

The Effectiveness of Substance Abuse Treatment with Criminal Justice Clients



Overview of Key Findings

- Research demonstrates that providing treatment to individuals involved in the criminal justice system decreases future drug use and criminal behavior while improving social functioning.¹
- Recovery from drug addiction requires effective treatment followed by management of the problem over time.²
- The largest economic benefit of treatment is seen in avoided costs of crime (incarceration and victimization costs), with greater economic benefits resulting from treating offenders with co-occurring mental health problems and substance use disorders.³
- Prison-bound people who receive treatment rather than incarceration see lower recidivism and reoffending rates than those who receive a prison sentence.⁴
- Investigators found that prisoners who participated in drug abuse treatment during a work-release program were three times as likely as untreated peers to remain drug-free up to 5 years.⁵
- Increases in admissions to substance abuse treatment are associated with reductions in crime rates and reduced incarceration rates. Substance abuse treatment prior to contact with the justice system yields public safety benefits early on. Community-based drug treatment programs reduce the chance that a person will become involved in the criminal justice system after release from prison.⁶
- Every dollar spent on drug treatment in the community is estimated to return \$18.52 in benefits to society in terms of reduced incarceration rates and associated crime costs to taxpayers.⁷
- Research results of 66 evaluations of incarceration-based drug treatment programs consistently found that therapeutic communities were effective interventions in reducing post-release offending and drug use.⁸
- A five-year study of the Drug Treatment Alternative-to-Prison Program (DTAP) in Brooklyn, New York found that DTAP participants had a 26% lower re-arrest rate and 67% lower recidivism rate two years after completing the program than a matched group who went through the standard judicial system. The study also revealed the cost-effectiveness of the program: the average cost of assigning an individual in DTAP was \$32,975 compared to an average cost of \$64,338 for incarceration.⁹
- Maryland's state substance abuse treatment department reported that arrest rates during both funded and non-funded treatment were about 75% lower than arrest rates during the two years preceding treatment. Arrest rates were reduced by half or more during treatment in most levels of care.¹⁰

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- Delaware Work Release study reported those who participated in prison-based treatment followed by aftercare were seven times more likely to be drug free after 3 years than those who received no treatment. Nearly 70 percent of those in the comprehensive drug treatment group remained arrest-free after 3 years - compared to only 30 percent in the no-treatment group.¹¹
- Drug abuse treatment can be incorporated into criminal justice settings in a variety of ways. These include treatment as a condition of probation, drug courts that blend judicial monitoring and sanctions with treatment, treatment in prison followed by community-based treatment after discharge, and treatment under parole or probation supervision.¹²
- For offenders eligible for treatment under the first year of California's Substance Abuse and Crime Prevention Act of 2000 (SACPA), \$2.50 in criminal justice costs were saved for every \$1.00 invested in drug treatment.¹³
- A UCLA Study finds that the average \$1,583 cost of substance abuse treatment is offset by monetary benefits such as reduced costs of crime and increased employment earnings totaling \$11,487. Among other findings, there was a reduction in the cost of victimization and other criminal activities averaged \$5,676.¹⁴
- Nearly two decades of treatment research finds that substance abuse treatment, especially when it incorporates evidence-based practice, results in clinically significant reduction in alcohol and other drug use and crime, and improvement in health and social function, for many clients.¹⁵
- A study of adult drug courts in Washington State found that five of the six drug courts reduced recidivism by 13%.¹⁶
- Statistics show that recidivism rates follow dramatically for inmates who receive GEDs, vocational training and especially substance abuse treatment behind bars.¹⁷
- Therapeutic community substance abuse treatment programs help reduce or control prison management costs.¹⁸

A Summary of Related Research Findings

Financial Burden of Substance Abuse on The Criminal Justice System in West Virginia

This report, part of a larger Family Funding Study project, is the first in a series in which the cost of drug abuse to West Virginia's criminal justice, healthcare, education, welfare, and workforce systems are examined. This particular report focuses on the Public Defender Program, Prosecuting Attorneys Institute, Parole Board, Law Enforcement, Judicial System, Division of Juvenile Justice, Division of Corrections, and Regional Jail Authority. This report presents estimates of the prevalence of drug and alcohol involved crimes and services for each agency separately and also the cost of drug and alcohol involved crimes. This

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report estimates that substance abuse cost the criminal justice system approximately \$429 million in 2010 and could easily increase to over \$695 million in 2017. This report focuses only on direct costs of substance use.

West Virginia Prevention Resource Center (2011). *The Financial Burden of Substance Abuse in West Virginia: The Criminal Justice System Series 2*. Retrieved from <http://www.PrevNet.org>

Course Correction

With prisons full and the state budget strained, Florida business leaders are pushing reform as a matter of efficiency and public safety. This article discusses how instituting prison reforms such as re-entry programs and substance abuse treatment can result in a reduction of recidivism and cost savings. For example, Operation New Hope in Jacksonville, FL and its employment arm, Ready4Work, had a 5% recidivism rate, compared to the countrywide rate of 54%.

Barnett, C. (2009). Course Correction. *Floridatrend.com*. May 2009, 74-77.

Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety

Despite increasing evidence that addiction is a treatable disease of the brain most individuals do not receive treatment. Involvement in the criminal justice system often results in illegal drug-seeking behavior and participation in illegal activities that reflect, in part, disrupted behavior ensuing from brain changes triggered by repeated drug use. Treating drug-involved offenders provides a unique opportunity to decrease substance abuse and reduce associated criminal behavior. Emerging neuroscience has the potential to transform traditional sanctioned-oriented public safety approaches by providing new therapeutic strategies against addiction that can be used in the criminal justice system. The authors summarize relevant scientific findings and evidence-based principles of addiction treatment that, if implemented in the criminal justice system could help improve public health and reduce criminal behavior.

Chandler, K., Fletcher, B.W., Volkow, N.D. (2009). Treating Drug Addiction in the Criminal Justice System: Improving Public Health and Safety. *Journal of the American Medical Association*. Vol. 301, No.2, 183-190.

Evidence-Based Public Policy Option to Reduce Crime and Criminal Justice Costs: Implications in Washington State (2)

In 2006, long term forecasts indicted that Washington faced the need to construct several new prisons in the following two decades. The Washington legislature directed the Washington State Institute for Public Policy to project whether there are “evidence-based” options that could reduce the future need for prison beds, save money for state and local taxpayers and contribute to lower crime rates. The institute conducted a systemic review of all research evidence that could be located to determine what works to reduce crime. 545

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comparison-group evaluations of adult corrections, juvenile corrections, and prevention programs were analyzed. The study found that some evidence-based programs (e.g., drug courts, cognitive behavioral therapy, therapeutic communities) produce favorable returns on investment.

Drake, E., Aos, S., Miller, M. G. (2009). Evidence-Based Public Policy Options to Reduce Crime and Criminal Justice Costs: Implications in Washington State. *Washington State Institute for Public Policy Institute*. Olympia, WA.

Enhancing Prisoner Reentry Through Access To Prison-based and Post-incarceration Aftercare Treatment: Experiences From the Illinois Sheridan Correctional Center Therapeutic Community

In an attempt to enhance dramatically the access of Illinois' prison inmates to substance abuse treatment services within prison and following their release, the Sheridan Correctional Center was opened in 2004 by the Illinois Department of Corrections as a fully-dedicated substance abuse treatment prison operating under a therapeutic community design. During the first 5 years of implementation and operation, the program has improved the rate of aftercare admission and completion through enhanced pre-release planning and coordination, the development of community-based partnerships, and a transformation of the parole model and, in doing so, has overcome many of the barriers to effective offender re-entry. The analyses illustrate how aftercare admission and completion has improved during the course of implementation, and what factors appear to predict aftercare entry and completion. The article discusses the implications of how this improved access to aftercare impacts upon post-release outcomes (i.e., recidivism).

Olson, David, et. al., (2009). Enhancing prisoner reentry through access to prison-based and post-incarceration aftercare treatment. *Journal of Experimental Criminology*, Volume 5, Number 3, September 2009, pp 299 –321.

Treating Offenders with Drug Problems: Integrating Public Health and Public Safety

Research demonstrates that providing treatment to individuals involved in the criminal justice system decreases future drug use and criminal behavior while improving social functioning. Blending the functions of criminal justice supervision with drug abuse treatment and support optimally serves both public health and public safety concerns.

National Institute for Drug Addiction. (2009). *Treating Offenders with Drug Problems: Integrating Public Health and Public Safety*, NIDA Topics in Brief, March 2009.

Substance Abuse Treatment and Public Safety

The Justice Policy Institute policy brief—the last in a series that examines the impact of positive social investments on public safety—found that:

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- Increases in admissions to substance abuse treatment are associated with reductions in crime rates. Admissions to drug treatment increased 37.4% and federal spending on drug treatment increased 14.6% from 1995 to 2005. During the same period, violent crime fell 31.5%.
- Increased admissions to drug treatment are associated with reduced incarceration rates. States with a higher drug treatment admission rate than the national average send, on average, 100 fewer people to prison per 100,000 in the population than states that have lower than average drug treatment admissions.
- Substance abuse treatment prior to contact with the justice system yields public safety benefits early on. Research has shown that drug treatment programs improve life outcomes for individuals and decreases the likelihood that a drug-involved person will be involved in the criminal justice system.
- Substance abuse treatment helps individuals transition successfully from the criminal justice system to the community. Community-based drug treatment programs reduce the chance that a person will become involved in the criminal justice system after release from prison.
- Substance abuse treatment is more cost-effective than prison or other punitive measures. The Washington State Institute for Public Policy (WSIPP) found that community-based drug treatment is extremely beneficial in terms of cost, especially compared to prison. Every dollar spent on drug treatment in the community is estimated to return \$18.52 in benefits to society in terms of reduced incarceration rates and associated crime costs to taxpayers.

Justice Policy Institute. (2008). *Substance Abuse Treatment and Public Safety*, Justice Policy Institute.

One in 100: Behind Bars in America 2008

For the first time in history more than one in every 100 adults in America are in jail or prison—a fact that significantly impacts state budgets without delivering a clear return on public safety. According to a new report released by the Pew Center on the States' Public Safety Performance Project, at the start of 2008, 2,319,258 adults were held in American prisons or jails, or one in every 99.1 men and women, according to the study. During 2007, the prison population rose by more than 25,000 inmates. In addition to detailing state and regional prison growth rates, Pew's report, *One in 100: Behind Bars in America 2008*, identifies how corrections spending compares to other state investments, why it has increased, and what some states are doing to limit growth in both prison populations and costs while maintaining public safety. Specifically, options suggested that states can use to control crime and prison populations are drug courts and short-term residential facilities.

The Pew Center of the United States, Public Safety Performance Project. (2008). *One in 100: Behind Bars in America 2008*. Washington, DC.

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Quality Improvement for Drug Courts: Evidence Based Practices

Currently 22.6 million Americans abuse or are dependent on alcohol and /or illicit drugs (SAMHSA, 2007). In 2005 more than 20,000 clean, sober, and law-abiding participants graduated from drug courts across the country (Huddleston, Marlowe, & Casebolt, 2008). In the grand scheme of things, and given the total number of people in the criminal justice system with a drug abuse problem, the need to bring drug courts to scale is of great importance. According to this monograph, the research is clear that drug court graduates reoffend considerably less than other in and out of the criminal justice system who have drug problems (Belenko, 2001; Governmental Accountability Office, 2005). This report discusses evidence based practices that assist in making programs more effective thereby reducing recidivism rates.

Hardin, C. Kushner, J. (2008). Quality Improvement for Drug Courts: Evidence Based Practices. Monograph Series 9. *National Drug Court Institute*. Alexandria, VA.

Does Incarceration-based Drug Treatment Reduce Recidivism? A Meta-analytic Synthesis of the Research

This research synthesized results from 66 published and unpublished evaluations of incarceration-based drug treatment programs using meta-analysis. Incarceration-based drug treatment programs fell into five types: therapeutic communities (TCs), residential substance abuse treatment (RSAT), group counseling, boot camps specifically for drug offenders, and narcotic maintenance programs. The effectiveness of each of these types of interventions were examined in reducing post-release offending and drug use, as well as whether differences in research findings can be explained by variations in methodology, sample, or program features. The results consistently found support for the effectiveness of TC programs on both outcome measures, and this finding was robust to variations in method, sample, and program features. Support was also found for the effectiveness of RSAT and group counseling programs in reducing re-offending, but these programs' effects on drug use were ambiguous. A limited number of evaluations assessed narcotic maintenance or boot camp programs; however, the existing evaluations found mixed support for maintenance programs and no support for boot camps.

Mitchell, Ojmarh Mitchell, et. al. (2007). Does incarceration-based drug treatment reduce recidivism? A meta-analytic synthesis of the research. *Journal of Experimental Criminology*, Volume 3, Number 4, December 2007, pp 353–375.

Effectiveness of Correctional Rehabilitation: A Review of Systematic Reviews

The effects of correctional interventions on recidivism have important public safety implications when offenders are released from probation or prison. Hundreds of studies have been conducted on those effects, some investigating punitive approaches and some investigating rehabilitation treatments. Systematic reviews (meta-analyses) of those studies, while varying greatly in coverage and technique, display remarkable consistency in their overall findings. Supervision and sanctions, at best, show modest mean reductions in recidivism and, in

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some instances, have the opposite effect and increase reoffense rates. The mean recidivism effects found in studies of rehabilitation treatment, by comparison, are consistently positive and relatively large. There is, however, considerable variability in those effects associated with the type of treatment, how well it is implemented, and the nature of the offenders to whom it is applied. The specific sources of that variability have not been well explored, but some principles for effective treatment have emerged. The rehabilitation treatments generally found effective in research do not characterize current correctional practice, and bridging the gap between research and practice remains a significant challenge.

Lipsey, Mark W. Lipsey & Francis T. Cullen. (2007). The Effectiveness of Correctional Rehabilitation: A Review of Systematic Reviews. *Annual Review of Law and Social Science*, Vol. 3: 297-320.

Effective Investments in Public Safety: Drug Treatment

Prison-bound people who receive treatment rather than incarceration see lower recidivism and reoffending rates than those who receive a prison sentence.

- A study of adult drug courts in Washington State found that five of the six drug courts reduced recidivism by 13%. Furthermore, a review of Washington's Drug Offender Sentencing Alternative (DOSA) program found a 25% lower recidivism rate in DOSA participants than in DOSA-eligible non-participants. They found that over a three year period the re-conviction rate for any felony for DOSA participants was 30.3 percent, compared to 40.5 percent for non-participants. Furthermore, a 2005 study by the WSIPP found that benefits to taxpayers for the DOSA program were between \$7 and \$10 per dollar spent.
- A five-year study of the Drug Treatment Alternative-to-Prison Program (DTAP) in Brooklyn, New York found that DTAP participants had a 26% lower re-arrest rate two years after completing the program than a matched group who went through the standard judicial system. Moreover, the recidivism rate (percentage returning to prison) was 67% lower for DTAP participants than individuals in the comparison group. The study also revealed the cost-effectiveness of the program: the average cost of assigning an individual in DTAP was \$32,975 compared to an average cost of \$64,338 for incarceration.
- A U.S. Department of Health and Human Services study of thousands of clients receiving drug and alcohol treatment in federally-funded treatment facilities, analyzed the criminal behavior of clients before and after treatment. The study reports that, after treatment, the number of clients selling drugs decreased 78% while the number of people arrested for any crime declined by 64%.
- The state's substance abuse treatment department reported the following benefit from drug treatment programs: "Arrest rates during both funded and non-funded treatment were about 75% lower than arrest rates during the two years preceding treatment. Arrest rates were reduced by half or more during treatment in most levels of care." In Baltimore City alone, arrests for offenses such as theft, burglary and robbery were 55% lower for those who completed treatment than those who did not.

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Justice Policy Institute. (2007). *Effective Investments in Public Safety: Drug Treatment*, Justice Policy Institute Fact Sheet (February 2, 2007).

The Effectiveness of Incarceration-Based Drug Treatment on Criminal Behavior

The objective of this review was to systematically synthesize the available evidence regarding the effectiveness of incarceration-based drug treatment interventions in reducing drug relapse and recidivism. Approximately how effective are these programs (i.e., what's the magnitude of the effect)? Are there particular types of drug treatment programs that are especially effective or ineffective? What characteristics differentiate effective programs from ineffective programs? These questions are addressed using quantitative meta-analytic synthesis techniques. Approximately 83% of recidivism odds-ratios indicated that the drug treatment group had less recidivism than the comparison group. The mean odds-ratio was 1.37, indicating that on average participation in these drug treatment programs was associated with a modest reduction in post-treatment offending; assuming a 35% recidivism rate for the comparison group (which was the average recidivism rate for comparison groups), this overall mean odds-ratio translates into a recidivism rate of approximately 28% for the treatment group.

Mitchell, O., Wilson, D.B., MacKenzie, D.L. (2006). The Effectiveness of Incarceration-Based Drug Treatment on Criminal Behavior. *Campbell Systemic Reviews*. 2006: 11. doi : 10.4073/csr.2006.11

Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs and Crime Rates

The Washington State Institute on Public Policy estimated that treatment-oriented programs for those people arrested for drug offenses provided \$11,563 in average benefits per participant. In comparison, drug treatment in prison offered only \$7,835 in average benefits per participant.

Washington State Institute for Public Policy. (2006). *Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs and Crime Rates*, Washington State Institute for Public Policy.

An Examination of Drug Treatment Programs Needed to Ensure Successful Re-entry

According to the Delaware Work Release study sponsored by NIDA, those who participated in prison-based treatment followed by aftercare were seven times more likely to be drug free after 3 years than those who received no treatment. Moreover, nearly 70 percent of those in the comprehensive drug treatment group remained arrest-free after 3 years - compared to only 30 percent in the no-treatment group.

An Examination of Drug Treatment Programs Needed to Ensure Successful Re-entry – Testimony Before the Subcommittee on Crime, Terrorism, and Homeland Security, Committee on the Judiciary, United States House of Representatives, NIDA, February 8, 2006.

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Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide

Drug abuse treatment can be incorporated into criminal justice settings in a variety of ways. These include treatment as a condition of probation, drug courts that blend judicial monitoring and sanctions with treatment, treatment in prison followed by community-based treatment after discharge, and treatment under parole or probation supervision. Outcomes for substance abusing individuals can be improved by cross-agency coordination and collaboration of criminal justice professionals, substance abuse treatment providers, and other social service agencies. By working together, the criminal justice and treatment systems can optimize resources to benefit the health, safety, and well-being of individuals and the communities they serve.

National Institute for Drug Addiction. (2006). *Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide*; NIDA September 2006. www.drugabuse.gov/DrugPages/cj.html

A Systematic Review of Drug Court Effects on Recidivism

Drug courts have been proposed as a solution to the increasing numbers of drug involved offenders entering our criminal justice system, and they have become widespread since their introduction in 1989. Evaluations of these programs have led to mixed results. Using meta-analytic methods, we systematically reviewed the extant evidence on the effectiveness of drug courts in reducing future criminal offending. Fifty studies representing 55 evaluations were identified, including both experimental and quasi-experimental comparison group designs. The overall findings tentatively suggest that drug offenders participating in a drug court are less likely to reoffend than similar offenders sentenced to traditional correctional options. The equivocation of this conclusion stems from the generally weak methodological nature of the research in this area, although higher quality studies also observed positive results. Furthermore, the evidence tentatively suggests that drug courts using a single model (pre- or post-plea) may be more effective than those not employing these methods. These courts have a clear incentive for completion of the drug court program.

Wilson, David, et. al. (2006). A systematic review of drug court effects on recidivism. *Journal of Experimental Criminology*, Volume 2, November 4, 2006, pp 459 –487.

Proposition 36 Cost-Benefit Analysis Justifies Investments in Treatment

For offenders eligible for treatment under the first year of California's Substance Abuse and Crime Prevention Act of 2000 (SACPA), \$2.50 was saved for every \$1.00 invested in drug treatment. Three conclusions result from the cost analyses: SACPA substantially reduced incarceration costs: From the perspective of state and local government, continued funding for SACPA is justified; SACPA resulted in greater cost savings for some eligible offenders than for others; and SACPA can be improved. The savings from SACPA are largely due to reductions in jail and prison time. Cost increases were primarily due to subsequent arrests and convictions and drug treatment. Probation and parole cost changes were modest, as were increases in healthcare costs and contributions from taxable earnings.

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California Department of Alcohol and Drug Programs:

<http://www.adp.cahwnet.gov/sacpa/prop36.shtml>

SACPA Evaluation report at UCLA:

http://www.uclaisap.org/Prop36/documents/SACPA_COSTANALYSIS.pdf

Treatment During Work Release Fosters Offenders' Successful Community Reentry

Addiction treatment for prisoners during the pivotal time when they are returning to the community has a strikingly persistent benefit and may create a 'turning point' that helps them stay off drugs and out of trouble, NIDA researchers have concluded after tracking the progress of more than a thousand released offenders. The investigators found that prisoners who participated in drug abuse treatment during a work-release program were three times as likely as untreated peers to remain drug-free up to 5 years. Treatment during work release delayed relapse and resulted in more drug-free time during the follow-up period. Attendance at continuing weekly group sessions following completion of work-release treatment further enhanced outcomes up to 3 years.

Butzin, C.A., et.al. (2005). Treatment during transition from prison to community and subsequent illicit drug use. *Journal of Substance Abuse Treatment*, 28 (4):351-358.

http://www.nida.nih.gov/NIDA_notes/NNvol20N5/Treatment.html

Predicting The Effect Of Substance Abuse Treatment on Probationer Recidivism

Data from this research is for almost 134,000 drug-involved individuals sentenced to probation in Florida between July 1995 and June 2000. Nearly 52,000 of these individuals received non-residential substance abuse treatment while 81,797 did not. Results suggest that non-residential treatment reduced both the expected numbers of individuals who recidivated (i.e., were arrested) and the expected total numbers of arrests in the 12 and 24 months following placement on supervision. At a time when state and Federal budgets are stretched, it seems that the provision of treatment might yield a number of societal and criminal justice system benefits both in terms of improvements in public safety and potential cost savings. Treatment, although not free, is, on average, substantially less expensive than incarceration and the financial and personal (e.g., victim impact) benefits of avoiding future crimes are difficult to overestimate.

Lattimore, Pamela K., et. al.(2005). Predicting The Effect Of Substance Abuse Treatment on Probationer Recidivism. *Journal of Experimental Criminology*, Volume 1, Number 2, July 2005, pp 159 – 189.

The Economic Benefits of Drug Treatment: A Critical Review of the Evidence for Policy Makers

The Treatment Research Institute at the University of Pennsylvania, the National Rural Alcohol and Drug Abuse Network (NRADAN) and the Alcohol and Drug Problems

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Association of North America (ADPA) have joined together to publish this document that reviews hundreds of studies relating to the cost effectiveness of treatment services for people with alcohol and other drug abuse problems. Nearly two decades of treatment research finds that substance abuse treatment, especially when it incorporates evidence-based practice, results in clinically significant reduction in alcohol and other drug use and crime, and improvement in health and social function, for many clients. Economic studies across setting, populations, methods, and time periods consistently find positive net economic benefits of alcohol and other drug treatment that are relatively robust. The primary economic benefits occur from reduced crime and post-treatment reduction in health care costs.

Belenko, Steven, Ph.D., et.al. (2005). The Economic Benefits of Drug Treatment: A Critical Review of the Evidence for Policy Makers, *Treatment Research Institute at the University of Pennsylvania*. http://www.adpana.com/EconomicBenefits_2005Feb.pdf

Task Force Recommendations: Mental Health, Substance Abuse and Domestic Violence in Oklahoma

A blue-ribbon panel convened by Oklahoma's governor and attorney general has put on paper what advocates have been telling policymakers for years: investing in addiction, mental-health, and domestic-violence services can save taxpayers billions of dollars each year. The task force last month issued a 31-page report that details \$8 billion in "hard" and "soft" costs associated with untreated, under-treated, and un-served addiction, mental health and domestic violence. The groups also makes five key recommendations for addressing what the panel called "an escalating health and public-policy crisis which, if not dealt with soon, will deepen in both intensity and gravity." The task force called for: making prevention, early intervention, treatment, and recovery-support services available to those in need; identifying people in the criminal-justice system with addictions and major mental illnesses soon after their entry, with referrals to more cost-effective programs; treat, monitor, rehabilitate, and supervise these populations; establishing minimum state standards for mandatory training of addiction, mental-health, and domestic violence service-providers; increasing the number of trained professionals and paraprofessionals working in these fields; further study of the needs of offenders and others in custody who need addiction and mental health services, as well as improved data collection on sexual assault.

Oklahoma Governor's and Attorney General's Blue Ribbon Task Force, 2005.
www.odmhsas.org/web%20page%20publications/BR.pdf

Treatment in Prisons and Jails

This report highlights the overwhelming need for substance abuse treatment services in correctional settings. The report indicates that well over half of jail and prison inmates have significant substance abuse problems, and need treatment services. Within jails two-thirds of adult arrestees in metropolitan jails test positive for drugs and 70% of inmates are either arrested for a drug offense or report using drugs on a regular basis. The lifetime prevalence rates of substance abuse and dependence disorders among prisoners is 74%, including 46% for drug dependence and 37% for alcohol dependence.

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Peters, R.H., Matthews, C.O., Dvoskin, J.A. (2005). *Treatment in Prisons and Jails*. University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Mental Health Law and Policy, Tampa, FL.

Evaluation of the Salt Lake County Adult Felony Drug Court Final Report

The cost-benefit return for the drug court based on the Utah cost-benefit model is approximately \$4.29 return on every dollar invested in the program. The benefits take into account both the explicit reduced costs to the taxpayer due to lowered recidivism and also the implicit reduced costs to potential victims due to lowered recidivism. Based on the Utah model calculations, the reduction in recidivism due to drug court participation leads to a taxpayer effect of \$1,601.89 and a victim effect of \$8,905.61, meaning taxpayers and victims are saved that much money, respectively from the reduction in future criminal justice and victim expenses that would have occurred had drug court had no effect on recidivism. The total per graduate effect of reduced crime due to drug courts is \$10,507.50.

Van Fleet, R.K., Hickert, A.O., Becker, E.E. (2005). *Evaluation of the Salt Lake County Adult Felony Drug Court Final Report*. Criminal and Justice Consortium, College of Social Work, University of Utah, Salt Lake City, UT.

Cost-Effectiveness of Connecticut's In-Prison Substance Abuse Treatment

Although national figures suggest that 80 percent of prison inmates have serious alcohol or drug problems, only 15 percent receive substance use dependence treatment while incarcerated. In fact, less than 5 percent of state prison budgets are allocated for substance use dependence treatment programs which implies that most prisons do not have financial support to incorporate substance use dependence treatment into their system of care. This study compared four different levels of treatment for substance use dependence for 831 adult offenders. Effectiveness was measured by comparing post-release rearrest rates for those who received treatment while incarcerated, versus those who did not receive such treatment in prison. Offenders who attended higher level programs, which provided more intense treatment (ranging from outpatient sessions three times a week to residential treatment), were less likely to be rearrested than those who attended level one programs, which consisted of weekly drug and alcohol education sessions. In addition, cost-effectiveness analyses suggested that the cost of these programs was significantly less than the cost of re-incarceration, which implies that investment in prison substance use dependence treatment programs, particularly those that offer outpatient or more intensive services, will likely yield favorable returns on investment.

Daley M, Love, et. al. (2004). Cost-Effectiveness of Connecticut's In-Prison Substance Abuse Treatment. *Journal of Offender Rehabilitation*, 39(3), pp.69-92.

<http://www.rwjf.org/research/researchByArea.jsp?title=Alcohol%20and%20Drug%20Addiction%20Prevention%20and%20Treatment&detailID=1664>

OPPAGA Information Brief: Correctional Substance Abuse Programs, While Few, Are Reasonably Efficient and Effective

Approximately 75% of inmates who are assigned to a treatment program complete it. Program completers recidivate 3% less than those who need treatment but do not participate in a program. This percentage results in approximately \$1.6 million savings for the State. The gap between treatment need and availability is widening; in Fiscal Year 2003-04, the department served 4,715 inmates in its primary treatment programs and 14,350 inmates identified as needing treatment were released without it. The substance abuse treatment programs at Florida's correctional institutions are reasonably efficient and effective. The three types of programs serve different treatment needs, and merging them would not be beneficial.

OPPAGA Information Brief, Report #04-69, October 2004.
<http://www.oppaga.state.fl.us/reports/pdf/0469rpt.pdf>

From SAMHSA Office of Applied Studies

The Services Research Outcome Study (SROS) is a follow-on to the 1990 Drug Services Research Survey (DSRS). The SROS provided for a five year post-discharge follow-up of a broadly representative sample of approximately 3,000 drug clients treated during 1989 to 1990. The study ascertained their behavior up to five years after the 1989-1990 treatment episode, and will analyze treatment results in light of the type and cost of treatment services the clients received. Pre-treatment variables included demographic characteristics, prior treatment history, criminal justice history, social support, and addiction severity. Treatment variables included duration of treatment episodes, key services received, program staffing, ownership, resource base, and costs. Post-treatment variables include: employment; criminal justice status, such as probation or incarceration; and further treatment episodes. The Services Research Outcomes Study (SROS), the first nationally representative study of substance abuse outcomes, confirms that both drug abuse and criminal behavior are reduced following drug abuse treatment: inpatient, outpatient, and residential.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Services Research Outcomes Study, DHHS Publication No. (SMA) 98-3177

Treatment or Incarceration? National and State Findings on the Efficacy and Cost Savings of Drug Treatment Versus Imprisonment

A report documenting how drug treatment is more cost-effective than incarceration is presented. Findings are: treatment can be less expensive than imprisonment; treatment can be cost effective; treatment can reduce substance abuse and recidivism while building communities; and promising treatment models exist in Maryland and around the country.

McVay, Doug, et. al.(2004). Treatment or Incarceration? National and State Findings on the Efficacy and Cost Savings of Drug Treatment Versus Imprisonment, Justice Policy Institute, 2004. <http://www.nicic.org/Library/019786>

A Meeting of the Minds: Researchers and Practitioners Discuss Key Issues in Corrections-Based Drug Treatment

Responses generated from a discussion of 18 “nationally recognized” researchers and practitioners are supplied. The following sections are contained in this report: introduction; comments from the workgroups on four dimensions of correctional drug treatment (e.g., screening and assessment, state of practice of prison-based drug treatment, treatment effectiveness, and prisoner reentry into society); comments from the general session regarding research gaps, promotion strategies, and general principles of effective correctional drug treatment; and conclusion.

Moore, Gretchen & Daniel Mears. (2003). A Meeting of the Minds: Researchers and Practitioners Discuss Key Issues in Corrections-Based Drug Treatment, *Urban Institute*. http://www.urban.org/UploadedPDF/410619_NIDA3_MeetingRpt.pdf

Drug Treatment in the Criminal Justice System: The Current State of Knowledge

The challenges of providing drug treatment in correctional facilities are examined. An executive summary and the following six chapters comprise this report: prison growth, drug abuse, and treatment in the criminal justice system; screening and assessment for drug treatment in the criminal justice system; drug treatment in the criminal justice system (e.g., defining treatment, drug treatment, modalities and services, cost, treatment prevalence, and programming issues); drug treatment effectiveness; post-release drug treatment; and barriers (political, resource, assessment, administrative and organizational, and programmatic) to drug treatment.

Mears, Daniel, et. al.(2003). Drug Treatment in the Criminal Justice System: The Current State of Knowledge, *Urban Institute*. http://www.urban.org/UploadedPDF/410618_NIDA1_KnowledgeRpt.pdf

The Relative Contribution of Outcome Domains on the Total Economic Benefit of Addiction Interventions: A Review of First Findings

This paper provides a focused summary of the relative contribution of addiction intervention outcomes to total economic benefit, based upon a compilation of published studies from the United States. The primary finding of this review was that avoided criminal activity was the greatest economic benefit of addiction interventions and contributed more, as a separate outcome domain, to the total economic benefit of addiction interventions than any other outcome domain. Reduced utilization of health care services was also a noteworthy benefit of addiction interventions.

McCullister, K.E., French, M.T. (2003). The Relative Contribution of Outcome Domains on the Total Economic Benefit of Addiction Interventions: A Review of First Findings. *Addiction*, 98. 1647-1659.

The Effectiveness of Substance Abuse

From the Office of National Drug Control Policy

In addition to stopping drug use, the goal of treatment is to return the individual to productive functioning in the family, workplace, and community. Measures of effectiveness typically include levels of criminal behavior, family functioning, employability, and medical condition. Drug treatment reduces drug use by 40 to 60 percent and significantly decreases criminal activity during and after treatment. Research shows that drug addiction treatment reduces the risk of HIV infection and that interventions to prevent HIV are much less costly than treating HIV-related illnesses. Drug injectors who do not enter treatment are up to six times more likely to become infected with HIV than injectors who enter and remain in treatment. Treatment can improve the prospects for employment, with gains of up to 40 percent after a single treatment episode. Although these effectiveness rates hold in general, individual treatment outcomes depend on the extent and nature of the patient's presenting problems, the appropriateness of the treatment components and related services used to address those problems, and the degree of active engagement of the patient in the treatment process.

<http://www.whitehousedrugpolicy.gov/treat/effectiveness.html>

Residential Substance Abuse Treatment for State Prisoners: Implementation Lessons Learned

The Residential Substance Abuse Treatment (RSAT) for State Prisoners Formula Grant Program encourages States to develop substance abuse treatment programs for incarcerated offenders. This NIJ Special Report summarizes the results of a National Evaluation of RSAT and process evaluations of 12 local sites across the country. Findings include that RSAT has been responsible for substantial increases in the number of residential and non-residential treatment slots available for offenders with substance abuse problems and the number of staff trained to work in substance abuse treatment programs.

Lana D. Harrison and Steven S. Martin. (2003). Residential Substance Abuse Treatment for State Prisoners: Implementation Lessons Learned, *U.S. Department of Justice Office of Justice Programs*. <http://www.ncjrs.org/pdffiles1/nij/195738.pdf>

Residential Substance Abuse Treatment for State Prisoners: Breaking the Drug-Crime Cycle Among Parole Violators

Idaho has found a way to deal with the many parolees who are returned to prison because their abuse of alcohol and drugs contributes to their committing a new offense. To break this drug crime nexus, the Residential Substance Abuse Treatment (RSAT) program at the South Idaho Correctional Institution began to target parole-violating inmates with substance abuse problems. To identify the program's strengths and weaknesses, researchers conducted a 15-month evaluation of the program's process. The evaluation identified several "do's" and "don'ts" that may be instructional for other correctional facilities grappling with similar problems.

Treatment with Criminal Justice Clients

Stohr, Mary K. Stohr, et. al.(2003). Residential Substance Abuse Treatment for State Prisoners: Breaking the Drug-Crime Cycle Among Parole Violators, *NCJRS*.
<http://www.ncjrs.org/pdffiles1/nij/199948.pdf>

From the Office of National Drug Control Policy – Drug Treatment in the Criminal Justice System

Drug abuse among correctional populations is a pervasive problem affecting between 60% and 80% of offenders under supervision. By requiring drug testing at the State and Federal levels, providing models of successful drug treatment programs, providing financial support for research and prevention, and looking to the future for a long-term commitment, the Federal Government will provide the basis for effective treatment programs for offenders to become productive, positive members of society.

<http://www.whitehousedrugpolicy.gov/publications/pdf/94406.pdf>

TRIAD Drug Treatment Evaluation Project

The Federal Bureau of Prisons undertook an evaluation of its residential drug abuse treatment program by assessing the post-release outcomes of inmates who had been released from BOP custody. The evaluation, conducted with funding and assistance from the National Institute on Drug Abuse, reveals that offenders who completed the drug abuse treatment program and had been released to the community for three years were less likely to be re-arrested or to be detected for drug use than were similar inmates who did not participate in the drug abuse treatment program. The findings for recidivism and drug use three years after release are consistent with the positive results in the preliminary report based on six months following release. Drug treatment provided to incarcerated offenders reduces the likelihood of future criminal conduct and drug use as well as increasing the employment rate among women. This study is consistent with the results of other evaluations of prison drug treatment; however, these findings are bolstered by the use of multiple treatment sites, a rigorous research design, a large sample size, and the opportunity to examine the effects of drug treatment on men and women separately.

Pelissier, Bernadette, et. al. (2000). TRIAD Drug Treatment Evaluation Project, Federal Bureau of Prisons, Office of Research and Evaluation.

<http://www.bop.gov/orepg/oretriad.html>

Estimating the Differential Costs of Criminal Activity for Juvenile Drug Court Participants: Challenges and Recommendations

The co-occurrence of substance use and delinquent behavior among adolescents poses a major public health challenge. Nearly 80% of arrested juveniles report problems with addictive substances, test positive for drugs at the time of arrest, are arrested for drug law violations, or are under the influence of drugs and/or alcohol at the time they commit the offense(s). This data clearly reveals the need to address substance use within the

juvenile offender population and suggests that the juvenile justice system can provide a viable opportunity to intervene with adolescents engaging in substance use and crime. In this regard, juvenile drug courts (JDCs) have emerged as promising programs for juvenile offenders with substance use problems. 2-4 JDCs combine intensive judicial leverage with substance abuse treatment in an attempt to reduce participant substance use and criminal activity.

McCollister, K.E., French, M.T., Sheidow, A. J., Halliday-Boykins, C. (2009) Estimating the Differential Costs of Criminal Activity for Juvenile Drug Court Participants: Challenges and Recommendations. *Faculty Articles and Papers*. Paper 4. <http://scholarlyrepository.miami.edu/sociology/4>

Adolescents in Outpatient Chemical Dependency Programs

Although the primary outcome of interest in clinical evaluations of addiction treatment programs is usually abstinence, participation in these programs can have a wide range of consequences. This study evaluated the effects of treatment initiation on substance use, school attendance, employment, and involvement in criminal activity at 12 months post-admission for 419 adolescents (aged 12 to 18) enrolled in chemical dependency recovery programs in a large managed care health plan. Instrumental variables estimation methods were used to account for unobserved selection into treatment by jointly modeling the likelihood of participation in treatment and the odds of attaining a certain outcome or level of an outcome. Treatment initiation significantly increased the likelihood of attending school, promoted abstinence, and decreased the probability of adolescent employment, but it did not significantly affect participation in criminal activity at the 12-month follow-up. These findings highlight the need to address selection in a non-experimental study and demonstrate the importance of considering multiple outcomes when assessing the effectiveness of adolescent treatment.

French, M. T., Blasa, A.I., Homer, J.F., Weisner, C.M. (2009). Substance Use, Education, Employment, and Criminal Activity Outcomes of Adolescents in Outpatient Chemical Dependency Programs. *Sociology Faculty Articles and Papers*. Paper 3. <http://scholarlrrepository.miami.edu/sociology/3>

Resources for Key Findings

- ¹ National Institute of Drug Abuse. (2009). Treating Offenders with Drug Problems: Integrating Public Health and Public Safety. NIDA Topics in Brief, March 2009.
- ² National Institute on Drug Abuse. (2007). Principles of Drug Addiction Treatment for Criminal Justice Populations: A Research Based Guide. National Institutes of Health Publication No. 06-5316. U.S. Department of Health and Human Services.
- ³ Ibid.
- ⁴ Justice Policy Institute. (2007). Effective Investments in Public Safety: Drug Treatment, Justice Policy Institute Fact Sheet, (February 2, 2007).
- ⁵ National Institute of Drug Abuse. (2006). Community-Based Treatment Benefits Methamphetamine Abusers. NIDA Research Findings, Vol. 20., No. 5, April 2006.
- ⁶ Justice Policy Institute. (2008). Substance Abuse Treatment and Public Safety, Justice Policy Institute, January 2008.
- ⁷ Washington State Institute for Public Policy. (2006). Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs and Crime Rates. Washington State Institute for Public Policy.
- ⁸ Mitchell, Ojmarrh Mitchell, et. al., (2007). Does incarceration-based drug treatment reduce recidivism? A meta-analytic synthesis of the research. Journal of Experimental Criminology, Volume 3, Number 4, December 2007, pp 353 –375.
- ⁹⁻¹⁰ Ibid<4>.
- ¹¹ An Examination of Drug Treatment Programs Needed to Ensure Successful Re-entry – Testimony Before the Subcommittee on Crime, Terrorism, and Homeland Security, Committee on the Judiciary, United States House of Representatives, NIDA, February 8, 2006.
- ¹² National Institute of Drug Abuse. (2006). Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide; NIDA September 2006. www.drugabuse.gov/DrugPages/cj.html
- ¹³ California Department of Alcohol and Drug Programs: <http://www.adp.cahwnet.gov/sacpa/prop36.shtml>. SACPA Evaluation report at UCLA: http://www.uclaisap.org/Prop36/documents/SACPA_COSTANALYSIS.pdf
- ¹⁴ Ettner, S. L., D. Huang, et. al. (2006). Benefit-cost in the California treatment outcome project: does substance abuse treatment “pay for itself”? Health Serv Res 41(1): 192-213.
- ¹⁵ Belenko, Steven, Ph.D., et.al. (2005). The Economic Benefits of Drug Treatment: A Critical Review of the Evidence for Policy Makers. Treatment Research Institute at the University of Pennsylvania, http://www.adpana.com/EconomicBenefits_2005Feb.pdf
- ¹⁶ Ibid<4>.
- ¹⁷ Barnett, C. (2009). Course Correction. Floridatrend.com. May 2009, 74-77.
- ¹⁸ Zhang, S.X., Roberts, E.L., McCollister, K.E. (2009). An Economic Analysis of the In-Prison Therapeutic Community Mode on Prison Management Costs. Journal of Criminal Justice, 37 (2009), 388-395.

