have a positive impact on future behaviors. Many important issues, such as adequate resources, the extent of the problem, and type of problem dictate the response of local and state prosecutors.

**Exhibit 12: Changes in Drug Crime Prevention and Treatment Efforts Implemented by Jurisdictions in the Last Five Years\***

Prevention and Treatment Effort	Percentage of Respondents with Specified Program	Number of Respondents with Specified Program
Increased Prosecution	59.0%	332
More Restorative/Community Prosecution	11.5%	65
Implemented a New Drug Court	36.8%	207
Increased Use of Asset Forfeiture	38.5%	217
More Collaboration with Other Agencies	47.1%	265
Focus on New Target Population	13.9%	78
More Treatment	41.6%	234
Increased Use of Diversion	23.4%	132
No Change	7.6%	43

*\*Please note: Percentages are based on those that responded to this question. Respondents could fill in more than one program.*

<sup>2</sup> For detailed descriptions of all the programs submitted by respondents for inclusion in this study, please refer to the National District Attorneys Association, American Prosecutors Research Institute's Drug Prosecution and Prevention Web site.

**Exhibit 13: Drug Programs Implemented Across Jurisdictions\***

<b>Drug Programs</b>	<b>Percentage of Respondents with Specified Program</b>	<b>Number of Respondents with Specified Program</b>
Diversion/Alternative to Incarceration	65.2%	345
Drug Court	49.3%	264
Law Enforcement Drug Task Force	83.4%	448
Multi-disciplinary Partnerships/ Coalition of Agencies	52.1%	273
Community-based Public Safety/ Community Prosecution	27.2%	138
Faith-based Prevention/Intervention Programs	13.7%	71
General Prevention/Education	64.6%	347
Nuisance Abatement/Eviction	18.6%	94

*\*Please note: Percentages are based on those that responded to this question. Respondents could fill in more than one program.*

Although there were differences in the approaches various offices participating in the study took to address their community’s particular drug problem, some consistent themes were identified. As shown in Exhibit 13, a majority of the jurisdictions implemented law enforcement drug task forces, diversion/alternatives to incarceration programs, and general prevention/education programs. A large number of jurisdictions represented implemented multidisciplinary partnerships and drug courts. The Office of National Drug Control Policy (ONDCP, 2001) confirmed APRI's study findings in that, drug offenders are often diverted from the criminal justice system and into community-based supervision, treatment as part of probation, or assigned to transitional services as they leave an institutional program. Community-based treatment and rehabilitation services are typically provided in conjunction with criminal justice sanctions and procedures that reinforce each other (ONDCP, 2001).

The proliferation of drug courts and other specialized courts have increased in popularity and numbers in recent years. Drug courts often combine intensive supervision, judicial monitoring, drug testing, and drug treatment to reduce recidivism and other problem behaviors (Banks & Gottfredson, 2004). Overall, research examining the effectiveness of drug courts has been very positive. Specifically, there is evidence to support the notion that drug courts are effective and positively impact the criminal justice system as demonstrated by the lower rates of recidivism when compared to individuals who have not received court-supervised treatment (Sanford & Arrigo, 2005). From the information provided by participants, drug courts and related programs were implemented specifically to address the needs of a particular community. Programs ranged from pre-trial diversion to post-conviction rehabilitation, from juvenile to adult, high-risk felony offenders to first-time misdemeanor offenders. In general, the drug courts combined intensive supervision, progress monitoring, and drug testing and treatment to reduce problematic behaviors.

The programs submitted for this research often focused on building support networks for offenders. Ideally, these support networks help offenders gain access to resources necessary to make rehabilitation possible. Support for offenders was typically generated through associations with community organizations, faith-based groups, and enhanced familial networks. In general, these programs were described as deferred prosecution or diversion programs whereby charges were dismissed once the offender successfully completed treatment. Many jurisdictions require an initial intake assessment once the offender enters the criminal justice system as these programs are often tailored to the individual. The purpose of this is to accurately identify offender motivation and to begin the rehabilitative process. Treatment programs generally last anywhere between nine and twelve months and involve in-patient residential care, out-patient centers, or a combination of both.

Many respondents also indicated that they had formed collaborative relationships with other agencies such as local, state, and federal law enforcement, schools, social services, and medical and mental health facilities, suggesting that forming collaborative relationships with other agencies is an essential component in building successful prosecution and prevention programs. This was especially the case in many rural jurisdictions. Collaboration with neighboring jurisdictions or other stakeholders allowed areas to combine resources to more effectively deal with the drug problem. These partnerships not only mobilized an increased amount of resources but also facilitated cross-jurisdictional information sharing that could be used for future initiatives.

Partnerships with law enforcement agencies also resulted in many effective anti-drug task force programs. Cross-training between various agencies that respond to drug crimes such as law enforcement, emergency medical services, and child protective services, in general has increased the understanding of each agency's role and how these agencies can better assist each other. Moreover, working together with civil officials, offices have developed and maintained nuisance abatement policies which have proven instrumental in many jurisdictions. By closing problematic properties associated with drugs, offices have been able to lower drug crime in troublesome communities. In some cases, offices have secured funds through the sale of forfeited assets in order to finance future investigative efforts.

Within the community, many offices have implemented programs that address adolescent drug use in an effort to address or prevent any future drug involvement. The majority of these programs are school-based prevention programs, such as Drug Abuse Resistance Education (D.A.R.E.) and Gang Resistance Education and Training (G.R.E.A.T.). Additionally, in some jurisdictions, staff from the prosecutor's office presents materials to students and other community members on issues related to drug abuse. This interaction helps to reinforce the office's commitment to fighting the problem of drugs within the community and also provides an opportunity for prosecutors to interact with community members in a non-threatening informal setting.

Furthermore, many offices are now employing a multimedia approach to disseminate information on the harmful effects of drugs and drug use for a community. For example, numerous offices have developed innovative Web sites that provide information on the devastating consequences of drug use, available treatment programs, informative links to other helpful sites, and advice for parents and other individuals struggling with addicted family members or friends. Offices have also embraced other methods such as public service announcements, pamphlets, fact sheets, posters, billboards, videos, and DVDs to circulate valuable information.

## CONCLUSION

Unfortunately, as the prison and jail population grows and state and federal resources decline, there will be an increased reliance on prosecutors, as leaders in their communities, to assist in finding alternative solutions to incarceration without sacrificing public safety. There is a growing concern regarding the effectiveness of incarceration as the best strategy for drug offenders. Furthermore, while strategies may include incarceration, prosecutors are at the forefront to augment existing criminal justice measures to address the drug problem across the nation. Through a combination of prison and community-based resources, treatment can reduce future drug use and criminal behavior and facilitate better social functioning (National Institute on Drug Abuse [NIDA], 1999). As a result, local and state prosecutors throughout the country have created unique proactive strategies to address the drug problem in their communities. Despite the diversity of these strategies, all have the goal of keeping the public safe while eradicating drug production, use and other drug-related crime in their communities.

To understand drug abuse and associated crime in a particular community, it is critically important to recognize how the environment, regional geography, economy, and the socioeconomic characteristics of the population lay the foundation for certain drugs to thrive in certain communities while others do not. The types of drugs used and *how* they are used varies considerably from one geographic area to another. Assessing the impact of certain drugs on communities, the effectiveness of drug programs, and the level of resources devoted to the drug problem must include a careful understanding of regional and geographic differences. Drug abuse and associated crime are evolving phenomena which respond to technological, geographic, and socioeconomic changes in the environment. Therefore, programs and strategies must be equally adaptable. Prosecutors throughout the country have embraced this notion as verified by the plethora of programs and strategies implemented throughout the country. Furthermore, given the regional differences in drug use, drug associated crime, and differences in users across sub-population groups, a program that may work in one community may not work in another. The potential benefits of these strategies initiated or led by prosecutors can allow for more efficient use of court time and resources that may be devoted to more serious crimes. In addition, many of the programs described by respondents generally offer the offender an opportunity for rehabilitation and the possibility of avoiding a charge and conviction. Ultimately, when the offender has completed the program the risk of becoming a repeat offender is typically diminished (Ulrich, 2002).

Drug courts are the most commonly implemented program and most research on drug court programs indicate these programs are successful. However, while drug task forces and community-based coalitions have been very popular they have not been thoroughly examined to learn what is effective and what is not. Nevertheless, despite these issues it is clear the drug problem is multidimensional and requires the cooperation of many. Prosecutors across the nation understand this and are working in collaboration with local, state, and federal law enforcement officers, government officials, educators, and community leaders to develop effective drug education, prevention, and treatment programs within their jurisdictions. For more information and additional resources on how to address drug problems in your community, please refer to Appendix.

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## APPENDIX: LIST OF RESOURCES

### **Bureau of Justice Assistance**

810 Seventh Street NW  
Fourth Floor  
Washington, DC 20531  
(202) 616-6500  
<http://www.ojp.usdoj.gov/BJA/about/index.html>

### **Drug Enforcement Administration**

Mailstop: AES  
2401 Jefferson Davis Highway  
Alexandria, VA 22301  
(202) 307-1000  
<http://www.dea.gov/>

### **National Institute on Drug Abuse**

6001 Executive Boulevard  
Room 5213  
Bethesda, MD 20892  
(301) 443-1124  
<http://www.nida.nih.gov/>

### **Office of National Drug Control Policy**

Drug Policy Information Clearinghouse  
P.O. Box 6000  
Rockville, MD 20849  
(800) 666-3332  
<http://www.whitehousedrugpolicy.gov/>

### **Substance Abuse and Mental Health Services Administration**

1 Choke Cherry Road  
Rockville, MD 20857  
(240) 276-2000  
<http://www.samhsa.gov/indexnew.aspx>



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