

Judicial Survey of the Impacts of the COVID-19 Pandemic on Justice-Involved Individuals with Substance Use Disorders

A collaborative effort between The National Judicial College, The American Academy of Addiction Psychiatry, and The Opioid Response Network

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The National Judicial College

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About The National Judicial College:

The National Judicial College (NJC), established in 1963, is the premier judicial education entity in the country. Last year, more than 20,000 judges and other court service professionals from all 50 states and several foreign countries took NJC courses online. NJC course participants range from justices of state supreme courts to tribal judges and justices of the peace. The College serves state trial and appellate judges, military judges, tribal judges, and administrative law judges. Combined, these judges decide well over 95 percent of the cases in the United States. The National Judicial College has been the nation's leading provider of judicial education since 1963, drawing participants from every state and from more than 150 countries. The NJC offers more than 100 judicial education courses annually onsite, online, and across the nation in support of its mission: making the world a more just place by educating and inspiring its judiciary. Visit www.judges.org for more information.



About the Opioid Response Network:

The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the State Targeted Response Technical Assistance (STR-TA) and State Opioid Response Technical Assistance (SOR-TA) grants to the American Academy of Addiction Psychiatry (AAAP) working collaboratively with the Addiction Technology Transfer Center (ATTC), at the University of Missouri - Kansas City, Columbia University Division on Substance Use Disorders and 40 national professional organizations representing over two million constituents. This unprecedented coalition form the *Opioid Response Network (ORN)* to provide free education and training across the U.S. to address the need for evidence-based practices in the prevention, identification, treatment, and recovery of opioid use disorders (OUD) and stimulant use disorders (StUD). Visit www.OpioidResponseNetwork.org for more information.

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Introduction

The COVID-19 pandemic has significantly altered the delivery of substance use disorder (SUD) treatment throughout the justice system. Many courthouses have been closed and most proceedings have been shifted to web-based platforms or phone calls. Probation and parole officers have restricted their interactions with clients; many now conduct supervision virtually or through telephonic check-ins. Many outpatient treatment facilities are struggling to remain open and provide needed service to clients. These changes have had an immense impact on a large portion of justice-involved individuals. In fact, an estimated 65% of people in state and federal prisons have some type of SUD.¹

The COVID-19 pandemic carries particular risk for individuals dealing with SUDs. Beyond the increased risks associated with contracting COVID-19,² individuals suffering from SUDs are also at risk for SUD symptom exacerbation or relapse due to increased life stressors. Increased stressors due to the pandemic, combined with new barriers to treatment, have greatly elevated the risk of SUDs and overdoses both within and outside of the justice system. According to the Overdose Detection Mapping Application Program, there was an 18% increase in overdoses nationwide in the first couple of months of the pandemic.³ Additionally, the CDC reported over 81,000 drug overdose deaths occurred in the United States in the 12 months ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period.⁴

¹ National Institute on Drug Abuse. (2020). *Criminal Justice Drug Facts*. <https://www.drugabuse.gov/publications/drugfacts/criminal-justice>

² Volkow, N. D. (2020). Collision of the COVID-19 and addiction epidemics. *Annals of Internal Medicine*, 173, 61-62.

³ Alter, A., & Yeager, C. (2020). *COVID-19 impact on US national overdose crisis*. Overdose Detection Mapping Application Program. <http://www.odmap.org/Content/docs/news/2020/ODMAP-Report-June-2020.pdf>

⁴ Center for Disease Control and Prevention. (2020). *Overdose deaths accelerating during COVID-19: Expanded prevention efforts are needed*. <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>

During the COVID-19 pandemic, courts have been forced to change their procedures considerably. The national emergency has led courts to embrace technology and online platforms like never before. Courts have increased access for court users by developing remote services to conduct essential functions, providing greater flexibility for court users and staff alike.

According to the National Center for State Courts (NCSC), “The COVID-19 pandemic is not the disruption courts wanted, but it is the disruption that courts needed: to re-imagine and embrace new ways of operating; and to transform courts into a more accessible, transparent, efficient, and user-friendly branch of government.”⁵ As courts begin to resume some in-person proceedings and consider operations in a post-pandemic world, courts must evaluate which remote processes were effective, while determining which court procedures are best suited for in-person. Although we agree with the NCSC that the COVID-19 pandemic has forced courts to embrace new ways of operating, we also believe it is important to understand how various populations (e.g., individuals with SUDs) might have different experiences with remote hearings. Therefore, it is important to understand how remote hearings have impacted drug courts and the experiences of individuals with SUDs during the COVID-19 pandemic.

Similarly to the courts, treatment programs and services have also adapted their procedures. SUD treatment providers have begun leveraging telehealth and web-based health modalities to reach clients who are unable to receive in-person treatment due to COVID-19 restrictions.⁶ While telehealth interventions have been found to be an effective alternative to in-person treatment for individuals with SUDs previously,⁷ more research is needed to

⁵ National Center for State Courts. (2020). *Guiding Principles for Post-Pandemic Court Technology*. https://www.ncsc.org/_data/assets/pdf_file/0014/42332/Guiding-Principles-for-Court-Technology.pdf

⁶ Clay, R. (2020, April 15). *Advice for treating and preventing substance use during COVID-19*. American Psychological Association. <https://www.apa.org/topics/covid-19/substance-use>

⁷ Lin, L. A., Casteel, D., Shigekawa, E., Weyrich, M. S., Roby, D. H., & McMenamin, S. B. (2019). Telemedicine-delivered treatment interventions for substance use disorders: A systematic review. *Journal of Substance Abuse Treatment*, 101, 38-49.

understand whether telehealth SUD treatment is as effective as traditional treatment programs and whether SUD treatment has been effectively implemented during the COVID-19 pandemic.

With growing concerns of the impacts of the COVID-19 pandemic on the treatment and outcomes for justice-involved individuals with SUDs, The National Judicial College, The American Academy of Addiction Psychiatry, and The Opioid Response Network developed a collaborative effort to better understand how the COVID-19 pandemic has impacted the treatment of justice-involved individuals with SUDs from the perspective of the judiciary. We surveyed judges to understand the: (1) General impacts of the pandemic on individuals with SUDs; (2) Impacts of the pandemic on judicial decision making about individuals with SUDs; (3) Impacts of the pandemic on treatment courts and outcomes of individuals with SUDs.

Methods

Participants

To survey judges who deal with individuals with substance use disorders (SUDs) across different types of cases and dockets, we relied on past course history at The National Judicial College (The NJC). Using course history from 2016 to 2020 (i.e., past 5 years), judges who attended a course related to treatment courts, addiction, or substance use and the justice system, were eligible to be selected for the study. Using these criteria, 1000 judges were randomly selected and sent the online survey.⁸

Participants were 172 judges (17.2% response rate) from 43 different U.S. states (see Figure 1 in Appendix for breakdown of judicial participants by state). Judges were an average of

⁸1000 judges were randomly selected under our study selection criteria. However, 36 judges were unable to receive the email invitation to our study due to email security filters. Since these judges didn't have the opportunity to receive our invitation, they were replaced, and not counted towards our total.

57.5 years old ($SD = 9.3$) and had an average of 12.4 years of experience on the bench ($SD = 9.2$). Most judges reported that they preside over at least one type of treatment court, with adult drug courts being the most frequently reported ($n = 53$). For a more detailed demographic breakdown of the sample, see Table 1 below.

Table 1

Demographic Characteristics of Judicial Participants

Demographic Characteristic	<i>n</i>	%
<u>Gender</u>		
Female	76	44.2
Male	83	48.3
<u>Race</u>		
American Indian/Alaskan Native	7	4.1
Asian/Asian American	4	2.3
Black/African American	11	6.4
Hispanic/Latinx	5	2.9
White	125	72.7
Other	7	4.1
<u>Type of Judge</u>		
General Jurisdiction Judge	101	58.7
Limited Jurisdiction Judge	39	22.7
Tribal Court Judge	7	4.1
Court Personnel	2	1.2
Other Judge	12	7.0
<u>Preside Over Treatment Court</u>		
Adult Drug Court	53	30.8
DUI/DWI Court	17	9.9
Family Dependency Treatment Court	9	5.2
Juvenile Drug Court	9	5.2
Mental Health Court	22	12.8
Veterans Court	18	10.5
Other Treatment Court	14	8.1
No Treatment Court	76	44.2

Note. Some participants did not provide demographic information.

Procedure

Participants responded to an online Qualtrics survey between November 25th and December 16th, 2020. Participants were asked questions that looked to understand how the COVID-19 pandemic has impacted the treatment and outcomes of justice-involved individuals with SUDs. The survey included both close-ended and open-ended questions.

All close-ended questions asked judges to report to what extent they agree with various statements on a seven-point Likert scale, where 1 equaled *strongly disagree*, 4 equaled *neither agree nor disagree*, and 7 equaled *strongly agree*. For example, participants were asked to what extent they agreed with statements like: “The number of individuals with SUDs has increased in my courtroom during the COVID-19 pandemic.”

In addition to close-ended questions, participants were also asked various open-ended questions to provide context for the close-ended responses and get a deeper understanding through a mixed-methods approach. For example, participants were asked: “How has the COVID-19 pandemic affected the types of cases you are seeing in your courtroom when dealing with individuals with SUDs?” Judges who reported presiding over a treatment court were asked additional open-ended questions. Finally, participants were asked basic demographic questions and questions about their experience as a judge.

Results

We surveyed 172 judges to understand to what extent the COVID-19 pandemic impacted the treatment of justice-involved individuals with substance use disorders (SUDs). Results of our judicial survey can be broken down into three sections: (1) General impacts of the pandemic on individuals with SUDs; (2) Impacts of the pandemic on judicial decision making about

individuals with SUDs; (3) Impacts of the pandemic on treatment courts and outcomes of individuals with SUDs.

General Impacts of the Pandemic on Individuals with SUDs

To understand the general impacts of the COVID-19 pandemic on individuals with SUDs, we asked judges questions about the prevalence and case types of individuals with SUDs in their courtrooms, court attendance, screening and assessment delays, and the effectiveness of remote hearings. In addition to a couple of open-ended questions, several closed-ended questions were asked (See Table 2 for breakdown of results). Results from these questions were compared between treatment court and non-treatment court judges; however, no significant differences were found across all general impact questions ($p > .05$).

Prevalence and Case Types of Individuals with SUDs

We first asked judges two questions about how the pandemic has impacted the prevalence of individuals with SUDs in their courtroom. Specifically, we asked judges to what extent they agree with the following statements on a seven-point Likert scale: “The number of individuals with SUDs has increased in my courtroom during the COVID-19 pandemic”; and “The number of individuals with SUDs under court supervision has increased in my jurisdiction during the COVID-19 pandemic.” Overall, judges somewhat agreed that the number of individuals with SUDs in their courtroom ($M = 4.69$, $SD = 1.35$), and under court supervision ($M = 4.63$, $SD = 1.45$), has increased during the pandemic.

We asked judges, “How has the COVID-19 pandemic affected the types of cases you are seeing in your courtroom when dealing with individuals with SUDs?” We thematically coded 112 responses and the most common themes were increases in domestic violence cases, and

probation violations. For example, one judge explained that there has been a “definite increase in domestic violence cases involving drugs and alcohol,” while another judge wrote, “we have seen an increase in probation violations resulting from relapse.”

Recognizing the unique conditions created by the pandemic, we also asked judges, “How have environmental changes due to the COVID-19 pandemic (e.g., job or housing insecurity), affected individuals with SUDs in your courtroom?” We coded 119 responses and two common themes were found. Judges reported that the pandemic has fostered more frequent problems with substance use. For example, one judge explained, “There have been many who have lost their job and have struggled with housing during the pandemic. I have seen this impact individuals’ substance-abuse issues.” In addition to increased substance use, many judges also discussed increases in stress. One judge explained, “The interruption in peer support has been most critical. [Some individuals] are now the only one with employment in the household which has caused increased stress. Others are now faced with childcare which takes them out of the work force as daycares are unavailable. The stressors on those with substance use disorders is magnified.”

Attendance, Screening, and Assessments

Next, we asked judges to report the impact of the pandemic on attendance at court proceedings. Judges were asked to what extent they agree that, “The COVID-19 pandemic has negatively impacted attendance at court proceedings (including both virtual and in-person proceedings) among individuals with SUDs.” Judges largely agreed that attendance at court proceedings for individuals with SUDs, has been negatively impacted by the pandemic ($M = 4.93$, $SD = 1.45$). Similarly, judges were asked to what extent they agree that, “There have been delays in screenings and/or assessments of individuals with SUDs during the COVID-19

pandemic.” Judges strongly agreed that there has been delays in screening and assessments with individuals with SUDs during the pandemic ($M = 5.81$, $SD = 1.27$).

Remote Hearings

Finally, to understand the effectiveness of remote hearings during the pandemic, three questions were asked. Judges were asked to what extent they agree that, “Remote hearings have been an effective alternative to in-person hearings when dealing with individuals with SUDs during the COVID-19 pandemic.” Judges responses were mixed, however, overall judges somewhat agreed that remote hearings have been an effective alternative during the pandemic ($M = 4.52$, $SD = 1.75$). However, judges were less positive about the impact that remote hearings have had on treatment outcomes. Judges were asked to what extent they agree that, “Remote hearings have had a positive effect on the treatment outcomes of individuals with SUDs during the COVID-19 pandemic.” Judges somewhat disagreed that remote hearings have had a positive effect on treatment outcomes of individuals with SUDs ($M = 3.72$, $SD = 1.52$).

To get a more complete understanding of judges’ experiences with remote hearings, we also asked judges an open-ended question, “How effective have remote hearings been for dealing with individuals with SUDs during the COVID-19 pandemic?” We thematically coded 125 responses and found that judges’ experiences varied dramatically. Some judges reported that remote hearings have been quite effective. For example, one judge explained, “Remote hearings have been surprisingly effective for SUD individuals. In some cases it has had a positive effect: those who do have employment do not have to leave their employment to attend court, and as we schedule a specific time for each individual, they do not have to spend hours away from their jobs. Those who have been exposed to COVID-19 are still able to attend court remotely.” On the other hand, some judges have found remote hearings to be ineffective. Another judge explained,

“Not as effective as personal court appearances. Some defendants are unable to afford the electronic devices to participate in remote hearings or treatment.” The most common response was somewhere in between, recognizing remote hearings’ effectiveness given the current constraints of the pandemic. As one judge put it, “Not as effective as in-person, but overall a relatively good alternative.”

Table 2

General Impacts of the Pandemic on Individuals with SUDs

Question	Treatment Court Judges	Non-Treatment Court Judges	All Judges	<i>t</i> (159)	<i>p</i>
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)		
The number of individuals with SUDs has increased in my courtroom during the COVID-19 pandemic.	4.69(1.37)	4.71(1.35)	4.69(1.35)	-.09	.93
The number of individuals with SUDs under court supervision has increased in my jurisdiction during the COVID-19 pandemic.	4.77(1.42)	4.44(1.47)	4.63(1.45)	1.42	.16
The COVID-19 pandemic has negatively impacted attendance at court proceedings (including both virtual and in-person proceedings) among individuals with SUDs.	4.83(1.85)	5.06(1.73)	4.93(1.80)	-.79	.43
There have been delays in screenings and/or assessments of individuals with SUDs during the COVID-19 pandemic	5.80(1.25)	5.83(1.30)	5.81(1.27)	-.18	.86
Remote hearings have been an effective alternative to in-person hearings when dealing with individuals with SUDs during the COVID-19 pandemic.	4.38(1.73)	4.69(1.78)	4.52(1.75)	-1.09	.28
Remote hearings have had a positive effect on the treatment	3.77(1.62)	3.65(1.38)	3.72(1.52)	.48	.63

outcomes of individuals with SUDs during the COVID-19 pandemic.

Note. * $p < .10$, ** $p < .05$

Impacts of the Pandemic on Judicial Decision Making About Individuals with SUDs

To understand the impacts of the COVID-19 pandemic on judicial decision making with individuals with SUDs, judges were asked three questions about treatment and bail decisions. Using close-ended questions, judges responded using a seven-point Likert scale where 1 equaled *strongly disagree*, 4 equaled *neither agree nor disagree*, and 7 equaled *strongly agree* (See Table 3 for breakdown of results). Results from these questions were compared between treatment court and non-treatment court judges and there were significant differences in bail decision making ($p < .05$).

Treatment Decisions

To understand how the COVID-19 pandemic impacted judicial treatment decisions for individuals with SUDs, judges were asked to what extent they agree that, “My willingness to order substance use treatment for *non-violent offenders* with SUDs, rather than incarceration, has increased during the COVID-19 pandemic.” On average, judges agreed that their willingness to order substance use treatment, rather than incarceration, had increased during the pandemic ($M = 4.89$, $SD = 1.51$).

Bail Decisions

Similarly, we asked judges two questions about judges’ bail decisions during the pandemic. Judges were asked to what extent they agree that, “The COVID-19 pandemic has impacted my bail decisions for individuals with SUDs, such that *bail amounts are being reduced*”; and “The COVID-19 pandemic has impacted my bail decisions for individuals with

SUDs, such that *more persons are being released on bail.*” Judges strongly agreed that the pandemic has affected their bail decisions for individuals with SUDs such that bail amounts are being reduced ($M = 5.50, SD = 1.43$), and more persons are being released on bail ($M = 5.43, SD = 1.48$).

Interestingly, the reported changes to bail decisions varied between treatment court and non-treatment court judges. Treatment court judges ($M = 5.24, SD = 1.51$) were significantly less likely than non-treatment court judges ($M = 5.81, SD = 1.27$) to agree that they are reducing bail amounts for individuals with SUDs during the pandemic, $t(149) = -2.46, p = .02$. Similarly, treatment court judges were significantly less likely than non-treatment court judges to agree that they are releasing more individuals with SUDs on bail during the pandemic, $t(149) = -1.87, p = .06$.

Table 3

Impacts of the Pandemic on Judicial Decision Making

Question	Treatment Court Judges	Non-Treatment Court Judges	All Judges	$t(149)$	p
	$M(SD)$	$M(SD)$	$M(SD)$		
My willingness to order substance use treatment for <i>non-violent offenders</i> with SUDs, rather than incarceration, has increased during the COVID-19 pandemic.	4.85(1.62)	4.96(1.39)	4.89(1.51)	-.45	.66
The COVID-19 pandemic has impacted my bail decisions for	5.24(1.51)	5.81(1.27)	5.50(1.43)	-2.46	.02**

individuals with SUDs, such that
bail amounts are being reduced.

The COVID-19 pandemic has impacted my bail decisions for individuals with SUDs, such that <i>more persons are being released on bail.</i>	5.23(1.56)	5.68(1.34)	5.43(1.48)	-1.87	.06*
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Note. * $p < .10$, ** $p < .05$

Impacts of the Pandemic on Treatment Courts and Outcomes

To understand the impact of the COVID-19 pandemic on treatment courts and outcomes for individuals with SUDs, we asked judges several questions. In addition to a couple of open-ended questions, closed-ended questions were asked. Close-ended questions used a seven-point Likert scale where 1 equaled *strongly disagree*, 4 equaled *neither agree nor disagree*, and 7 equaled *strongly agree* (See Table 4 for breakdown of results). Results from these questions were compared between treatment court and non-treatment court judges; however, no significant differences were found across treatment court and outcome questions ($p > .05$).

Treatment Courts

We asked treatment court judges three open-ended questions specifically about the impacts of the COVID-19 pandemic on treatment courts. We first asked judges, “From your perspective, how has the COVID-19 pandemic impacted treatment courts?” We coded 73 responses and found that the most common theme was that the pandemic has impaired the courts’ ability to hold individuals with SUDs accountable during treatment. For example, one judge explained, “Biggest hit is to our accountability. Probation has reduced supervision techniques - home visits aren't what they were. Also, drug testing is minimal - definitely not

robust like it was before.” Another common theme that judges reported, was that remote proceedings caused by the pandemic have reduced rapport and trust building between treatment court staff and treatment court participants. One judge responded, “It is very difficult to build rapport over zoom hearings, both between court and participants and among participants themselves. Very difficult to have meaningful conversations when everyone is aware the hearing is required to be live on YouTube in order to allow the public access to the court.”

In addition to asking generally about the impact of the COVID-19 pandemic on treatment courts, we wanted to specifically ask about the challenges that treatment court judges are facing. We asked, “What challenges are treatment courts facing because of the COVID-19 pandemic?” We thematically coded 70 responses and found many of the same concerns discussed previously, such as reduced accountability and rapport building. However, several judges also discussed the limitations of remote treatment. Judges explained, “Some participants struggle with technology. Some participants find it difficult to connect with professionals on a deep level”; and “Something is lost in virtual hearings. The face to face contact for progress reports is really important for some clients.” Many judges also discussed challenges with supporting services such as drug testing, housing, and employment services. One judge explained, “[We face] challenges with available housing options, treatment services and drug testing. Also, challenges for people needing employment options.”

Finally, we asked treatment court judges, “Has the effectiveness of treatment courts been impacted by the COVID-19 pandemic?” We coded the 71 responses and found that an overwhelming majority of treatment court judges reported that the pandemic has negatively impacted the effectiveness of treatment courts. One judge explained, “Absolutely...Many of the agencies we relied on for support of our participants are no longer in operation.” Similarly,

another judge explained, “The pandemic has made treatment courts less effective... We operate to the best of our ability, and it is still better than not having the treatment court option for individuals needing it.” Despite most judges discussing the decreased efficacy of treatment courts during the pandemic, there were also a dozen judges who believe the pandemic hasn’t impacted, or even increased, the effectiveness of treatment courts. One judge explained that their treatment court has remained effective, “Our program has continued to be effective. This is only accomplished with the dedicated efforts and willingness to adapt and think outside of the box of all the stakeholders, including the participants.” Another judge explained how treatment courts have improved from the pandemic, “The ability to hold remote hearings makes us more effective in that people who are interested in the well-being of the individuals are now able to appear at the remote hearings.”

Treatment Programs

We asked judges a handful of questions about the impact of the pandemic on treatment options and programs for individuals with SUDs. First, we asked judges to what extent they agree that, “Treatment options for individuals with SUDs have been limited by the COVID-19 pandemic.” Judges strongly agreed that treatment options for individuals with SUDs have been limited by the pandemic, ($M = 5.85$, $SD = 1.29$). Relatedly, we asked judges to what extent they agree that, “Residential treatment programs for individuals with SUDs, have been negatively impacted by the COVID-19 pandemic”; and “Out-patient treatment programs for individuals with SUDs, have been negatively impacted by the COVID-19 pandemic.” Judges were consistent and strongly agreed that both residential treatment programs ($M = 5.84$, $SD = 1.23$), and out-patient treatment programs ($M = 5.90$, $SD = 1.13$), have been negatively impacted by the COVID-19 pandemic. Similarly, judges strongly agreed ($M = 5.83$, $SD = 1.18$) that, “Support

groups for individuals with SUDs, such as Narcotics Anonymous (NA) or Alcoholics Anonymous (AA), have been negatively impacted by the COVID-19 pandemic.”

To supplement our understanding of the impact of the COVID-19 pandemic on treatment programs, we asked judges, “How have treatment programs for individuals with SUDs, been impacted by the COVID-19 pandemic?” We coded the 127 responses and found three broad themes. First, judges reported that most in-person treatment programs have been moved remotely. One judge explained, “We had to go to online meetings, online court sessions, online counseling and therapy sessions.” Second, judges reported that there are fewer spaces available in residential treatment programs. As one judge explained, “[It is] significantly more difficult finding residential programs that are accepting new patients.” Finally, a third theme discussed by judges extensively was the decreasing efficacy of treatment programs during the pandemic. As one judge explained, “Virtual groups and virtual therapy allow participants to decrease attention, accountability, and participation, thus, treatment is less effective.”

Recidivism

In addition to asking questions about treatment programs, we were interested in understanding how the COVID-19 pandemic has affected recidivism from the perspective of the judiciary. Judges were asked to what extent they agree that, “During the COVID-19 pandemic, recidivism among individuals with SUDs under court supervision has increased.” Judges somewhat agreed that recidivism among individuals with SUDs increased during the pandemic ($M = 4.98$, $SD = 1.42$).

To get a more nuanced understanding of changes in recidivism, we asked judges, “How has the COVID-19 pandemic affected recidivism among individuals with SUDs?” We thematically coded the 119 responses. Although many judges explained that their perceptions of

recidivism are based on anecdotal evidence rather than data, a majority of judges responded saying there has been an increase in recidivism among individuals with SUDs during COVID-19 pandemic. One judge explained, “With the lack of support and oversight, we have seen greater recidivism numbers across the board.” Similarly, another judge simply stated, “Recidivism has increased dramatically among individuals with substance use disorders.” Although a majority of judges’ responses indicated that recidivism has increased, some judges weren’t as sure. For example, one judge responded, “It is unclear how the pandemic has affected recidivism; it does not appear that it has made a large difference.”

Table 4

Impacts of the Pandemic on Treatment Outcomes

Question	Treatment Court Judges	Non-Treatment Court Judges	All Judges		
	<i>M(SD)</i>	<i>M(SD)</i>	<i>M(SD)</i>	<i>t</i> (159)	<i>p</i>
Treatment options for individuals with SUDs have been limited by the COVID-19 pandemic.	5.86(1.33)	5.84(1.24)	5.85(1.29)	.14	.89
Residential treatment programs for individuals with SUDs, have been negatively impacted by the COVID-19 pandemic.	5.92(1.22)	5.72(1.33)	5.84(1.23)	1.00	.32
Out-patient treatment programs for individuals with SUDs, have been negatively impacted by the COVID-19 pandemic.	6.00(.99)	5.78(1.28)	5.90(1.13)	1.21	.23
Support groups for individuals with SUDs, such as Narcotics Anonymous (NA) or Alcoholics Anonymous (AA), have been negatively impacted by the COVID-19 pandemic.	5.80(1.11)	5.87(1.29)	5.83(1.18)	-.38	.71
During the COVID-19 pandemic, recidivism among individuals with	5.08(1.45)	4.84(1.37)	4.98(1.42)	1.02	.31

SUDs under court supervision has increased.

Note. * $p < .10$, ** $p < .05$

Discussion

With growing concerns of the impacts of the COVID-19 pandemic on the treatment and outcomes for justice-involved individuals with SUDs, the present study surveyed judges to understand the: (1) General impacts of the pandemic on individuals with SUDs; (2) Impacts of the pandemic on judicial decision making about individuals with SUDs; (3) Impacts of the pandemic on treatment courts and outcomes of individuals with SUDs. The results of the present survey indicate that judges believe the prevalence of individuals with SUDs has increased during the pandemic. Although many judges viewed remote hearings as an effective alternative during the pandemic, judges did not believe that remote hearings have had a positive impact on the treatment outcomes of individuals with SUDs. The results also indicate that judges believe that the likelihood of successful treatment for justice-involved individuals with SUDs has been diminished by the pandemic. Judges reported that treatment programs, including residential programs, out-patient programs, and support groups, have been negatively affected by the pandemic.

Taken holistically, the results indicate that judges believe that the COVID-19 pandemic has had a negative impact on the treatment of justice-involved individuals with SUDs. However, there were also many positive conclusions to report as well. Both courts and treatment programs have been incredibly adaptive and have largely continued treatment for individuals struggling with SUDs despite the challenges the COVID-19 pandemic has introduced. From adopting remote hearings, to adjusting bail decision making, there are many examples of adaptation and resiliency that has kept treatment courts and programs operational. Additionally, new methods of

online SUD treatment have made treatment more accessible to many individuals, eliminating barriers such as distance, transportation, and time away from work.

Although courts have been forced to rely almost exclusively on remote hearings during the pandemic, there is still some uncertainty as to their efficacy and longevity. Some argue that remote hearings will persist long after the pandemic ends. However, the present data suggests that remote proceedings for treatment courts has been effective for some judges, but not others. Differences in remote treatment outcomes could be due to a variety of factors such as differences in training, infrastructure, and access to reliable internet across different jurisdictions.

We do not know whether remote proceedings will continue after the pandemic has ended but if they do, it is imperative to understand why remote proceedings are effective for some judges and treatment courts, but not others. With a better understanding of the nuances of remote hearings in the treatment of justice-involved individuals with SUDs, evidence-based decision making can be used to inform procedural changes and develop training resources. Relatedly, further research should identify the specific procedures that effective treatment courts are utilizing during the pandemic in order to promote their effective use in other courts across the country.

The COVID-19 pandemic has caused vast disruptions across the entirety of the justice system. As a result, the courts have been forced to face considerable unforeseen challenges to maintain court operations and services. Although we are beginning to understand how courts have adapted to maintain operations across jurisdictions in the U.S., there was no clear understanding of how the pandemic has affected the treatment of individuals with SUDs. The present study serves as an initial investigation and provides a general understanding of how the

COVID-19 pandemic has impacted the treatment of justice-involved individuals with SUDs from the perspective of 172 judges across 43 different U.S. states.

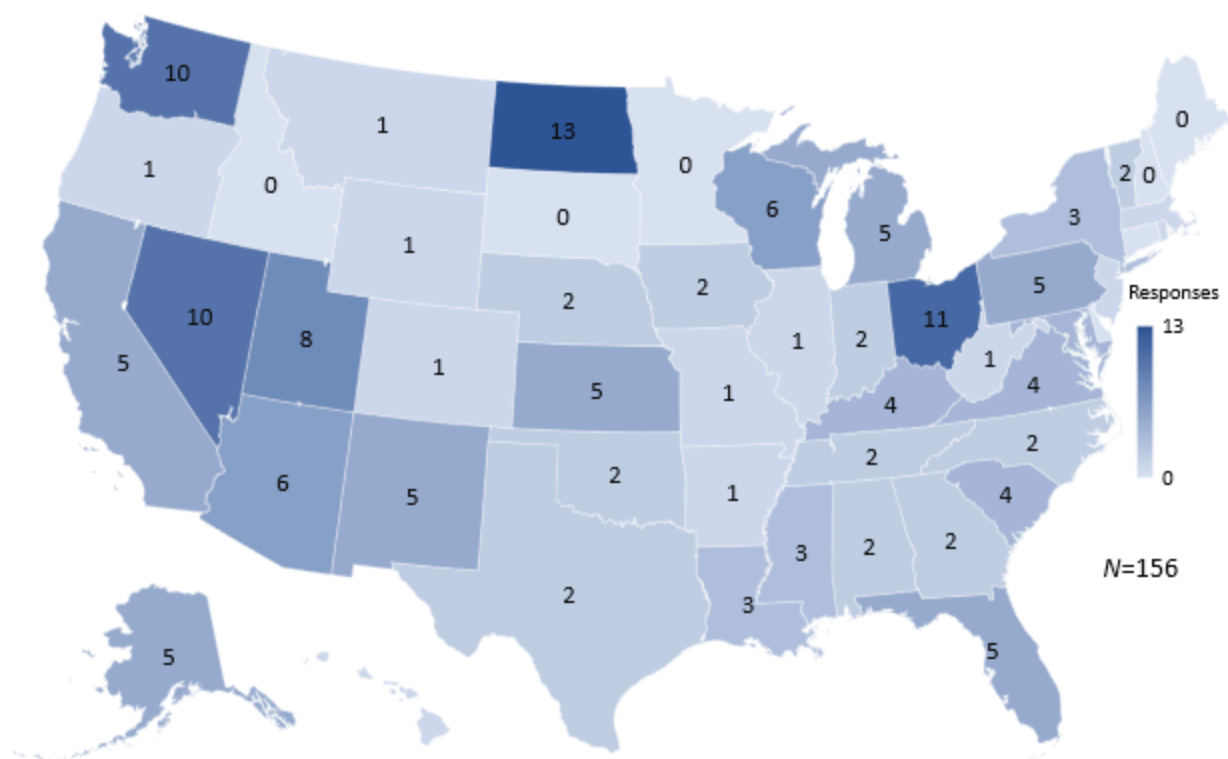
Acknowledgements

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Appendix

Figure 1

Judicial Participants by State



Note. Some participants did not report the state in which they reside.