

# An Analysis of Drug Treatment Courts in New York State

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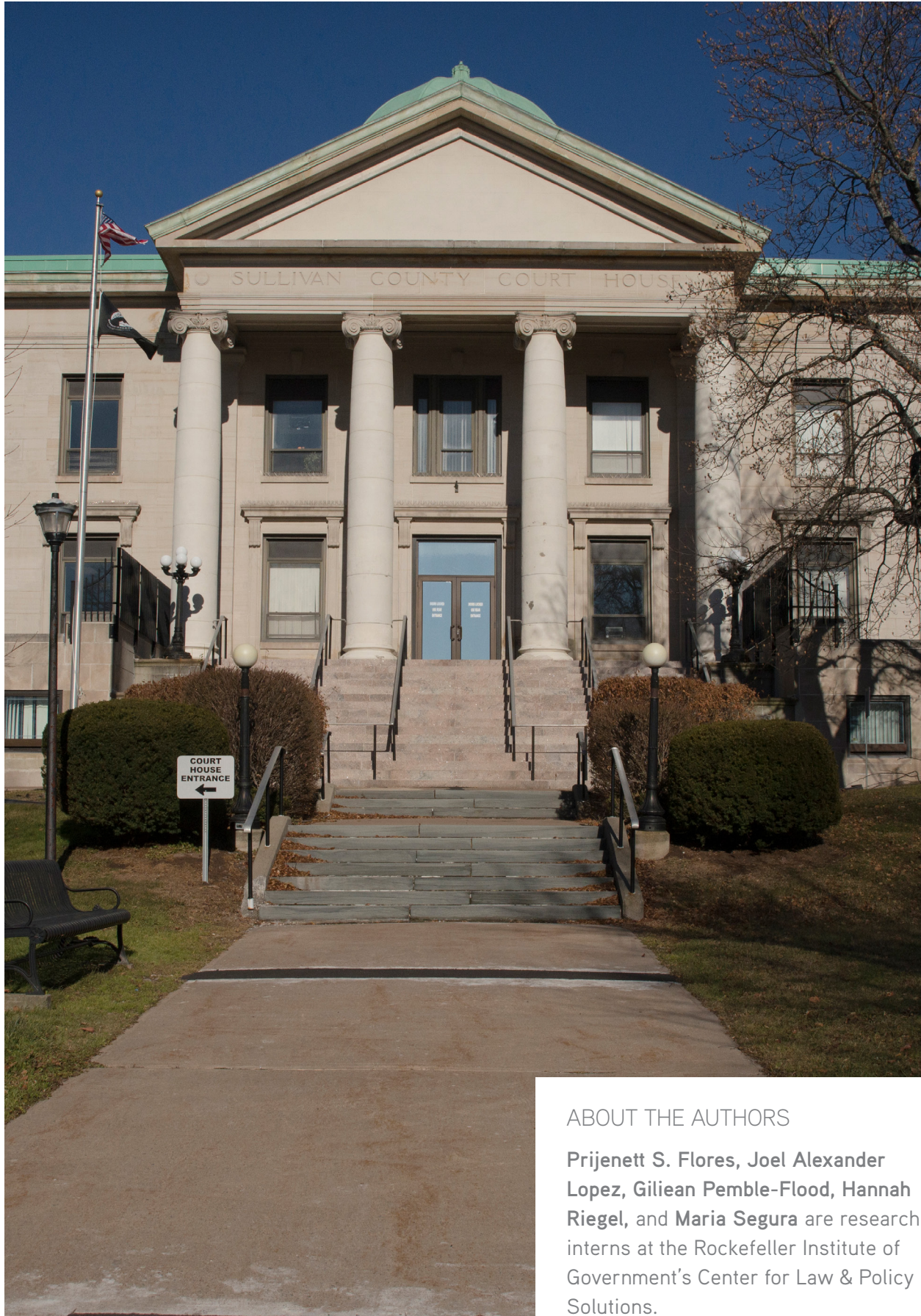
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“It was a great opportunity. Drug treatment court was able to really help me and hold my hand and also kind of smack me on the hand. I found it very helpful.... I also ... found it very frustrating and at times overwhelming because there’s just so much involved.”

— Jamie, a participant in the New York 3rd Judicial District drug court.

The United States continues to struggle with its ever-growing drug problem. In 2016, drug overdose deaths claimed the lives of more than 64,000 Americans alone, with no sign of subsiding.<sup>1</sup> Of these, nearly 66 percent of drug overdose deaths involved an illicit or prescription opioid, which is five times higher than the number of opioid overdose deaths in 1999.<sup>2</sup> In New York, the numbers are staggering. A recent report from the Rockefeller Institute of Government found a 121 percent increase in the state’s number of opioid deaths, from 1,760 total deaths in 2010 to 3,894 in 2016.<sup>3</sup>

As the crisis escalates, federal, state, and local policymakers continue to search for solutions. One area that has enjoyed significant bipartisan support has been the use of drug courts. For example, in August 2017, former Speaker of the House Newt Gingrich and Van Jones, president of the national advocacy organization #cut50, joined forces to argue that drug treatment courts offer a “life-saving alternative” for people with substance abuse disorders.<sup>4</sup> The unlikely duo went on to explain how drug courts can leverage the criminal justice system to achieve results: “Instead of jailing people with serious drug problems only to watch them fall back into the throes of their addiction immediately upon release, drug courts are an alternative to incarceration that use the leverage of the courts to connect people with long-term treatment and supportive programming.”

### THIS REPORT:

- + Summarizes the origins of drug treatment courts throughout the United States and examines whether they are equipped to handle the opioid crisis.
- + Presents an in-depth examination of drug treatment courts in New York’s 3rd Judicial District, which spans much of the Capital Region.
- + Identifies challenges for the implementation of drug treatment courts in New York State and offers possible solutions.

1 “Multiple Cause of Death Data 1999-2016,” Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database, last reviewed December 20, 2017, <https://wonder.cdc.gov/mcd.html>. Data are compiled from data provided by the fifty-seven vital statistics jurisdictions through the Vital Statistics Cooperative Program.

2 “Drug Overdose Death Data,” Centers for Disease Control and Prevention, last updated December 19, 2017, <https://www.cdc.gov/drugoverdose/data/statedeaths.html>.

3 Jim Malatras, *By the Numbers: Opioid Deaths Continue to Surge* (Albany: Rockefeller Institute of Government, March 2018): 4, <http://rockinst.org/wp-content/uploads/2018/03/2018-03-21-By-the-Numbers-Opioid-Deaths.pdf>.

4 Newt Gingrich and Van Jones, “Drug Courts Can Help Solve the Opioid Crisis,” *Time Magazine*, August 1, 2017, <http://time.com/4882507/newt-gingrich-van-opioid-epidemic-drug-courts/>.



In this report we examine the effectiveness of existing drug treatment courts and whether they are equipped to handle the opioid problem, specifically by keeping participants from relapsing and committing future drug-related crimes. In addition to summarizing the origins and effectiveness of drug treatment courts throughout the United States, we conduct an in-depth examination of drug courts in New York State's 3rd Judicial District, which spans much of the Capital Region.

We chose the 3rd Judicial District due to its close proximity and access to participants, as well as the geographic diversity of the district, which includes vast rural counties and condensed urban centers. Moreover, in places like Columbia and Albany Counties, local law enforcement have successfully experimented with alternatives to drug court, including community-based, harm-reduction interventions. In order to measure the potential effectiveness of certain elements of the program, and assess alternatives, we attempted to collect statistical data on the total number of referrals, participants, and graduates of each court; their ethnic, racial, and gender composition; as well as recidivism and retention rates. However, our request for data was rejected by the Unified Court System's Office of Policy and Planning, alongside our request to interview drug court coordinators. While a Freedom of Information Law (FOIL) Request is pending with the Office of Court Administration, the analysis that follows is based primarily on our interviews with public defenders, district attorneys, former drug court participants, treatment providers, and other members of the community who have direct or indirect experience working with drug treatment courts. From the comprehensive interview and national survey data, we recommend solutions that, if brought to scale, could make drug courts more effective, especially in New York State.

## Mass Incarceration as a Precursor to Drug Treatment Courts

In recent years, the opioid crisis has precipitated a sea change in the way people think and talk about substance abuse — from criminal behavior that must be prosecuted to a disease requiring medical treatment. Despite changes in attitudes about substance abuse, however, drug treatment courts were not created to eradicate addiction. Instead, they were designed to reverse the effects of mass incarceration.

From the time of their inception in the mid-1980s, drug treatment courts were viewed as necessary to reverse the effects of harsh drug laws that resulted in the explosion of the US prison population. Such laws date back to June 1971 when President Richard Nixon declared drug abuse “public enemy number one in the United States” in a special message to Congress.<sup>5</sup> As part of the War on Drugs, President Nixon called for an “all-out offensive,” doubling the manpower of the Bureau of Narcotics and Dangerous Drugs and consolidating the government's drug control activities under the umbrella of the newly created Drug Enforcement Administration.<sup>6</sup> In the 1980s, President Ronald Reagan dramatically expanded the War on Drugs, signing the Sentencing Reform Act, which abolished federal parole, and supporting the Anti-Drug Abuse Act of 1986, which

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5 Richard Nixon, “Remarks About an Intensified Program for Drug Abuse Prevention and Control,” June 17, 1971, <http://www.presidency.ucsb.edu/ws/index.php?pid=3047#axzz1PCJydjI5>.

6 Steven Wisotsky, *Beyond the War on Drugs: Overcoming a Failed Public Policy* (Amherst: Prometheus Books, 1990): 3.

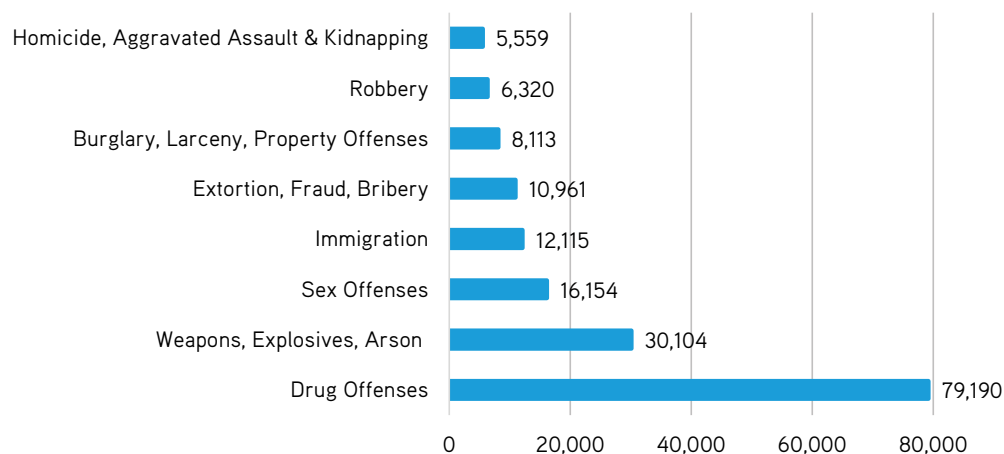


created mandatory minimum sentencing laws for drugs such as cannabis, heroin, and crack cocaine.<sup>7</sup> For his part, President Bill Clinton enforced the 100-to-1 sentencing disparity for crack versus powdered cocaine; supported laws denying financial aid to students with drug convictions; and imposed a lifetime ban on social assistance for anyone convicted of a felony drug offense.<sup>8</sup>

Over time, the War on Drugs caused incarceration rates to skyrocket. By 2010, about half of all federal prisoners were incarcerated due to drug offenses, whereas nearly one-fifth of state prison inmates were serving time for similar offenses.<sup>9</sup> Most of those incarcerated abused or were addicted to drugs. According to a special report issued by the Bureau of Justice Statistics in 2007, 53 percent of state prisoners and 45 percent of federal prisoners were reported to have a dependency or struggle with substance abuse, but only 15 percent of state prisoners and 17 percent of federal prisoners were reported to have received professional treatment.<sup>10</sup> As of April 2018, the Federal Bureau of Prisons reports there are 79,190 inmates held on drug-related offenses.<sup>11</sup> As a percentage (46.2), drug-related incarceration is higher than the total number of people held on burglary (4.7), extortion (6.4), homicide (3.2), and weapons (17.6) combined (Figure 1).

In New York, many of these harsh drug policies were replicated at the state level through enactment of the Rockefeller Drug Laws. Overall, they entailed harsh criminal

FIGURE 1. Number of Individuals Incarcerated in the Federal Prison System, April 2018



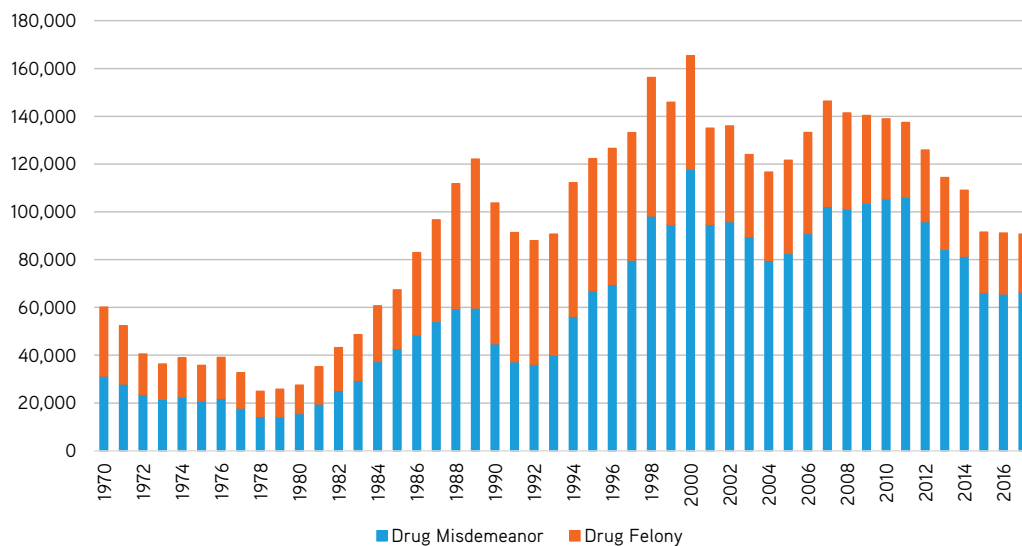
SOURCE: Federal Bureau of Prisons. Offenses not shown include Miscellaneous; Courts or Correction; Banking and Insurance, Counterfeit, Embezzlement; Continuing Criminal Enterprise; and National Security.

7 “Thirty Years of America’s Drug War: A Chronology,” PBS *Frontline*, accessed May 18, 2018, <https://www.pbs.org/wgbh/pages/frontline/shows/drugs/cron/>.  
 8 Michelle Alexander, “Why Hillary Clinton Doesn’t Deserve the Black Vote,” *The Nation*, February 10, 2016, <https://www.thenation.com/article/hillary-clinton-does-not-deserve-black-peoples-votes/>.  
 9 Paul Guerino, Paige M. Harrison, and William J. Sabol, *Prisoners in 2010* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Revised February 9, 2012), <https://www.bjs.gov/content/pub/pdf/p10.pdf>.  
 10 Doris J. James and Lauren E. Glaze, *Mental Health Problems of Prison and Jail Inmates* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Revised December 14, 2006), <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>.  
 11 “Offenses,” Federal Bureau of Prisons, Last Updated April 28, 2018, [https://www.bop.gov/about/statistics/statistics\\_inmate\\_offenses.jsp](https://www.bop.gov/about/statistics/statistics_inmate_offenses.jsp).

penalties for drug crimes, including a mandatory minimum of fifteen years to life in prison for selling heroin, morphine, cocaine, or cannabis. As one historian observed, the Rockefeller Drug Laws “served as inspiration for the War on Drug policies enacted nationwide that have fueled the unprecedented recent explosion in mass incarceration.”<sup>12</sup>

As a result of the Rockefeller Drug Laws, New York’s prison population exploded. Between 1973, when the legislation was signed, and 1995, when the first drug treatment court was established in Rochester, there was a 236 percent increase in the total number of felony and misdemeanor drug arrests, from 36,363 drug arrests in 1973 to 122,260 arrests in 1995 (see [Figure 2](#)). Since New York repealed most of the Rockefeller drugs laws in 2009,<sup>13</sup> the number of individuals incarcerated for drug crimes has decreased, yet a sizable number of people continue to serve time on drug-related charges. Of the 51,744 inmates currently held under the Department of Corrections and Community Supervision, 12.6 percent are drug offenders.<sup>14</sup>

FIGURE 2. Number of Drug Arrest in New York, 1970-2017



SOURCE: “Adult Arrests by County: Beginning 1970,” Open NY Data Panel, Updated March 2, 2018, <https://data.ny.gov/Public-Safety/Adult-Arrests-by-County-Beginning-1970/rikd-mt35>.

It is worth noting that, while the War on Drugs has had devastating effects on many, it has had a disproportionate impact on people of color in America. For example, by the early 2000s, Human Rights Watch — a group that conducts research and advocacy on human rights worldwide — reported that 56 percent of drug offenders in state prison nationwide were black, and that the rate of drug admissions to state prison for black

12 Julilly Kohler-Hausmann, “‘The Attila the Hun Law’: New York’s Rockefeller Drug Laws and the Making of a Punitive State,” *Journal of Social History* 44, 1 (2010): 71-95.

13 Joe Pompeo, “Finally: New York Repeals Rockefeller Drug Laws,” *Observer*, March 31, 2009, <http://observer.com/2009/03/finally-new-york-repeals-rockefeller-drug-laws/>.

14 Kim Dworakowski, *Under Custody Report: Profile of Under Custody Population As of January 1, 2016* (Albany: NYS Department of Corrections and Community Supervision, April 2016), [http://www.doccs.ny.gov/Research/Reports/2016/UnderCustody\\_Report\\_2016.pdf](http://www.doccs.ny.gov/Research/Reports/2016/UnderCustody_Report_2016.pdf).



men was thirteen times greater than the rate for white men.<sup>15</sup> In New York, people of color continue to be imprisoned at a disproportionate rate. In 2016, black men and women comprised 17.7 percent of the state's general population, but constituted 48.6 percent of the inmates under custody.<sup>16</sup>

## Drug Courts Emerge as an Alternative to Incarceration

Against this backdrop, drug treatment courts emerged as an alternative to incarceration, first in Miami-Dade County, Florida, and then beyond. As a response to an ever-growing crack cocaine epidemic, and the increased human and financial costs of incarceration, officials in Miami-Dade sought to reduce caseloads by developing a court-based drug abuse treatment approach. In 1989, Chief Judge Gerald Wetherington, Judge Herbert Klein, State Attorney Janet Reno, and Public Defender Bennett Brummer announced the opening of the nation's first drug court. What set these courts apart from traditional criminal courts was an emphasis on diverting offenders from incarceration through a mixture of drug treatment and court supervision. As of June 2015, there were over 3,000 drug courts in operation throughout the United States.<sup>17</sup>

In New York, the first adult drug court was established in Rochester in 1995, prompted by a dramatic increase in the number of drug arrests throughout the 1970s, 1980s, and 1990s. In her 1999 State of the Judiciary Address, former New York Court of Appeals Chief Judge Judith S. Kaye commented on the continuing cycle of addiction and incarceration: "While major crime rates are heading toward record lows, filings in our criminal courts are soaring to an all-time high."<sup>18</sup> By not effectively treating the problem of substance abuse, Judge Kaye believed that individuals released from prison would continue to engage in the very same behavior that put them in prison in the first place. Thus, drug courts were considered necessary to end the "revolving door nature of justice," namely by connecting people to treatment and not rushing them to prison.<sup>19</sup>

Overall, drug treatment courts have shown some success in lowering crime rates and reducing recidivism. Indeed, a recent review of the literature found that participation in drug courts reduces recidivism by 38 to 50 percent.<sup>20</sup> For this reason, state and federal lawmakers are apt to look to drug courts as a solution to the opioid crisis. However, it is not clear to what extent these courts are equipped to do so. Turning now to an analysis of the 3rd Judicial District, we provide a brief overview of the

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PERCENT

15 Jamie Fellner, "Punishment and Prejudice: Racial Disparities in the War on Drugs," *Human Rights Watch* 12, 2 (2000), <https://www.hrw.org/reports/2000/usa/>.

16 Dworakowski, *Under Custody Report*.

17 "Drug Courts," National Institute of Justice, Modified January 10, 2017, <https://www.nij.gov/topics/courts/drug-courts/Pages/welcome.aspx>.

18 Chief Judge Judith S. Kaye, "State of the Judiciary Address, February 8, 1999," NYCOURTS.GOV, <https://www.nycourts.gov/admin/stateofjudiciary/stofjud9/State99.htm>.

19 Rebecca Tiger, "Drug Court and the Logic of Coerced Treatment," *Sociological Forum* 26 1 (2011), 169-82.

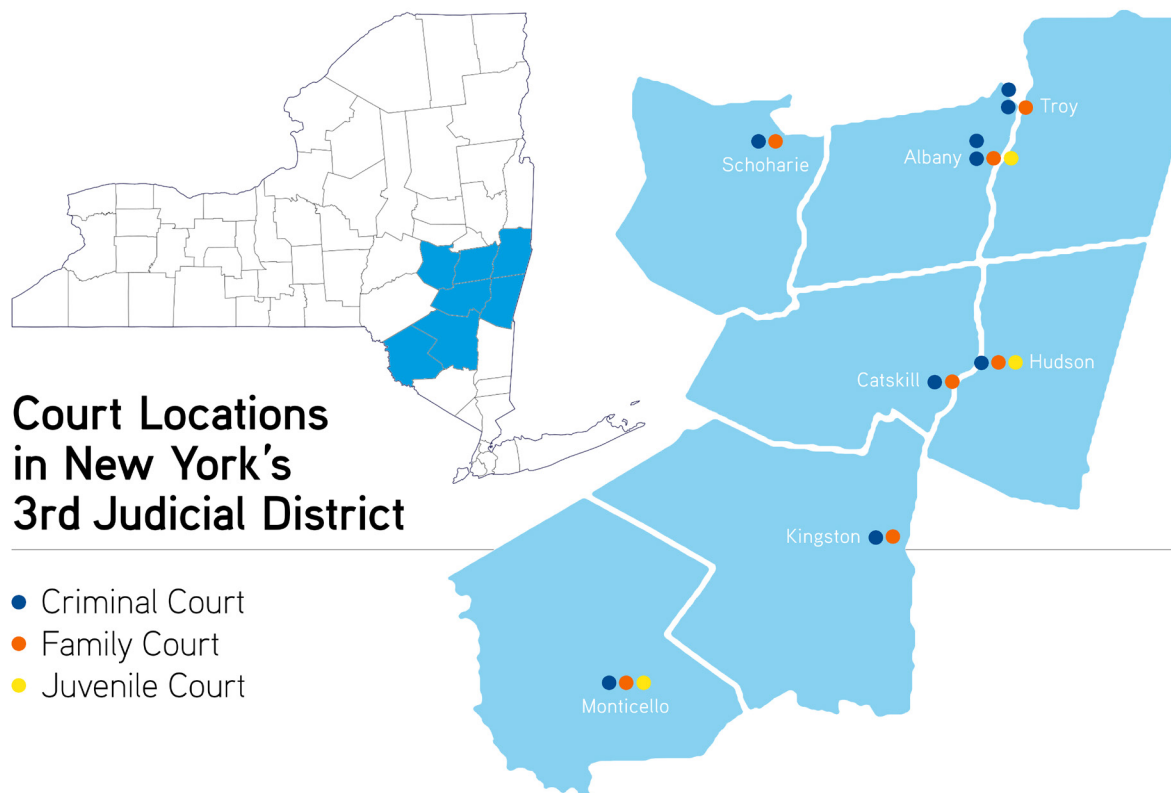
20 Ojmarrh Mitchell, David B. Wilson, Amy Eggers, and Doris L. MacKenzie, "Assessing the Effectiveness of Drug Courts on Recidivism: A Meta-Analytic Review of Traditional and Non-Traditional Drug Courts," *Journal of Criminal Justice* 40, 1 (2012): 60-71.

different types of drug courts in the area, identify challenges to their implementation, and suggest possible solutions for bringing drugs courts to scale.

### An Overview of the 3rd Judicial District

New York State’s 3rd Judicial District is comprised of the following seven counties: Albany, Columbia, Greene, Rensselaer, Schoharie, Sullivan, and Ulster. These counties contain a total of nineteen drug treatment courts between them, none of which served a drug treatment function prior to 1995 (see [Figure 3](#)). By Census Bureau standards, four of the counties (Columbia, Greene, Schoharie, and Sullivan) are considered mostly rural, with more than 70 percent of the total population living in rural areas, whereas the remaining three counties (Albany, Rensselaer, and Ulster) are considered mostly urban.<sup>21</sup> Overall, the population size of each county ranges from approximately 304,000 in Albany County to 33,000 in Schoharie County; however, all counties are comprised of a majority white population.

FIGURE 3. The 3rd Judicial District



<sup>21</sup> According to the U.S. Census Bureau, counties with less than 50 percent of the population living in rural areas are classified as mostly urban; 50 to 99 percent are classified as mostly rural; 100 percent rural are classified as completely rural. See the “County Classification Lookup Table” at “Geography: Urban and Rural,” U.S. Census Bureau, accessed May 18, 2018, <https://www.census.gov/geo/reference/urban-rural.html>.



There are several different types of drug treatment courts throughout the 3rd Judicial District, including Adult Criminal Courts, Family Courts, and Juvenile Courts (see [Figure 3](#)). Although they vary greatly in target populations, program designs, and service resources, each court follows a general model of therapeutic jurisprudence. Therapeutic jurisprudence generally entails judicial monitoring of substance abuse treatment, frequent drug testing, and the use of sanctions for noncompliance.<sup>22</sup>

## How Drug Courts Work

Generally speaking, defendants facing felony or misdemeanor charges with substance abuse disorders may be eligible to participate in drug treatment court. Prior to changes in the state's drug laws in 2009, the district attorney had sole authority to decide which cases would be referred to drug court. However, enactment of Article 216 of the Criminal Law Procedure expanded opportunities for participation by allowing judges to offer treatment alternatives without the district attorney's approval.<sup>23</sup> Once a case has been referred, eligible defendants must present evidence of having an addiction. Typically, this entails undergoing an evaluation by a certified substance abuse provider. Once completed, the results of the evaluation are disseminated to the defendant's attorney, the prosecutor, and other members of the drug court team for the purpose of determining whether the individual should be offered judicial diversion for treatment. If the defendant is allowed to participate, they must enter a guilty plea to the charges against them. However, Article 216 authorizes members of the drug court team to consent to their participation without a guilty plea. While research suggests that the "post-plea" model promotes retention by enhancing leverage over the participant (i.e., the inevitability of incarceration upon failure),<sup>24</sup> the "pre-plea" model affords participants who fail the program an opportunity to argue their criminal case before a judge.<sup>25</sup>

[Figure 4](#) gives a short overview of the drug court process, including a discussion of eligibility criteria, treatment services, and graduation requirements.<sup>26</sup>

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22 Eric L. Sevigny, Harold A. Pollack, and Peter Reuter, "Can Drug Court Help to Reduce Prison and Jail Populations?," *The Annals of the American Academy of Political and Social Sciences* 647, 1 (2013): 190-212.

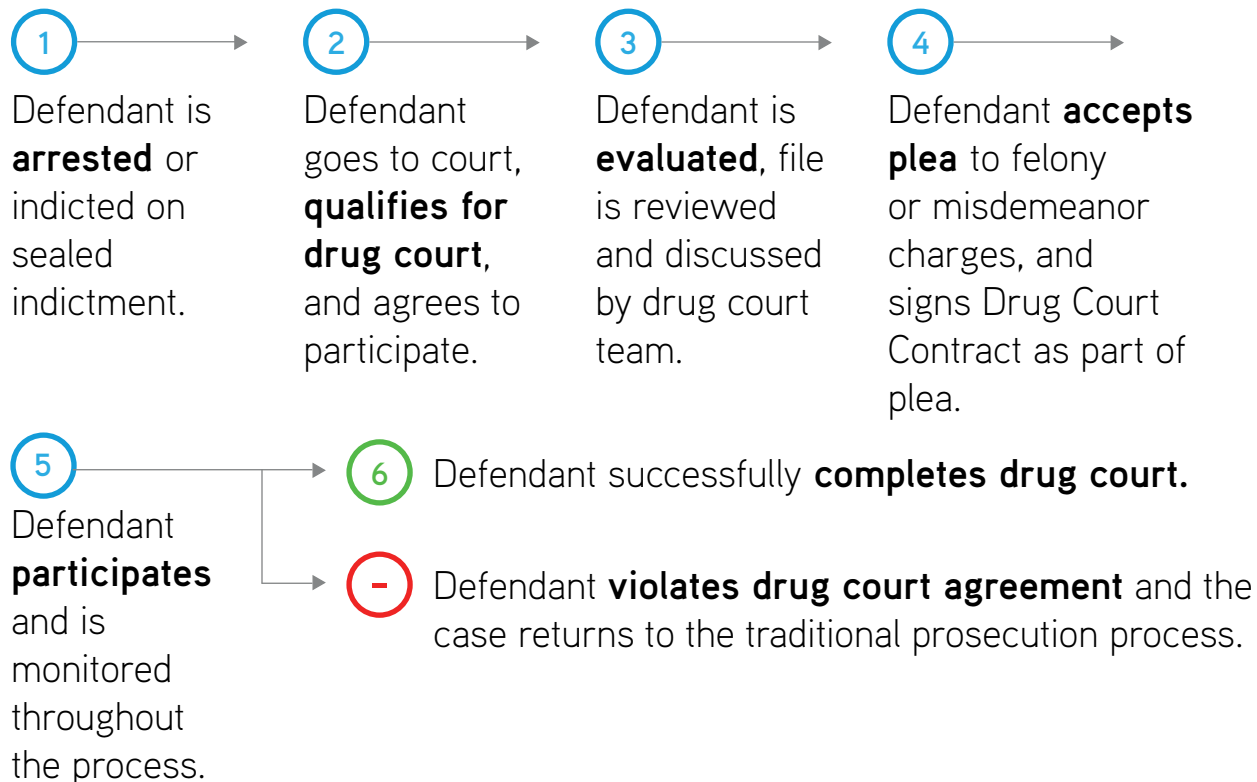
23 *Felony Drug Court Activity Among Offenders Eligible Under 2009 Drug Law Changes: 2008-2010* (Albany: New York State Division of Criminal Justice Services, November 2011), <http://www.criminaljustice.ny.gov/drug-law-reform/documents/drug-court-activity-report.pdf>.

24 *Recommended Practices: New York State Adult Drug Treatment Courts* (Albany: Advisory Committee for Recommended Practices for New York State Criminal Drug Treatment Courts, July 2008), [https://www.courtinnovation.org/sites/default/files/Recommended\\_Practices\\_10.pdf](https://www.courtinnovation.org/sites/default/files/Recommended_Practices_10.pdf).

25 Michael Rempel, Dana Fox-Kralstein, Amanda Cissner, Robyn Cohen, Melissa Labriola, Donald Farole, Ann Bader, and Michael Magnani, *The New York State Adult Drug Court Evaluation: Policies, Participants, and Impacts* (New York: Center for Court Innovation, October 2003), <http://www.courts.state.ny.us/whatsnew/pdf/nysadultdrugcourtevaluation.pdf>; also Ibid.

26 One of the limitations of our study was that the Unified Court System's Office of Policy and Planning blocked our request to interview resource coordinators and other court personnel. Therefore, we do not have court-specific data on eligibility criteria, treatment services, or graduation requirements. We strongly encourage the Unified Court System to make such information publicly available, in part so that researchers can analyze their effectiveness, but also to familiarize potential participants and the general public about their day-to-day operations.

FIGURE 4. The Drug Court Process



SOURCE: Albany County District Attorney's Office, "The Drug Court Process," accessed May 23, 2018, <http://www.albanycountyda.com/Bureaus/RevJohnUMillerOR/CommunityProsecution/drugcourtprocess.aspx>.

### Eligibility

Generally, any individual with a substance abuse disorder is eligible for drug court, but with some exceptions. For example, a defendant who is charged with a violent felony offense is typically not eligible for diversion, even though specific policies vary from court to court. In Ulster County, for example, individuals who are charged with burglary are still eligible for drug court. "A lot of times we see people breaking into empty homes to steal belongings to sell to buy their drugs," one member of the drug court team explained. "So that's why we've included burglary even though per the penal law it is considered a violent offense."<sup>27</sup> The district attorney in Sullivan County also makes exceptions for burglary. "Say, for example that you victimize your family," he explained, "and your family wants you to go to drug court, then in a case like that, I might divert someone who burglarized their parents' home or their grandparents' home."<sup>28</sup> Considering the strong correlation between the price of heroin and property crime, such policies reflect the realities of drug addiction. Indeed, one study found that approximately 40 percent of all property crime in the US was committed by drug users, in part to purchase narcotics.<sup>29</sup>

<sup>27</sup> Interview # 02\_03262018.

<sup>28</sup> Interview # 09\_04242018.

<sup>29</sup> George Speckart and M. Douglas Anglin, "Narcotics and Crime: An Analysis of Existing Evidence for a Causal Relationship," *Behavioral Sciences & the Law* 3, 3 (1985): 259-82.





There is also variation in eligibility when it comes to driving under the influence of alcohol, due in no small part to the public safety risk involved. As the district attorney in Sullivan County pointed out: “Anyone of us, me included, who live in this county, could be the victim of a drunk driver.”<sup>30</sup> Because people with alcohol convictions are not entitled to diversion in state prison under Article 216 — and because alcohol (unlike illicit drugs) is legal, readily available, and therefore considered more dangerous — the district attorney in Sullivan County opts not to divert driving while intoxicated (DWI) cases. By comparison, in Ulster County, where the district attorney’s position has changed on the issue, one member of the Drug Court Team explained that DWI cases “have been some of our best successes.”<sup>31</sup>

People with primary psychiatric disorders are also generally excluded from drug treatment courts, based on the recommended practices of the Office of Court Drug Treatment Programs.<sup>32</sup> However, such criteria are problematic in that nearly 25 percent of those who receive a diagnosis for a mental health disorder also have substance abuse disorders.<sup>33</sup> In New York, individuals with co-occurring mental disorders are instead eligible for mental health courts, but there are currently no operating mental health treatment courts in the 3rd Judicial District. Again, standards vary from court to court. While some courts, like the Albany Regional Treatment Court, exclude people with mental health disorders, others, including the Ulster County Court, allow for people with co-occurring disorders to participate in the program, offering treatment options for their mental health as well as their substance abuse problems.<sup>34</sup>

Finally, eligibility requirements can also include place of residence. In order to qualify for Albany County’s drug court, for example, one must have established residency in the Capital Region for at least one year.

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30 Interview # 09\_04242018.

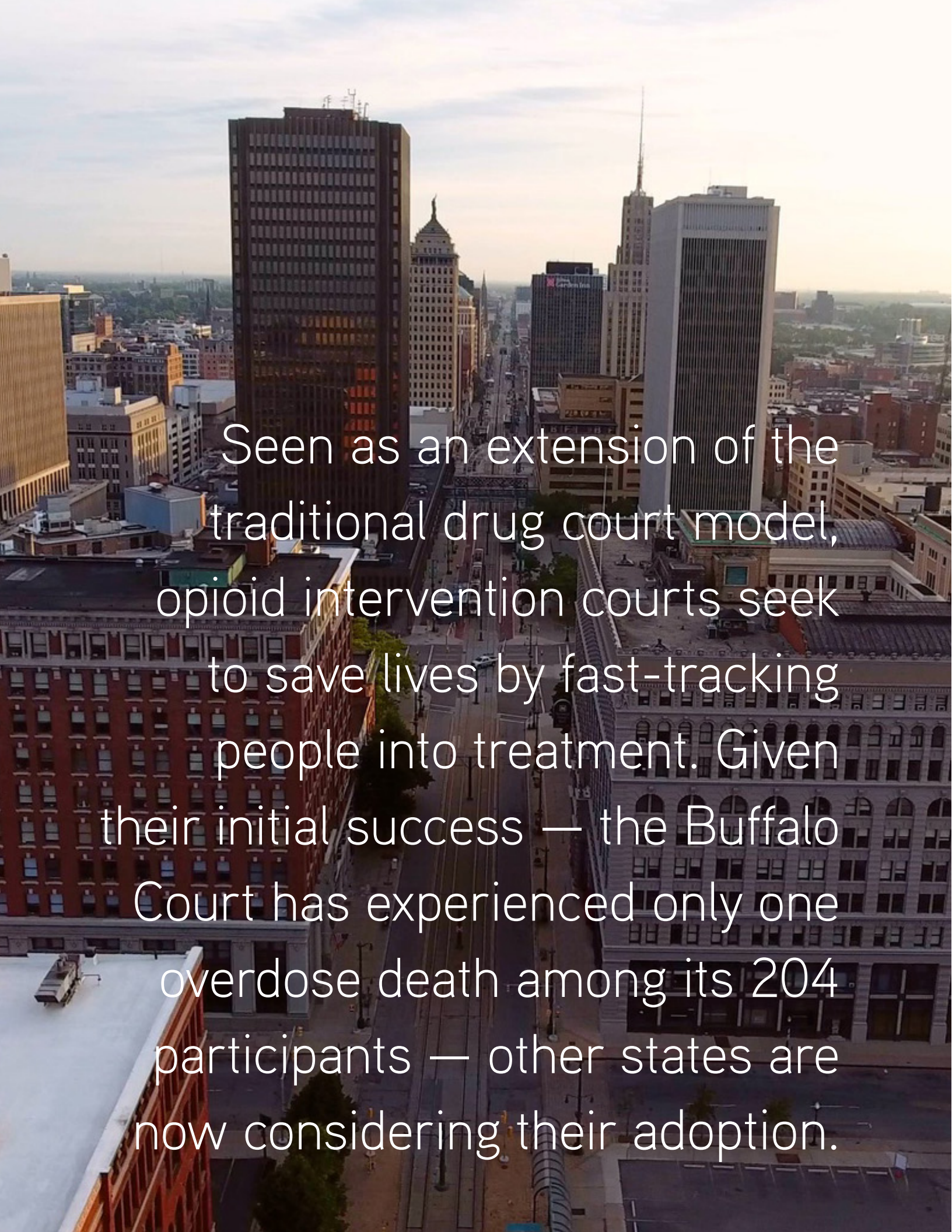
31 Interview # 02\_03262018.

32 *Recommended Practices: New York State Adult Drug Treatment Courts.*

33 “Mental and Substance Use Disorders,” SAMHSA: Substance Abuse and Mental Health Services Administration, Last Updated June 20, 2014, <https://www.samhsa.gov/disorders>.

34 Interview # 02\_03262018.



An aerial photograph of Buffalo, New York, showing a wide street lined with tall buildings. The sky is overcast, and the buildings are illuminated by soft light. The text is overlaid on the image.

Seen as an extension of the traditional drug court model, opioid intervention courts seek to save lives by fast-tracking people into treatment. Given their initial success — the Buffalo Court has experienced only one overdose death among its 204 participants — other states are now considering their adoption.



Overall, enactment of Article 216 has afforded judges greater discretion to offer treatment alternatives, which helps the program work better. “Judges see the same faces over and over again,” one criminal defense attorney explained.<sup>35</sup> “They can see what’s working and what’s not working.” Over time, the eligibility process has become more collaborative as judges consult with other members of the drug court team to make a determination. “We try to be very open,” one member of the drug court team explained. “We don’t try to exclude anyone because ... there’s people we thought would be really good at drug court that did not do well, and others who were people that you open their rap sheet and it was a hundred pages long ... and they were success stories. It’s kind of hard to set a really strict criteria.”<sup>36</sup>

### *Treatment*

Drug courts in the 3rd Judicial District generally provide treatment through a three-phase system.<sup>37</sup> In Ulster County, for example, the first phase begins when a participant is accepted into the court and consists of beginning treatment, abstaining from drug use, and weekly reporting to the court. The second phase begins around four months after the initial acceptance into the court, after the participant’s case has been evaluated, and the instance of reporting for this phase is only biweekly. After an additional four months (provided that the participant is complying with treatment and the court) they move on to phase three, in which the participant only has to report to the court once a month and, if they remain successful in these four months, they are eligible for program completion. If a participant is able to go through the program without any relapses or roadblocks, the program should take approximately one year to complete.

Treatment providers play an active role in the drug court system and, along with the judge, resource coordinator, assistant district attorney, and public defenders, make up the drug court team. Generally speaking, most courts conduct weekly meetings with the whole team to discuss clients’ progress and direction.<sup>38</sup> To decide the path of treatment for individuals in the drug courts, treatment professionals provide a level-of-care determination to establish the least restrictive and most clinically suitable method of treatment. This can include outpatient services, in-patient rehabilitation services, crisis services (such as detoxification), and residential services. “I never really understood this at the time,” one graduate of the Ulster County Regional Treatment Court told us, “but it is very beneficial because you have a whole treatment team for the drug court.” Indeed, graduates often say that one of the most useful tools that helped them overcome the temptation of using drugs during the program were the frequent, and sometimes unannounced, drug tests administered by the court, as well as having frequent contact with the judge.<sup>39</sup>

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35 Interview # 01\_03092018.

36 Interview # 02\_03262018.

37 Rempel et al., *The New York State Adult Drug Court Evaluation*.

38 Interview # 02\_03262018.

39 John Robert Gallagher, Anne Nordberg, and Elyse Lefebvre, “Improving Graduation Rates in Drug Court: A Qualitative Study of Participants’ Lived Experiences,” *Criminology & Criminal Justice* 17, 4 (2017): 468-84.

Under state law, Medication-Assisted Treatment (MAT) is now permitted in all drug treatment courts. MAT is “the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders, including opioid addiction.”<sup>40</sup> The most commonly used medications to treat opioid addiction are Methadone, Buprenorphine (sold under the brand name Suboxone), and Naltrexone (sold under the brand name Vivitrol). Although research shows that MAT reduces opioid-related overdose deaths and infectious disease transmission while increasing social functioning and retention in treatment,<sup>41</sup> many courts were initially reluctant to accept participants receiving it. Such reluctance was rooted in concerns that participants would divert medication to illicit channels, and the belief that MAT merely substituted one addiction for another.<sup>42</sup> Still, the use of MAT is crucial in rehabilitating participants of drug treatment courts. As one drug-court graduate observed:

If somebody is able to take something like methadone and be able to provide for their children, to be able to hold down employment, and to be able to keep food in the fridge, then that is good enough. And if that’s the furthest they ever get in life, then that’s a success. You know the reality is that not everybody’s going to get clean.... The mental aspect of addiction is so powerful that people are going to die before they get clean. That’s just the reality of it. And so that if you’re able to offer things like Vivitrol and Methadone and Suboxone to people so that they have a fighting chance then why not?<sup>43</sup>

Following enactment of Bill S4239B/A6255B in 2015, no individual with an opioid addiction can be removed from a diversion program on the basis of their participation in Medication-Assisted Treatment. However, the costs for such treatment are usually paid for by the participant’s insurance, which can be a barrier to people without private insurance or with plans that do not cover the drugs. Failure to meet treatment recommendations or abstain from drugs can also result in sanctions administered by the judge.

Some courts have additional requirements, such as community service, finding a suitable place to live, and/or having someone to sponsor their graduation. The inclusion of requirements other than abstinence suggest that “recovery is a holistic process.”

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40 Sally Friedman and Kate Wagner-Goldstein, *Medication-Assisted Treatment in Drug Courts: Recommended Strategies* (Albany: NYS Unified Court System Center for Court Innovation and Legal Action Center, 2015), <https://lac.org/wp-content/uploads/2016/04/MATinDrugCourts.pdf>.

41 “Effective Treatments for Opioid Addiction,” National Institute on Drug Abuse, Last Updated November 2016, <https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction>.

42 Friedman and Wagner-Goldstein, *Medication-Assisted Treatment in Drug Courts*.

43 Interview # 10\_04252018.



In New York, the crippling severity of the opioid epidemic has led to the creation of two new opioid crisis intervention courts last year. In Buffalo and the Bronx, charged offenders who are identified as at high risk for opioid overdose are immediately linked to intensive treatment.<sup>44</sup> Seen as an extension of the traditional drug court model, opioid intervention courts seek to save lives by fast-tracking people into treatment. Given their initial success — the Buffalo Court has experienced only one overdose death among its 204 participants — other states are now considering their adoption.<sup>45</sup>

### *Graduation Requirements*

The requirements for graduation vary between the courts. At a minimum, participants must have completed all phases of the treatment program; abstained from drugs for the amount of time that the court requires; and completed a graduation application to be approved by the drug court team. In addition, participants must obtain approval of their treatment provider and show progress in obtaining their vocational or educational goals. Some courts have additional requirements, such as community service, finding a suitable place to live, and/or having someone to sponsor their graduation. The inclusion of requirements other than abstinence suggest that “recovery is a holistic process.”<sup>46</sup> Indeed, lack of housing and employment opportunities can lead to stressful situations that often result in a drug relapse.<sup>47</sup>

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<sup>44</sup> Chief Judge Janet DiFiore, *The State of Our Judiciary 2018* (Albany: NYS Unified Court System, February 6, 2018), [https://www.nycourts.gov/admin/stateofjudiciary/A18\\_SOJ-Speech.pdf](https://www.nycourts.gov/admin/stateofjudiciary/A18_SOJ-Speech.pdf).

<sup>45</sup> Eric Westervelt, “To Save Opioid Addicts, This Experimental Court Is Ditching The Delays,” NPR, October 5, 2017, <https://www.npr.org/sections/health-shots/2017/10/05/553830794/to-save-opioid-addicts-this-experimental-court-is-ditching-the-delays>.

<sup>46</sup> *Recommended Practices: New York State Adult Drug Treatment Courts*.

<sup>47</sup> *Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide* (Washington, DC: National Institute on Drug Abuse, Last Revised April 2014), [https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/txcriminaljustice\\_0.pdf](https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/txcriminaljustice_0.pdf).



Overall, drug treatment courts provide a range of services and supports that aid recovery. But it's not just treatment that benefits participants. It's learning how to live a clean and sober life. "It really taught me a lot," one former participant told us:

For me, it taught me that I had to do way more than just stop using drugs. I had a lot of stuff I needed to work on. I needed to become a different person. I needed to work on accepting responsibility and being honest.... In my past attempts at recovery I thought that if I just put the drugs down everything else was just going to get better. Drug treatment court was able to really help me and hold my hand and also kind of smack me on the hand during that process. I found it very helpful. I also ... found it very frustrating and at times overwhelming because there's just so much involved.<sup>48</sup>

## Challenges

Overall, drug treatment courts enjoy some success at reducing the recidivism rates of participants and lowering New York's prison population, but they still face burdensome caseloads and chronic underfunding. Ironically, these are the very same conditions that influenced the creation of separate courts to handle drug treatment in the first place. In order for drug courts to effectively combat the opioid epidemic, several challenges must first be met.

### Accessibility

Accessibility is a crucial factor in determining who will be able to participate and receive the services of the drug diversion court. Participants are regularly drug tested and must attend frequent hearings. But getting to court can be difficult for people who do not have cars, especially when public transportation is not available. In Schoharie County, for example, a resident of the town of Gilboa would have to drive nearly thirty minutes and over twenty-five miles one way just to attend a single court hearing. Depending on their employment status, participants might also be required to take time off from work. Failure to appear in court for any of these reasons can result in immediate sanctions, up to and including jail time.

### Cost to Participants

Aside from transportation, individuals often lack the monetary resources necessary to complete the program. Some of the burdensome costs including paying for counseling and therapy, mental health services, child care, case management, court liaison services, and job training, although this list is not exhaustive. At an absolute minimum, paying for treatment can be a barrier to success, especially if services and costs associated with treatment are not covered by Medicaid or private insurance. For example, the treatments and services provided by Twin County Recovery Services in Greene and Columbia Counties can cost upwards of \$20,000.<sup>49</sup> Even if the agency accepts the individual's private insurance, some healthcare providers cover only a small portion of the costs associated with treatment. In short, maintaining a clean and sober lifestyle can be especially difficult for people without the time and monetary resources required to succeed in drug court.

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<sup>48</sup> Interview # 07\_04192018.

<sup>49</sup> 2017 Annual Report (Hudson: Twin County Recovery Services Inc., 2017).



Aside from treatment, program requirements incur additional costs. In Albany County, for example, potential participants must pay approximately \$185 out of pocket to undergo an alcohol and substance abuse evaluation.<sup>50</sup> Moreover, drug court participants might also have to pay for frequent drug testing, which can cost anywhere from \$10 to \$30 per test.<sup>51</sup> Although counties like Ulster subsidize the costs of mandatory drug testing, this is not always the case. In Schoharie County, for example, drug court participants are required to pay for testing if the results test positive for illicit drugs.

### Lack of Appropriate Treatment and Follow-Up Care

Regardless of their cost, drug courts throughout the 3rd Judicial District have limited treatment options. In places like Columbia County, for example, there are no detox centers or rehabilitation programs.<sup>52</sup> In fact, the only services available in Columbia County are outpatient services, which are provided by Twin County Recovery Services. Surprisingly, not even the local hospital offers substance abuse services. As a result, people who require drug treatment in Columbia County are typically referred out of county — either to St. Peter’s Hospital in Albany, St. Mary’s Hospital in Troy, or Benedictine Hospital in Kingston.

The treatment landscape in Sullivan County does not look much better. Long-term treatment facilities have generally closed and there are no detox beds in the local hospital. In fact, finding a bed of any kind is difficult in Sullivan County — even if it is just a bed to sleep in.<sup>53</sup>

In New York, policymakers have announced funding to support treatment beds throughout the state, but challenges at the local level inhibit their expansion.<sup>54</sup> In

<sup>50</sup> Interview # 01\_03092018.

<sup>51</sup> “Drug Testing: What Kinds of Tests Are Available?,” Wheeler: Connecticut Clearinghouse, accessed May 18, 2018, <https://www.ctclearinghouse.org/topics/drug-testing/>.

<sup>52</sup> Interview # 04\_04092018.

<sup>53</sup> Interview # 00\_01172018.

<sup>54</sup> “Governor Cuomo Announces \$4.5 Million Available to Expand Addiction Treatment Services in the Bronx and Brooklyn,” Press Release, Office of the NYS Governor, February 20, 2018, <https://www.governor.ny.gov/news/governor-cuomo-announces-45-million-available-expand-addiction-treatment-services-bronx-and-brooklyn>; “Governor Cuomo Announces \$2 Million to Expand Substance Use Disorder Treatment,” Press Release, Office of the NYS Governor, January 19, 2016, <https://www.governor.ny.gov/news/governor-cuomo-announces-2-million-expand-substance-use-disorder-treatment>.

Catskill, for example, the Riverside Recovery Residence, which provides halfway housing for adult women with preschool-aged children, has been authorized to expand its residential program from twelve to eighteen beds. However, the organization has experienced “great difficulty” finding suitable property to construct a new facility.<sup>55</sup>

In Columbia and Greene Counties, the lack of sufficient funding has also prevented providers from hiring staff. According to their *2017 Annual Report*, “Twin County Recovery Services Prevention department is facing difficult staffing decisions due to budget constraints.” In all counties, both rural and urban, staffing shortages are problematic. “This is the frustration of the treatment programs,” one Albany provider told us. “They keep expanding access to treatment but you can’t find a nurse practitioner to prescribe Buprenorphine. Programs fight over them because they’re so minimal. So how do you get good results if you can’t staff a freaking program?,” he wondered. “These are all real things that are absurdly problematic.”

In addition to substance abuse treatment, mental health services are also scarce. The number of people with co-occurring disorders in the United States is significant. In 2016, an estimated 8.2 million adults aged eighteen or older experienced co-occurring mental health and substance abuse disorders. However, only about half received either mental health care or substance abuse treatment.<sup>56</sup> The lack of mental health services is problematic in places like Ulster County, where drug court participants routinely experience trauma in their lives. “I want to say there are maybe ten participants right now that on top of their substance abuse treatment and on top of probation and everything else they’re also going to weekly or biweekly mental health counseling,” one member of the drug court team explained. Still, finding treatment for these participants is “getting more and more difficult” because there “aren’t enough mental health treatment providers in the area who accept Medicaid ... and the ones that do are overloaded.”

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<sup>55</sup> *2017 Annual Report*, Twin County Recovery Services Inc.

<sup>56</sup> Rebecca Ahrnsbrak, Jonaki Bose, Sarra L. Hedden, Rachel N. Lipari, and Eunice Park-Lee, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health* (Washington, DC: SAMHSA: Substance Abuse and Mental Health Services Administration, September 2017), <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>.





## Stigma

The stigma, or social disapproval, surrounding substance abuse presents itself as another challenge to the drug treatment community. Indeed, negative attitudes toward persons with drug addiction can deter a healthy recovery and obstruct the adoption of innovative solutions to the problem. With respect to the former, this stigma can actually prevent individuals from seeking treatment because they fear being seen as deviant criminals, unfit parents, or morally weak.<sup>57</sup> “One of the big things is coming out of the shadows and not being anonymous,” one graduate of the Ulster County Drug Court told us. “There’re so many people that could come out and say, ‘I suffered with a substance abuse disorder and now I’m in recovery,’ but because of the stigma they don’t step forward and therefore the stigma continues.”<sup>58</sup>

Ironically, this stigma can persist among the very same people who are in a position to help people with substance abuse disorders, namely healthcare providers and law enforcement. In Albany County, for example, one community organizer told us that some pharmacies in the area give people who ask for Narcan a “rough time,” which can deter people from accessing the lifesaving medication used to reverse opioid overdose.<sup>59</sup> The same is true when intravenous drug users approach pharmacists for clean needles, the primary concern being that individuals will start injecting drugs in their bathroom.

While stigma operates as a barrier to treatment, it also obstructs policy innovation and decision making. The ongoing debate over supervised injection facilities is instructive. According to the Drug Policy Alliance, “supervised injection rooms are

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57 Kristi L. Stringer and Elizabeth H. Baker, “Stigma as a Barrier to Substance Abuse Treatment Among Those With Unmet Need: An Analysis of Parenthood and Marital Status,” *Journal of Family Issues* 39, 1 (2018): 3-27.

58 Interview # 07\_04192018.

59 Interview # 03\_04042018.



legally sanctioned facilities where people who use intravenous drugs can inject pre-obtained drugs under medical supervision.”<sup>60</sup> In addition to providing sterile injection equipment, supervised injection facilities distribute information about reducing the harm of drugs, make treatment referrals, and provide access to medical staff. Overall, they are known to reduce human immunodeficiency virus (HIV) and hepatitis transmission risks, prevent overdose deaths, and increase the number of people who enter drug treatment, yet no supervised injection facilities exist in the United States. According to the program manager of a needle exchange program in Albany, the main reason why is stigma. In Albany, he says, the police are incredibly supportive of their needle exchange program, but there is still significant opposition to safe consumption rooms. “You don’t want people injecting in dingy back allies,” he explained. “You keep saying we’re not going to arrest our way out of this.... Doesn’t it make more sense for them [intravenous drug users] to be in that building versus that dark alley? That right there is the embodiment of this disconnect we have with where we’re going.”

### Low Rates of Program Completion

Drug Treatment Courts enjoy some success at reducing the recidivism rates of participants (definitively in the short term, with more variation in long-term recidivism), but they fail to significantly reduce prison populations for various reasons. Just from sanctions alone, a drug court participant may spend more days in jail than they would had they pleaded not guilty and received a sentence reduction. Moreover, the manner in which participants enter drug court can also affect their likelihood of going to jail. Albany County Drug Court, for example, uses a post-plea model to divert people,

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<sup>60</sup> “Supervised Injection Facilities,” Drug Policy Alliance, accessed May 19, 2018, <http://www.drugpolicy.org/issues/supervised-injection-facilities>.



which requires individuals to plead guilty to be eligible for the program. Those who fail to graduate for any reason are expected to serve their original sentence, with no reduction to account for their time in the drug treatment court. Studies show drug courts report graduation rates averaging 50 to 70 percent, but if only half of the participants complete the program successfully then there is much to be desired in terms of effectiveness.<sup>61</sup>

Critics also believe that drug treatment courts lead to a “net-widening” of the carceral system.<sup>62</sup> This means that by introducing drug courts as a diversion, police officers begin to make more arrests, thinking that the drug users they catch will be able to get the help they need from the judicial system, while the reality is that drug courts cannot take on an excess of participants.

## Policy Recommendations

As our research suggests, the War on Drugs and mass incarceration does little to prevent drug use. Even worse, sending people with substance abuse disorders to prison can have adverse effects due to the lack of treatment options available. If the goal of drug courts is to decrease incarceration, a more holistic approach to substance abuse is needed. Our policy recommendations are as follows:

**RECOMMENDATION 1:  
INCREASE DATA  
TRANSPARENCY  
IN ORDER TO  
MEASURE THE  
EFFECTIVENESS  
OF DRUG COURTS**



At a time when drug courts are being proffered as a solution to the opioid crisis by state and federal lawmakers, it is crucial to understand and measure their effectiveness. However, many courts do not make any statistics, even basic facts, about the courts available either online or upon request.<sup>63</sup> In fact, any attempt to get basic facts were repeatedly rejected by court administration. In order to better measure the effectiveness of drug courts, data must be made available to researchers for the purpose of evaluating these programs.

**RECOMMENDATION 2:  
EXPAND ACCESS  
TO DRUG COURTS**



Drug courts across New York are incapable of diverting all eligible offenders because of the small scale of the program. Moreover, restrictions on eligibility can often exclude people who have a high potential of benefitting from the program,

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61 David DeMatteo, Douglas B. Marlowe, David S. Festinger, and Patricia L. Arabia, “Outcome Trajectories in Drug Court: Do All Participants Have Drug Problems?,” *Criminal Justice Behavior* 36, 4 (2009): 354-68.

62 *Drug Courts Are Not the Answer: Toward a Health-Centered Approach to Drug Use*, (New York: Drug Policy Alliance, 2011), [http://www.drugpolicy.org/sites/default/files/Drug%20Courts%20Are%20Not%20the%20Answer\\_Final2.pdf](http://www.drugpolicy.org/sites/default/files/Drug%20Courts%20Are%20Not%20the%20Answer_Final2.pdf).

63 New York City Drug Courts, which make their annual reports available online, are a major exception to this rule. See [http://www.nycourts.gov/courts/nyc/drug\\_treatment/](http://www.nycourts.gov/courts/nyc/drug_treatment/).



including offenders with a history of violent crime and mental illness. The loosening of restrictions on a case-by-case basis will help to ensure that the participants who are able to benefit most from the program are allowed entry. As drug courts follow a model that recognizes addiction as a disease, they should also respect the medical difficulties of withdrawing from drugs and decrease the use of sanctions as punishment for relapse.

**RECOMMENDATION 3:  
INCREASE  
FUNDING FOR  
SUBSTANCE  
ABUSE  
TREATMENT,  
EDUCATION, AND  
PREVENTION  
SERVICES  
THROUGHOUT  
NEW YORK STATE,  
ESPECIALLY FOR  
THOSE WHO  
COMPLETED DRUG  
COURTS**



Any expansion in drug courts must be proportional to an expansion of drug treatment providers and services offered by the court. This entails not only an expansion in inpatient and outpatient treatment facilities but also increased funding for mental health services, counseling, and staff. A short-term program like drug treatment courts, although effective at keeping participants clean while under their supervision, does not account for the long struggle with highly addictive drugs such as heroin and the continuous cravings for the substance that can persist for years on end. Policymakers should consider providing funds and resources for case management of graduates that provide a support network and motivation for past drug users to remain clean.

Judges, in particular, would benefit from increasing their knowledge of addiction through substance abuse training. Although it is now illegal for participants to be excluded from eligibility to the program due to current Medication-Assisted Treatment, judges still decide on treatment for individuals in the program, and the stigma against “trading one drug for another” with substances like methadone decreases the likelihood of them sticking to practices rooted in scientific evidence. Judges and other nonmedical personnel should have various job trainings specific to drug courts that help them to understand the stigma and to learn about best medical practices for substance abuse (specific to different drugs).

**RECOMMENDATION 4:**  
**DEVELOP**  
**COMMUNITY-**  
**BASED, HARM**  
**REDUCTION**  
**INTERVENTIONS**



Pre-arrest measures of diversion should be taken so that people who abuse drugs can get the treatment they need instead of being incarcerated. Safe consumption spaces for drugs, while not necessarily decreasing the prevalence of drug use, are important because they dramatically reduce the risk of overdose along with the risk of HIV and other infections from unsafe needles. Syringe-exchange programs such as Project Safe Point in Albany also help to reduce the risk of disease and promote public health.

Policymakers should also consider expanding programs like Albany's Law Enforcement Assisted Diversion (LEAD) program in which officers, before making an arrest, can decide to divert offenders if the crime was motivated by drug abuse. Chatham Cares represents a similar program in Columbia County. Under these programs, offenders are quickly matched with case managers who organize tailored treatment plans and help to cure other issues that drove them to commit the crime such as homelessness and unemployment. These programs offer much less risk to offenders than drug courts because they are fast-tracked into treatment and not the criminal justice system. They also work supplementary to drug courts as a way to reduce the number of people incarcerated for drug crimes, but have a much higher public health and safety focus and greater community involvement.

## **Conclusion**

While drug courts can help get participants into treatment, they do not work for everyone, especially those who lack the time, money, and resources required to succeed. Our research suggests that, in order for drug treatment courts to effectively combat the opioid crisis, policymakers must invest additional resources in substance abuse treatment, education, and prevention. Overall, drug courts as a singular measure are not enough to address the opioid crisis. Instead, a comprehensive public health focus is needed not only to reduce prison populations, but to ameliorate the harms associated with substance abuse and ultimately save lives.

TABLE 1. List of Interviews

Name	Position	Int. #
Martin Colavito	Director of Prevention and Adolescent Services at Catholic Charities	00_01172018
Alejandra Paulino	Former Assistant Public Defender in Albany County	01_03092018
Donna	Drug Court Personnel	02_03262018
Alison Moran	Narcan Training Organizer, Albany County	03_04042018
Carl Quinn	Former President, Columbia Pathways To Recovery	04_04092018
Brendan Cox	Albany Police Chief	05_04052018
Desiree Graziano	Secretary, Columbia County Pathways to Recovery	06_04092018
Jamie	Ulster County Drug Court Graduate	07_04192018
Joseph Filippone	Program Manager, Project Safe Point	08_04192018
Jim Farrell	Sullivan County District Attorney	09_04242018
Garrett	Albany Honor Court Graduate	10_04252018



In March 2018, the Rockefeller Institute of Government, in partnership with the Government Law Center at Albany Law School, the Rockefeller College of Public Affairs, and the University at Buffalo School of Law announced the formation of the Center for Law & Policy Solutions (CLPS). At the heart of our mission is the belief that better policy and informed decision making start with better data.

In our efforts to inform the development of good public policy through evidence-based practice and research, the Center for Law & Policy Solutions launched a paid, credit-bearing internship in the spring of 2018. As part of this new program, student interns assist policymakers in identifying relevant solutions to complex problems through rigorous data collection and analysis. At the center, we see the internship not only as an example of our commitment to good governance, but as part of a broader effort to give tomorrow's leaders a firm grounding in the use of data in the policymaking process.

This year we selected five bright and articulate students from the University at Albany to examine drug treatment courts as a potential solution to the opioid crisis:

- + Prijenett S. Flores
- + Joel Alexander Lopez
- + Giliean Pemble-Flood
- + Hannah Riegel
- + Maria Segura

Many of the interns are still early in their academic careers, with four out of five of them just now completing their sophomore year. This was not by accident. While most internships are reserved for upperclassmen, part of our mission is to create new opportunities for younger students who are typically not eligible for these types of experiences. We've charted this course based on the understanding that an early internship experience can improve retention rates, strengthen academic success, and enhance the overall learning experience of our young students.

Although we will continue to study a wide range of issues at the center — from sanctuary cities and immigrant rights to criminal justice reforms and the emerging opioid crisis — this exceptional group of students took drug diversion courts as their topic of inquiry. At a time when the opioid epidemic threatens to overwhelm and disrupt every aspect of our judicial system, the study of these so-called problem-solving courts could not be more timely.

KATIE ZUBER  
*Executive Director*  
Center for Law & Policy Solutions



# SPRING 2018 INTERNS

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## **Prijenett Flores**

*Intern, Center for Law & Policy Solutions*

Prijenett Flores is majoring in political science. Flores previously served as a volunteer at Changing the Odds, a youth development program in the Bronx. She is interested in public policy, particularly where it intersects with the experience of immigrants.



## **Joel Lopez**

*Intern, Center for Law & Policy Solutions*

Joel Lopez is majoring in political science. Lopez has served as treasurer of ASPIRA of New York, an organization that serves Hispanic youth and families, and as a legal assistant in the law firm Kramer & Dunleavy, LLP.



## **Giliean Blaise Pemble-Flood**

*Intern, Center for Law & Policy Solutions*

Giliean Blaise Pemble-Flood is majoring in political science with a minor in international relations and a concentration on global politics. He has previously worked with a nonprofit children's charity based in London. He is interested in geopolitics, current events, history, and political struggle.



## **Hannah Riegel**

*Intern, Center for Law & Policy Solutions*

Hannah Riegel is majoring in political science and women, gender and sexuality studies. Riegel serves as the secretary of Albany's chapter of Students for Sensible Drug Policy, where she is active in raising money for Project Safe Point, a needle exchange organization.



## **Maria Segura**

*Intern, Center for Law & Policy Solutions*

Maria Segura is majoring in political science and linguistics. Segura has volunteered with the Albany Law Clinic and Justice Center, helping law students communicate with young immigrants, and at Exodus Transitional Community, which helps rehabilitate the formerly incarcerated.



## ACKNOWLEDGMENTS

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