

Breaking the Drugs-Crime Cycle: Trends, Policies, and Model for Intervention

Prepared for:
Advancing the Conversation: Improving Substance
Abuse Prevention and Treatment

Chicago, Illinois

September 24, 2002

Duane McBride, PhD
Curt VanderWaal, PhD
Yvonne Terry-McElrath, MSA
Mark Boward, MA

With the assistance of:
Melissa Gurka
Kari Homan



Supported by
The Robert Wood Johnson Foundation

Bridging the Gap: Practice for Healthy Youth Behavior



*A Policy Research Partnership
to Reduce Youth Substance Use*

Frank Chaloupka
University of Illinois at Chicago
Health Research and Policy Centers



Lloyd Johnston
University of Michigan
Institute for Social Research



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Illicit Drug Research Team

Duane McBride, Principal Investigator—Andrews University

**Rosalie Liccardo Pacula, Co-Principal Investigator—
The RAND Corporation**

Curt VanderWaal, Project Director—Andrews University

**Jamie Chriqui, Legislative Data Base Coordinator—The MayaTech
Corporation**

Yvonne Terry-McElrath, Community Liaison—University of Michigan

Other Partners

Frank J. Chaloupka and others—University of Illinois at Chicago

Lloyd Johnston, Patrick O'Malley, and others—University of Michigan

Richard Clayton, Michael Grossman and several other consultants



Impact Teen is part of Bridging the Gap: Research Informing Practice for Healthy Youth Behavior, supported by The Robert Wood Johnson Foundation and administered by the University of Illinois at Chicago.

Purpose of Presentation

- ✧ To briefly review the drugs-crime relationship
- ✧ Provide an overview of treatment services available for drug using offenders
- ✧ Examine the role of drug treatment in breaking the drugs-crime cycle
- ✧ Present overall strategic approaches that work
- ✧ Review key effective program elements

Some Things We May Know

- ✧ For about three decades there has been evidence of a statistical relationship between drug use and crime – ADAM data show that about two-thirds of both adult male and female felony arrestees had an illegal drug in their bodies at the time of arrest (with higher rates among females) (ADAM, 2000).
- ✧ Today the criminal justice system, at all levels, is saturated with drug users -- 1997 - drug offenders in federal and state prisons had swelled to over 250,000 persons, representing 21% of state and 60% of federal prisoners (Mumola, 1999).
- ✧ The nature of the drugs-crime relationship is exceedingly complex, changing and dependent on type of drug as well as type of crime (McBride et al., 2002 forthcoming).

What We May Know cont'd

- ✧ Much of the drugs-crime statistical relationship is an artifact of policy such as drug scheduling, penalty structures and underlying philosophy of crime prevention (McBride et al., 2002 forthcoming)
- ✧ Significant research focuses on common origins and reciprocal nature of the relationship (Terry et al., 2000)
- ✧ Quality treatment has been shown to be effective in breaking the drugs-crime cycle (Inciardi, 2001).

Availability and Use of Drug Treatment for Offenders

ImpacTeen Survey of Prosecutors 2000

- ✧ ImpacTeen interviewed prosecutors in a sample of 173 communities surrounding public schools in their second year of participation in the nationally representative NIDA funded Monitoring the Future study (Bachman et al., 2001)
- ✧ Interviews focused on:
 - Availability and type of local treatment
 - Diversion to treatment for first time drug offenders

Treatment Services Available to Local Prosecutors*

<u>Type of Services</u>	<u>N</u>	<u>% of Respondents</u>
Outpatient	#	99.0%
Inpatient	#	93.0
Residential TCs	119	76.5
Day/evening	110	76.4
Halfway houses	118	66.1
Methadone	99	11.1
Aftercare	115	87.8

This information was collected in the same communities, but from other community key informants

* All data from Terry-McElrath et al., American Sociological Association, 2002

Availability of TASC* or Juvenile Drug Courts

✧ TASC (N=111) 37.8%

✧ Juvenile drug court (N=123) 35.8%

*TASC = Treatment Alternatives for Street Crimes

Use of Diversion by Prosecutors

- ✧ Usually divert for Marijuana possession 34.1%
- ✧ Usually divert for Cocaine possession 12.7%

Referral Sources to Community Treatment Programs*

*From an ImpacTeen 2000 survey of community key informants in MTF communities.

Likelihood of Community Systems Referral to Local Treatment* (N=557**)

<u>Organization</u>	<u>Percent very likely to refer</u>
Juvenile Court	63.4%
Local schools	36.2
Police department	22.9
Other service agency	22.9
Parents	17.8

*Based on survey of community treatment programs within MTF communities

**Some N variation by organization

School Policies Questionnaire from YES Study 2000

Substance use at least somewhat problem	48.2%
Drug counselor available in schools	27.3
Police notified for first drug offense	74.7
Referred to treatment first offense	56.4

TEDS* 1999 Referral Sources to Drug Treatment in Communities

<u>REFERRAL SOURCES</u>	<u>PERCENT</u>
Court/CJ Referral (DUI, DWI)	36.67
Individual (self)	32.41
Alcohol/Drug Abuse Care Provider	11.93
Other Community Referral	9.14
Other Health Care Provider	7.53
School (Educational)	1.21
Employer/EAP	1.12

TEDS = Treatment Episode Data Set

Substance Abuse Treatment/Programs in Correctional Facilities

- ❖ Federal prisoners reported a drop in drug abuse treatment from 16% to 9% between 1991 and 1996 (Wilson, 2000)
- ❖ State prisoners reported a reduction in drug abuse treatment from 25% to 10% between 1991 and 1997
- ❖ While almost three-quarters of local jails (90% in larger jurisdictions) stated that they provided substance abuse treatment or programs for their inmates, 64% of that total was comprised only of self-help programs; only 12% of jail jurisdictions provided detoxification, counseling, and education in addition to self-help programs, with most of these services in large jurisdictions (Belenko, 1998)

Breaking the Cycle: What Works?

Key Strategies

- ✧ **Not specific programs**
- ✧ **Approaches applied across entire span of an offender's contact with the system**
- ✧ **From intake to reintegration – continuum of care**

Balanced and Restorative Justice

- ✧ Strikes a balance between:
 - ✧ Offender Accountability
 - ✧ Competency Development
 - ✧ Community Safety

- ✧ Compare to Retributive Justice model

Graduated Sanctions

- ✧ Holds offenders accountable for actions and gives rewards for positive progress
- ✧ Drug testing
- ✧ Carrot-and-stick
- ✧ Drug Court – Judge utilizes professionals, services, monitors behaviors and applies sanctions

Systems Collaboration

- ✧ Substance-abusing clients usually require a range of services
- ✧ Interorganizational collaboratives share: expertise, resources, responsibilities, insight specific to individual
- ✧ This ensures that the target population is reached, and the services are relevant to the communities' specific strengths, needs and service options
- ✧ Challenges of collaboration

Integrated Case Management

- ✧ Integrates service needs from entry to exit
- ✧ Clients receive more rapid & improved access to services, achieve more goals, stay in treatment longer and improve AOD treatment outcomes.
- ✧ Reasons for success
 - ✧ Retention in treatment is strongly associated with better outcomes, and this is one of CM's primary goals
 - ✧ Treatment is more likely to succeed when a client's non-substance abuse problems are also being addressed
- ✧ Combines two approaches: Strengths-based and Assertive.

Major Elements of a Comprehensive Model

Single Point of Entry

- ✧ Centralized, comprehensive management information system
- ✧ Ideal if facility can provide detoxification and stabilization services
- ✧ Assign a case manager trained in effective assessment and CJ system management
- ✧ Make recommendations for services based on assessment

Immediate and Comprehensive Assessment

- ✧ Identifies key needs and problem areas with screening
- ✧ Comprehensive assessment systems which integrate screening, diagnosis, assessment and evaluating the entire range of adolescent needs including treatment for substance abuse and mental disorders.
- ✧ Forms basis of recommendation to juvenile court for dismissal, diversion, disposition or detention and initial psychosocial and treatment suggestions.
- ✧ More well-known and respected full-range assessment instruments include the Adolescent Assessment / Referral System, the Minnesota Chemical Dependency Adolescent Assessment Package, and the GAIN.

Treatment Planning

- ✧ Based on client's identified needs, problems, strengths, and resources
- ✧ Match client with best treatment modality and level of risk
- ✧ Clients can participate in planning but cannot dictate treatment goals
- ✧ Goals should be specific, measurable, and attainable
- ✧ Good treatment plans address issues related to treatment attrition, noncompliance, and inadequate progress (graduated sanctions clearly set)

Judicial Decision-making

- ✧ Judges usually become involved after assessment or initiation of case management
- ✧ Authority to impose sanctions AND provide incentives
- ✧ Ensure the juvenile's adherence to treatment services

Drug Monitoring and Testing

- ✧ In 1998, 71% of jails reported having a policy to test inmates for drug use; however, only 8% imposed mandatory treatment in response to positive test results. Most were punished rather than treated – net widening
- ✧ Testing must be conducted frequently and randomly
- ✧ Compliance-gaining strategies include:
 - ✧ clarification of negative and positive behaviors
 - ✧ swift, certain, and progressive responses

The Role of Drug Treatment in Breaking the Cycle

Treatment Works

- ✦ Federally-funded and independently-evaluated studies
 - ✦ Drug Abuse Treatment Outcome Study (DATOS)
 - ✦ National Treatment Improvement Evaluation Study (NTIES)
 - ✦ Treatment Outcome Prospective Study (TOPS)
 - ✦ Drug Abuse Reporting Program (DARP)

- ✦ Findings remained when controlling for type of service received (residential long-term, outpatient drug-free, or outpatient methadone maintenance) as well as drug and client type (U.S. General Accounting Office, 1998).

Some Cautions on Drug Treatment Effectiveness Studies

- ✧ Concerns remain about lack of randomness and attention to validity in most studies
- ✧ Most studies rely on self-report
- ✧ Selection bias
- ✧ Very few randomized controlled research studies have been conducted on drug treatment outcomes

Treatment is Cost Effective

- ✧ California Drug and Alcohol Treatment Assessment (CALDATA), examined the effectiveness, costs, and benefits of providing alcohol and drug treatment in California (Gerstein, Johnson, Larison, Harwood, & Fountain, 1997).
- ✧ Economic savings to the California taxpayer both during and after treatment were estimated to be worth \$10,000 per client, yielding a 1:7 cost-benefit ratio (the greatest share of the benefits was found in crime reductions, with smaller savings in healthcare and welfare costs).
- ✧ The study also reported a 68% reduction in drug selling and a 60% reduction in arrests resulting from drug treatment.

Treatment is Cost Effective

- ✦ RAND researchers estimated that for every dollar spent on drug treatment, \$7 would have to be spent on incarceration and \$25 on interdiction to achieve the same degree of reduction in cocaine use
- ✦ Even when only looking at modest in-treatment effects (assuming 0% post-treatment effectiveness through abstinence), cost savings for treatment exceeded those which would be achieved through incarceration and interdiction.

Coerced Treatment

- ✧ Compulsory, mandated, or involuntary treatment
- ✧ Many drug treatment providers are troubled by coercion because it violates client free will and, more importantly, seems to go against the notion of hitting bottom and the need for an internal motivation for treatment
- ✧ However, the greatest predictor of treatment success (reduced drug use, decreased recidivism, decreased crime levels, etc) is length of time spent in treatment

Coerced Treatment is Effective

- ✧ Over the past 20 years, researchers have convincingly demonstrated that coerced, corrections-based approaches to drug treatment are as effective as, and sometimes more effective than non-coerced treatment (Hubbard et al., 1998; Inciardi et al., 1997; Wexler, 1995).
- ✧ Farabee, Prendergast, and Anglin (1998) concluded that findings generally supported the use of coercive measures to increase the likelihood that an offender will both enter and remain in treatment.
- ✧ Many clients may not be motivated initially, but the treatment process itself provides the client with tools which lead to a desire to change behavior, as well as to continue with treatment (Simpson et al., 1997)

The Role of Motivation

- ✧ Farabee et al. (1999) maintain that the application of mandated treatment varies widely, ranging from simple referral to treatment, to strict graduated sanctions with heavy monitoring and clear penalties for failure.
- ✧ Taxman (2000) argues that merely mandating an offender to treatment does little to increase motivation or success.
- ✧ Simpson, Joe, Broome et al. (1997) have found that failure to address motivation and readiness for treatment reduces treatment effectiveness.
- ✧ Need to address co-morbid issues, e.g. depression
- ✧ Need for more research on settings & populations

National Movement toward Coerced Treatment

- ✧ California, Arizona, New York, Hawaii all have diversion to treatment for first- and/or second-time non-violent offenders
- ✧ Ballot measures planned in several states for fall elections - Ohio, Michigan, Florida
- ✧ Office of National Drug Control Policy is increasing budget for demand reduction, including diversion to treatment and treatment for those who are incarcerated

Settings for Coerced Treatment

Prison-Based Therapeutic Communities

- ✧ Intensive
- ✧ Long-term
- ✧ Self-help-based
- ✧ Highly structured
- ✧ Hardcore users
- ✧ Likely to be supplemented by professionally trained staff
- ✧ Inmates given reasonable level of power and rewards without too much program control

Long-Term Residential Treatment

- ✧ Generally 6-12 months
- ✧ Participants usually live together in units separated from regular inmates, which are specifically designed to focus on drug treatment
- ✧ Compared to TCs, prison-based residential treatment is generally more likely to include professional therapeutic interventions using standard treatment approaches
 - ✧ criminal lifestyle confrontation
 - ✧ cognitive and interpersonal skill building
 - ✧ relapse prevention

Day Reporting Centers

- ✧ Often developed due to prison overcrowding and cost of incarceration-based treatment programs
- ✧ Highly-structured, non-residential, and a variety of services and supervision are provided
- ✧ Three Primary Goals:
 - ✧ Enhanced supervision and decreased liberty for offenders
 - ✧ Treatment of offender problems
 - ✧ Reduced crowding of incarceration facilities
- ✧ Required random drug tests
- ✧ Required participation in counseling, education and vocational placement assistance
- ✧ Graduated sanctions

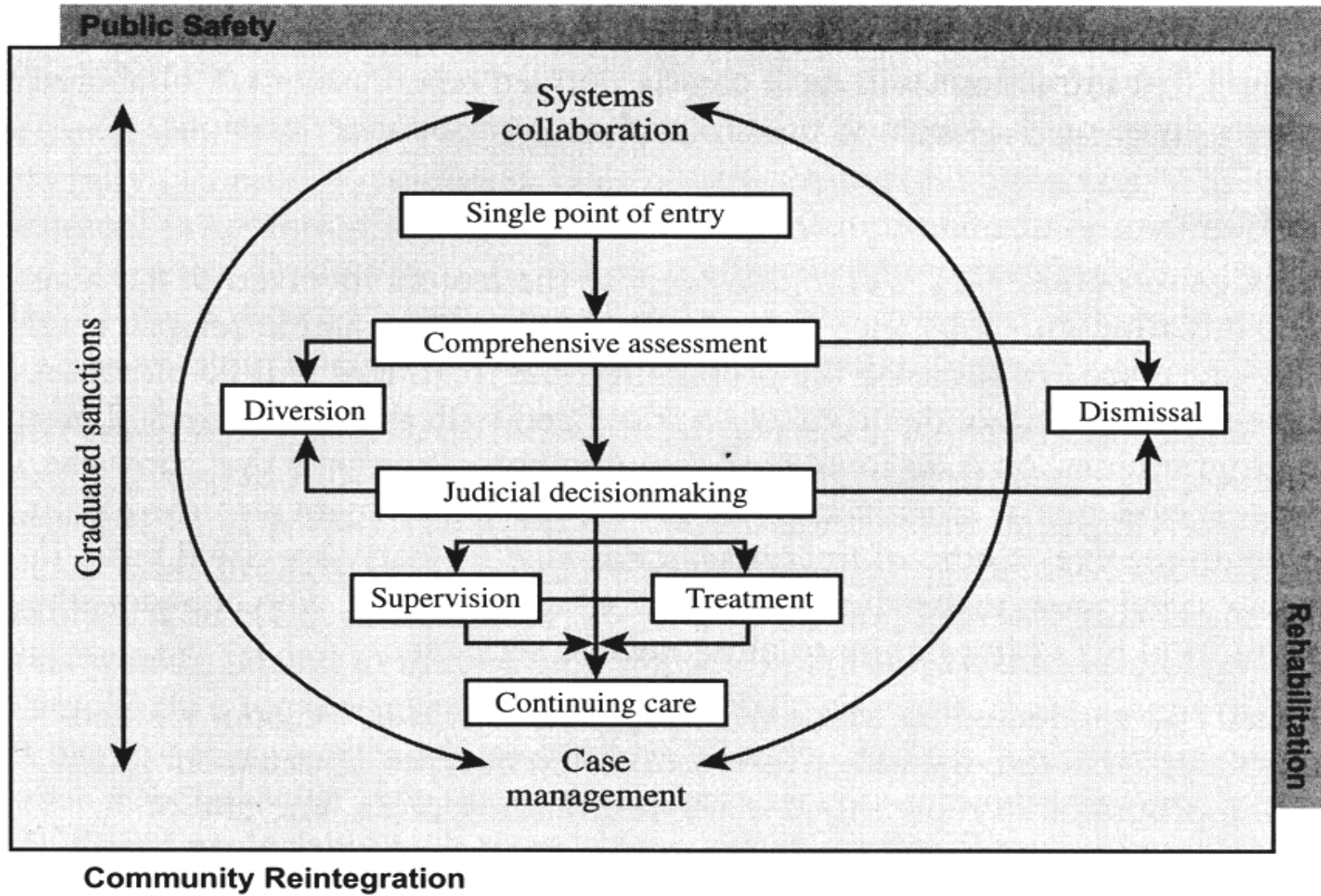
Outpatient & Intensive Outpatient Treatment

- ✧ Location does not always relate to intensity of services provided; rather, the number of service hours is often a better indicator
- ✧ Ultimately, setting is generally less important than the quality and quantity of services provided
- ✧ Transition from Therapeutic Communities and other more intensive corrections-based services

Continuing Care

- ✧ Relapse rates are often high following discharge
- ✧ Re-entry goals include:
 - ✧ Reintegrate offender into the community
 - ✧ Monitor substance use
 - ✧ Deal rapidly with the relapse
 - ✧ Discourage continuing use and return to abstinence
 - ✧ Develop and monitor linkages to community agencies
- ✧ Positive research outcomes with such programs

Elements of a Model Intervention System



Major Threats to Successful Implementation

- ✧ Lack of clear crime control goals for treatment services
- ✧ Lack of clear assessment and eligibility requirements
- ✧ Insufficient treatment duration to effect behavioral change
- ✧ Lack of supervision and sanctions/rewards to reinforce treatment goals
- ✧ Lack of objective drug testing to monitor treatment progress
- ✧ Insufficient case management services (Taxman, 2000)

Field-Testing the Model

✧ **Reclaiming Futures (In process)**

- ✧ Robert Wood Johnson Foundation-sponsored initiative designed to:
 - ✧ improve substance abuse treatment
 - ✧ increase coordination between social services and juvenile justice system
 - ✧ increase community involvement and investment in services
 - ✧ decrease service gaps and barriers
 - ✧ develop a seamless continuum of care

✧ **Strengthening Communities (In process)**

- ✧ CSAT cooperative agreement to assist communities to address drug and alcohol problems among youth and improve the treatment system, infrastructure, and continuum of care

Hopkins Park Facility Women – 2004

- ✧ Illinois DOC maximum – medium – transitional programs as treatment progresses
- ✧ Reception and classification center – medical, mental health and substance abuse screening
- ✧ Substance abuse treatment in-house
- ✧ Holistic treatment approach which addresses roles as mother, wife, or partner (self-esteem, anger mgmt, domestic violence, parenting, job training, GED & college courses)

Discussion

- ✧ What are your major concerns about treating offenders?
- ✧ What elements of the continuum could you incorporate into your facility?
- ✧ What barriers would make introduction of new services difficult?
- ✧ Assuming you can't provide the entire continuum of services, who could your agency partner with to develop this continuum?

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