
Criminal Justice and Alcohol & Drug Treatment: What do we know?

Reducing Crime Benchmark Analysis
Multnomah County Oregon



Local Public Safety Coordinating Council
Evaluation Committee

April 2000

Criminal Justice and Alcohol & Drug Treatment: What do we know?

A Report of the LPSCC Evaluation Committee
of the Multnomah County Local Public Safety
Coordinating Council

April 6, 2000

Presentation Outline

Part 1: Alcohol, Drugs, and Crime

Part 2: Alcohol & Drug Treatment Has Been Proven to be Effective

Part 3: Alcohol & Drug Treatment in Multnomah County

Part 4: Are Criminal Justice Clients Getting Into Alcohol & Drug Treatment in Multnomah County?

Alcohol, Drugs, and Crime: Part 1

The Relationship of Alcohol and Crime

- **Nearly 4 in 10 violent victimizations involve use of alcohol; about 4 in 10 fatal motor vehicle accidents are alcohol-involved; about 4 in 10 offenders regardless of whether they are on probation, in local jail, or in state prison, self report they were using alcohol at the time of the offense**
- **Reports of violent behavior tend to cluster around alcohol distribution centers such as bars, liquor stores, and restaurants.**

Bullet 1: Bureau of Justice Statistics <http://www.ojp.usdoj.gov/bjs/pub/ascii/ac.txt>

Bullet 2: Sherman 1989

The Relationship of Drugs and Crime

National studies show:

- About 1 in 4 convicted jail inmates said they had committed their property or drug crimes to get money for drugs.
- A higher percentage of drug offenders in 1996 (24%) than in 1989 (14%) were in jail for a crime committed to raise money for drugs.

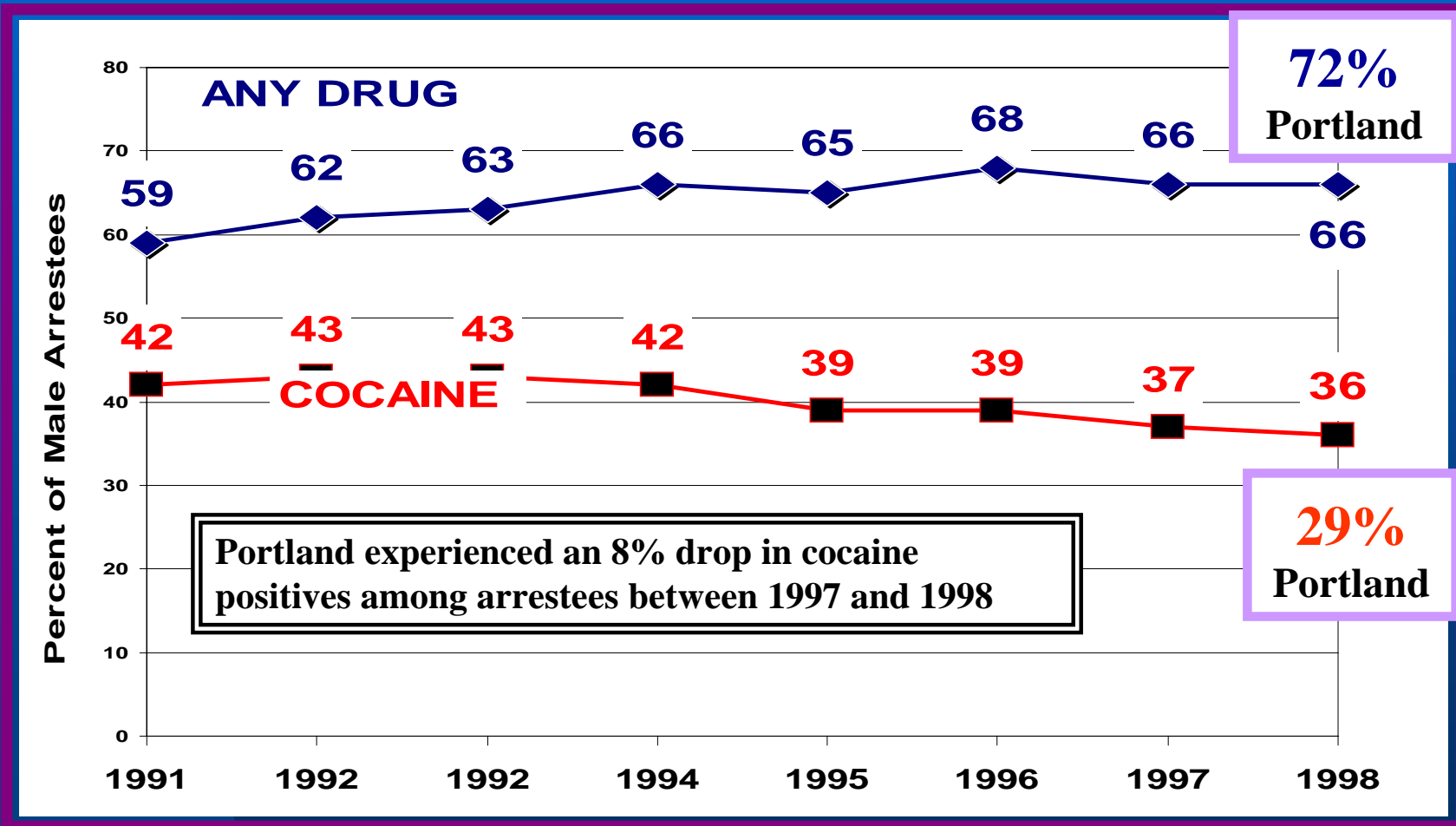
The Relationship of Drugs and Crime

- **55% of convicted jail inmates said they had used illegal drugs during the month before their offense.**
- **36% of convicted jail inmates said they were using drugs at the time of their offense.**
- **Jail inmates convicted of drug trafficking (60%), drug possession (57%), fraud (45%), or robbery (44%) were most likely to have reported to be using drugs at the time of the offense.**

Arrestee Drug Abuse Monitoring Program (ADAM)

- ADAM is a program of the National Institute of Justice.
- It uses quarterly sampling of adults and juveniles arrested.
- 1988-1996 -- DUF--Drug Use Forecasting--23 cities including Portland
- 1997 -- DUF becomes ADAM--total cities raised to 35 in 1998
- Data is collected from interviews and urinalysis (UA) that tests for 10 drugs. Alcohol is not tested.

ADAM Illegal Drug Use Detected Among Male Arrestees (in 23 Cities)



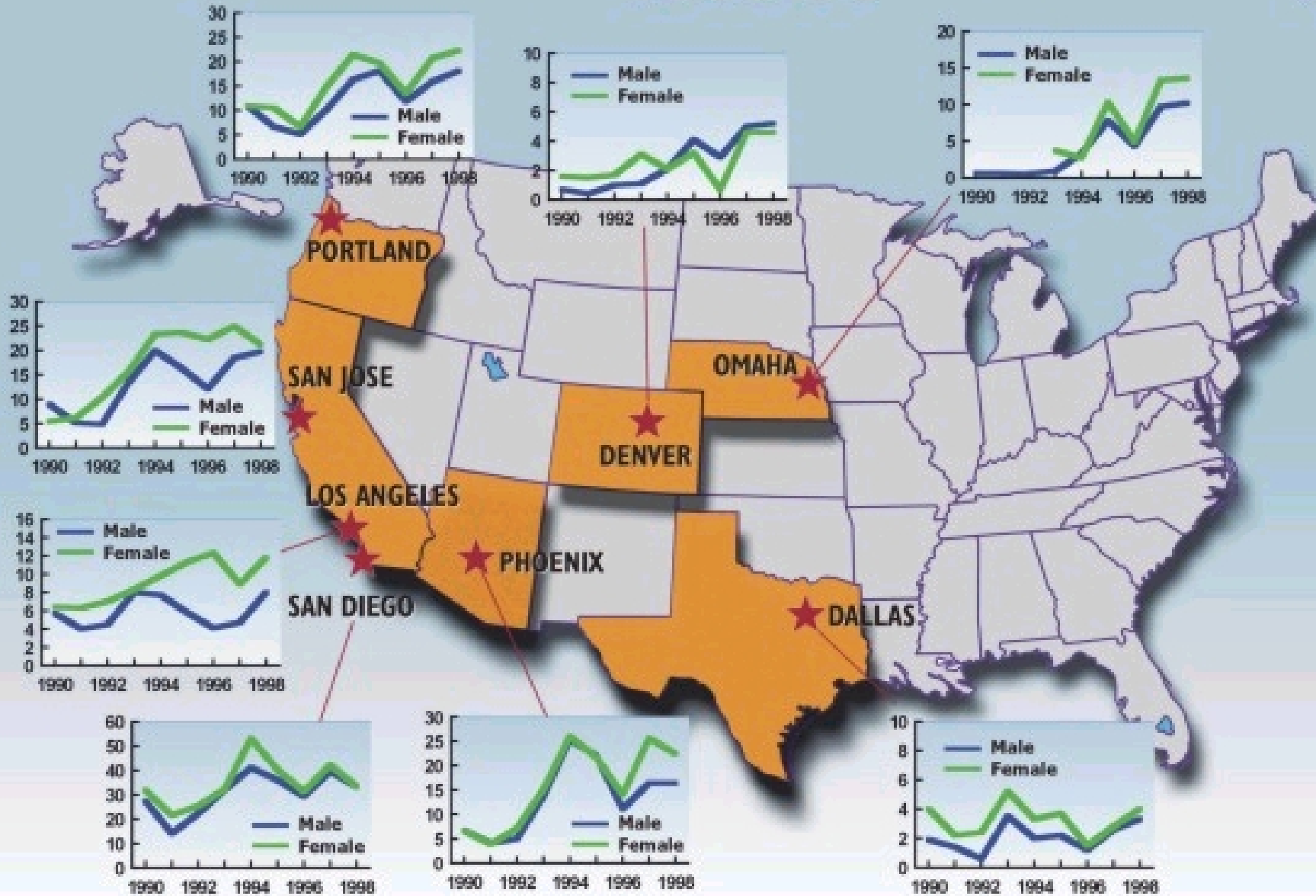
ADAM--Portland--1998

Percent of Arrestees Positive by Offense Category

Offense	Cocaine		Marijuana		Meth		Any Drug	
	M	F	M	F	M	F	M	F
Violent	11	7	38	30	17	23	54	63
Property	31	24	36	21	23	27	75	71
Drug	48	58	37	18	21	26	89	88
All Offenses	29	37	37	23	18	22	72	74

M = males; F = females

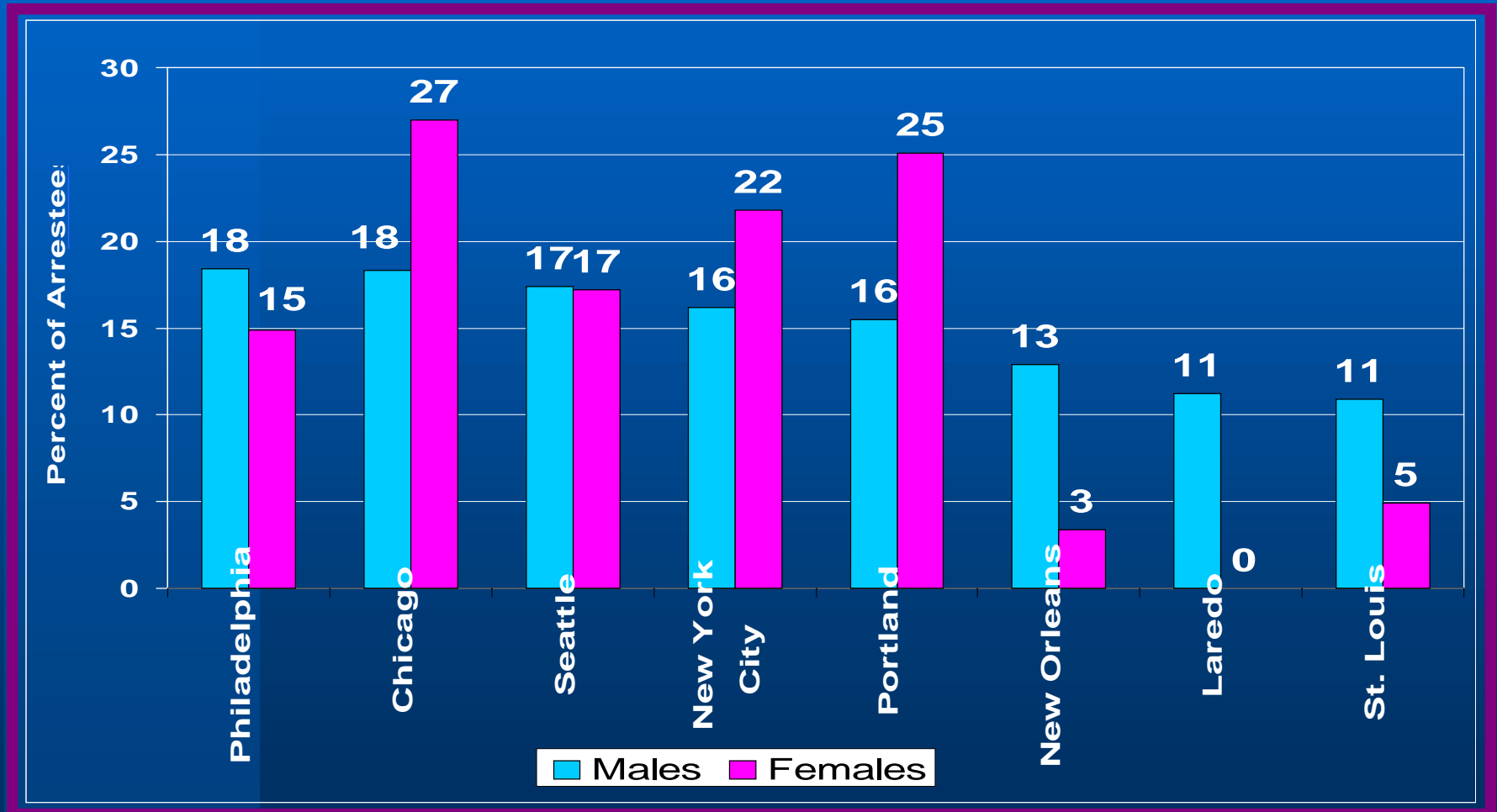
Methamphetamine Trends, 1990-98



ADAM Opiate Use

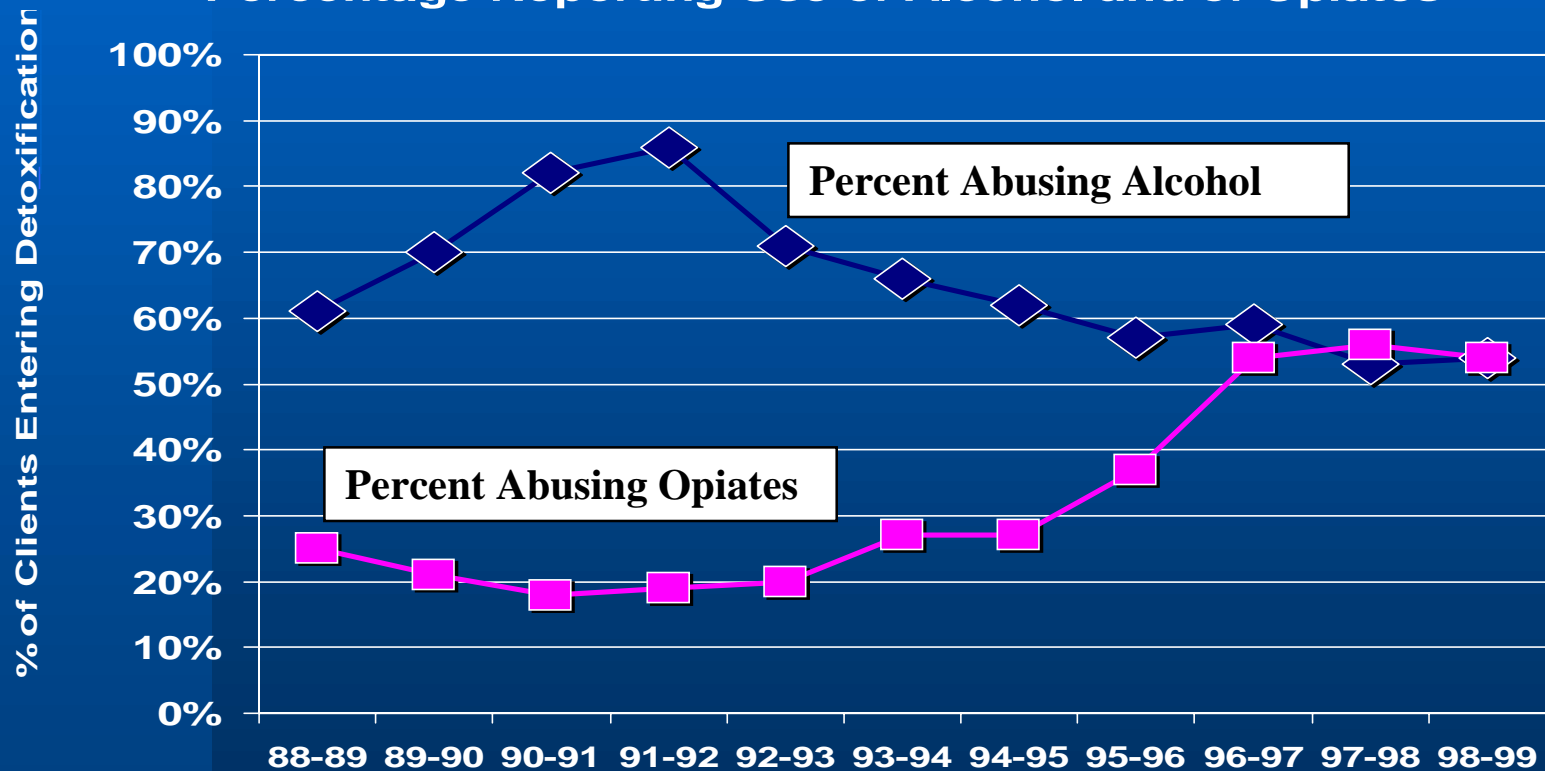
- Opiate use among arrestees is usually low. In 1998, the average for all cities that ADAM samples was 6.0% for males and 7.4% for females.
- Only 8 of 35 cities have male opiate-positive rates in excess of 10%. Portland is one of these cities.
- Portland has one of the highest female opiate-positive rates in the country (25%), exceeded only by Chicago at 27%.
- Nearly 30% of arrested Portland females age 25 or younger are opiate-positive--the highest rate among all ADAM sites in 1998.

Percent of Arrestees (all ages) Testing Positive for Opiates



Opiates Now Equal Alcohol Among Clients Entering Detoxification

Multnomah County Clients Entering Detoxification:
Percentage Reporting Use of Alcohol and of Opiates

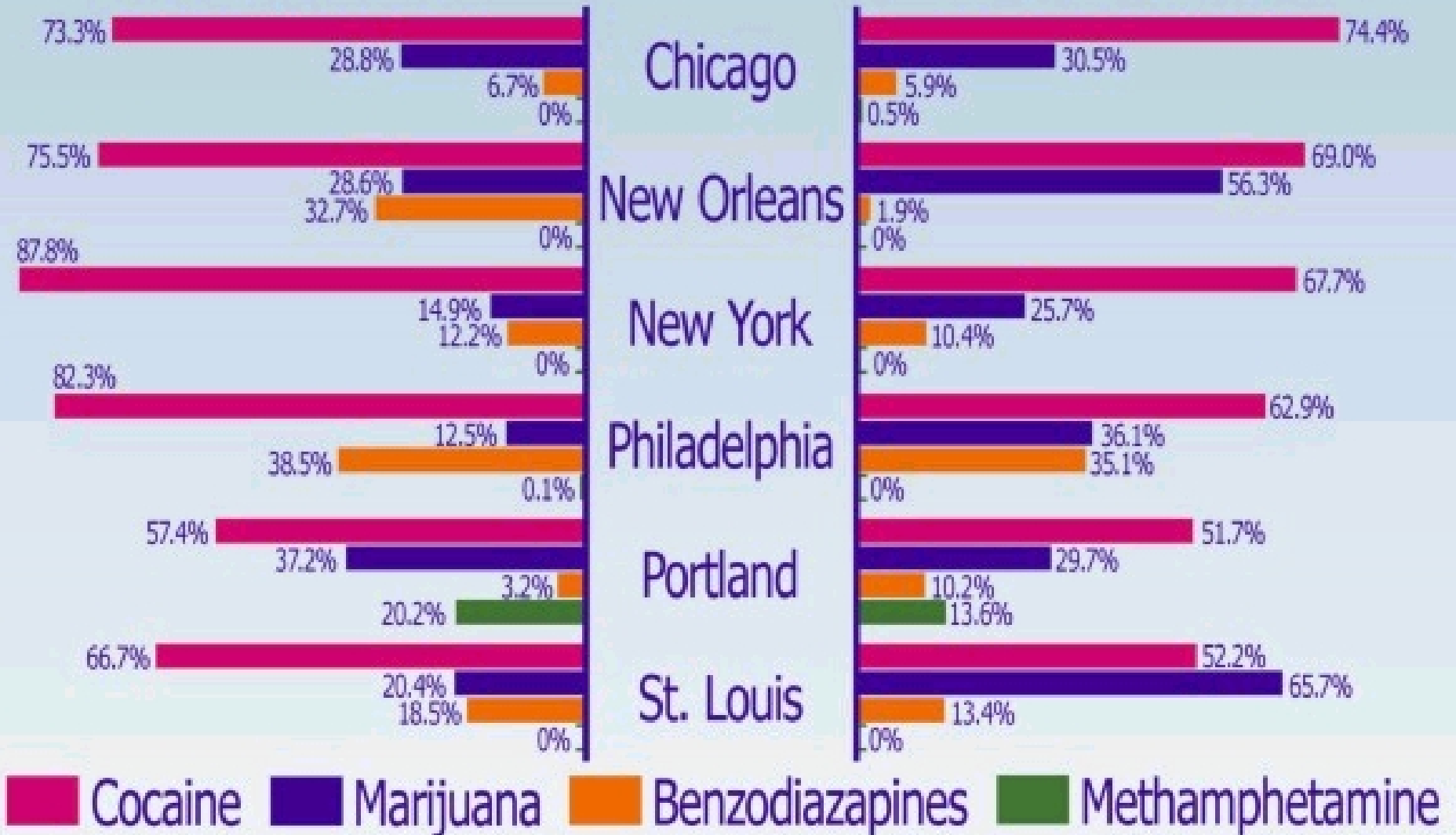


Source: CPMS (Client Process Monitoring System--State Office of Alcohol & Drug Abuse Programs). Data analyzed by Phillip Windell, Portland Target City Project-Department of Community & Family Services

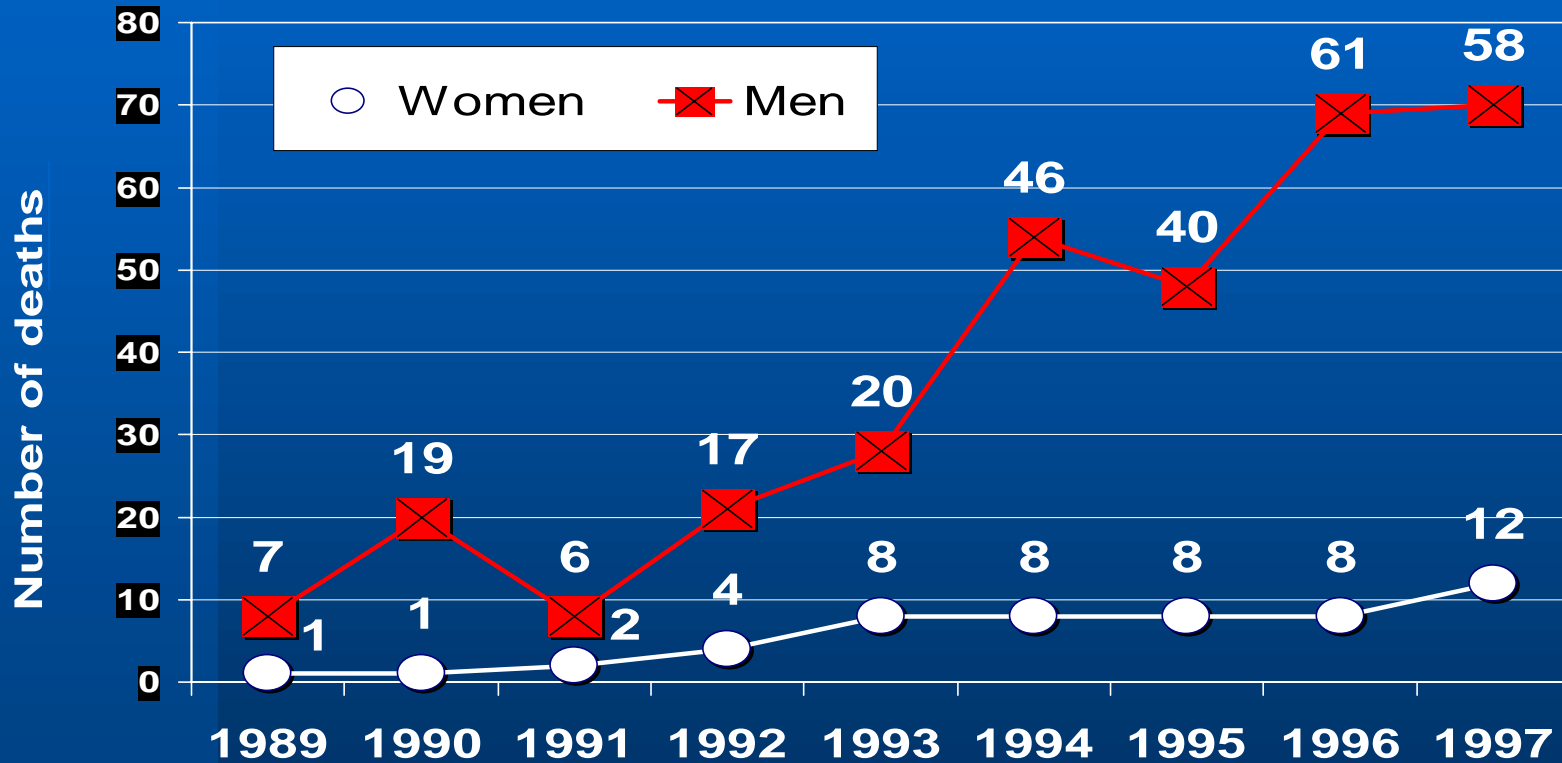
Male Opiate Drug Users Positive for Other Drugs, 1990 and 1998

Results from 1990

Results from 1998



Heroin Deaths are Increasing in Multnomah County



Source: State of Oregon Medical Examiner's Office

Summary

- Alcohol is strongly correlated with violent crime.
- About 1 in 4 inmates say they commit their crime to get money for drugs.
- 72% of males and 74% of females test positive for drugs at the time of arrest.
- Marijuana is most common for males (37%); cocaine is most common for females (37%).
- Portland has a much higher rate of opiate use among arrestees than other cities--especially among young females. Males, however, are showing increased deaths from opiate overdose.

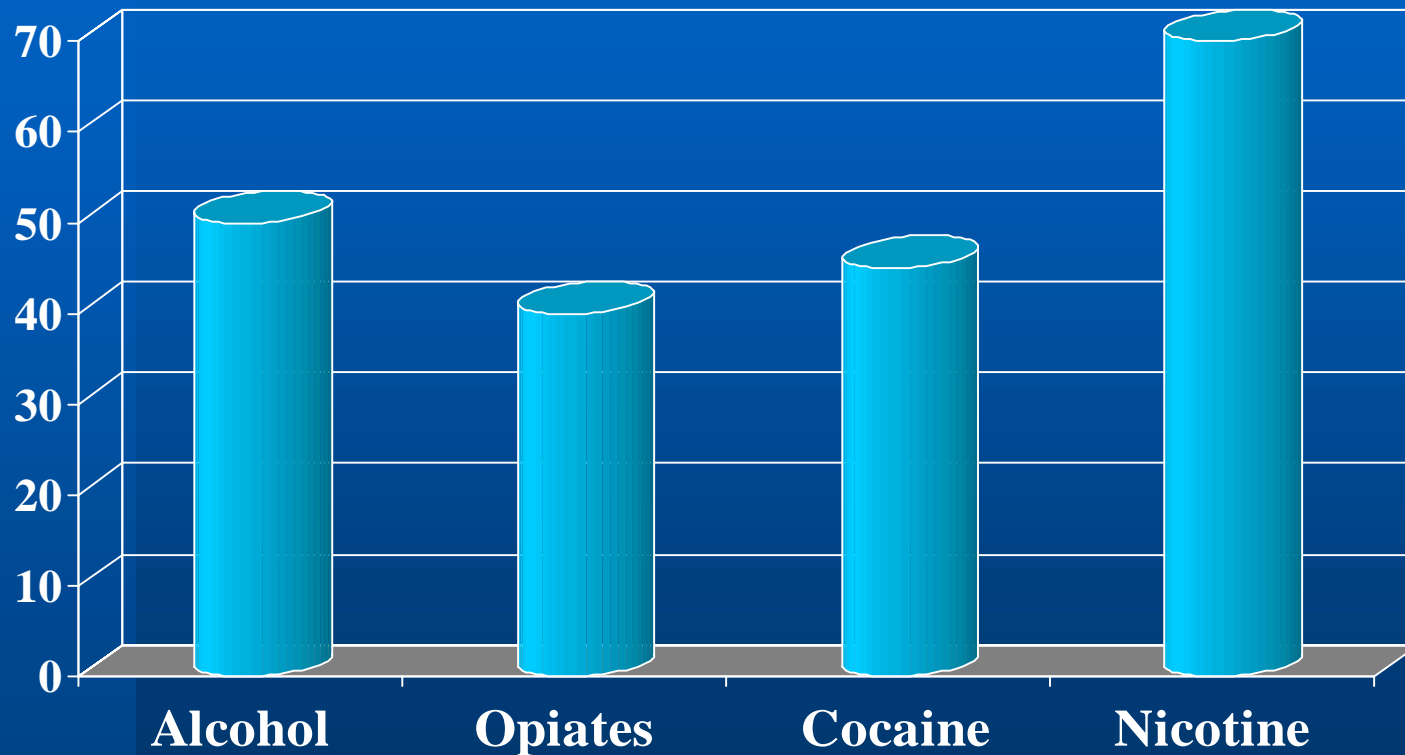
**Alcohol & Drug
Treatment Has
Been Proven to be
Effective:
Part 2**

Addiction

A chronic but treatable condition

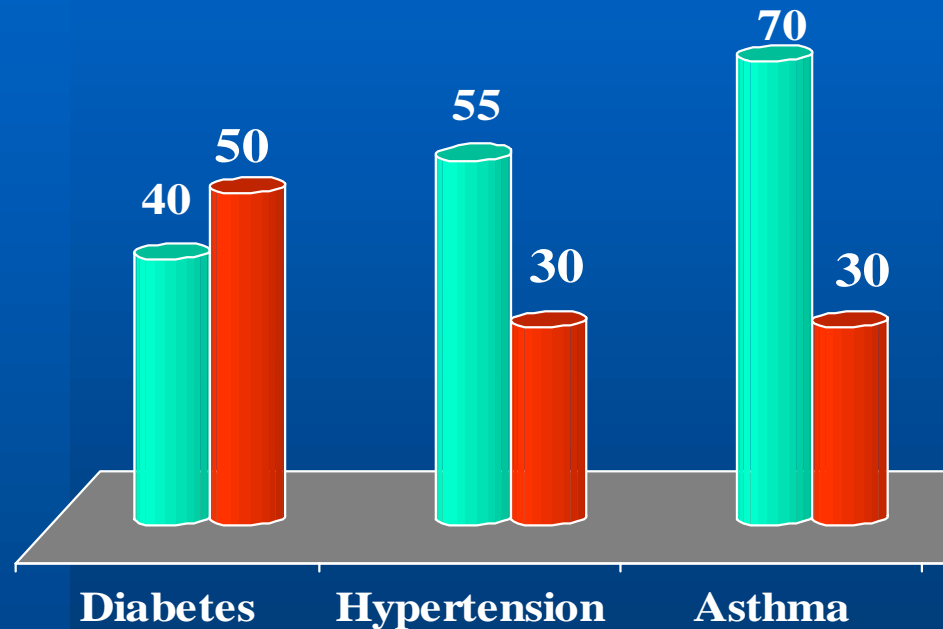
**“Relapses” are common --
like other diseases**

“Failure” Rates for Addictions (reduction <50% in use after 6 mos.)



O'Brien & McLellan, 1996, The Lancet-- from a presentation developed by Dwayne Simpson, Institute of Behavioral Research, Texas Christian University

Comparative Rates for “Disease” Relapse & Compliance



Failure rates
for addictions
are no worse
than relapse
rates for other
diseases

■ % Relapsed in 1 Yr

■ % Complied with Trt Plan

O'Brien & McLellan, 1996, The Lancet-- from a presentation developed by Dwayne Simpson, Institute of Behavioral Research, Texas Christian University

Drug Treatment Has Been Proven to Work

Three national evaluations of clinical effectiveness:

- **DARP--Drug Abuse Reporting Program 1969-73**
- **TOPS--Treatment Outcome Prospective Study 1979-81**
- **DATOS--Drug Abuse Treatment Outcome Studies 1991-98**

DATOS

Drug Abuse Treatment Outcome Study: NIDA's Third National Evaluation of Treatment Effectiveness

◆ Data Collected in 1991-1998

- ✓ Intake (1991-93)
- ✓ During treatment
- ✓ Year 1 posttreatment
- ✓ 5-years posttreatment (*in progress*)

◆ Sampled from 11 cities across the U.S.



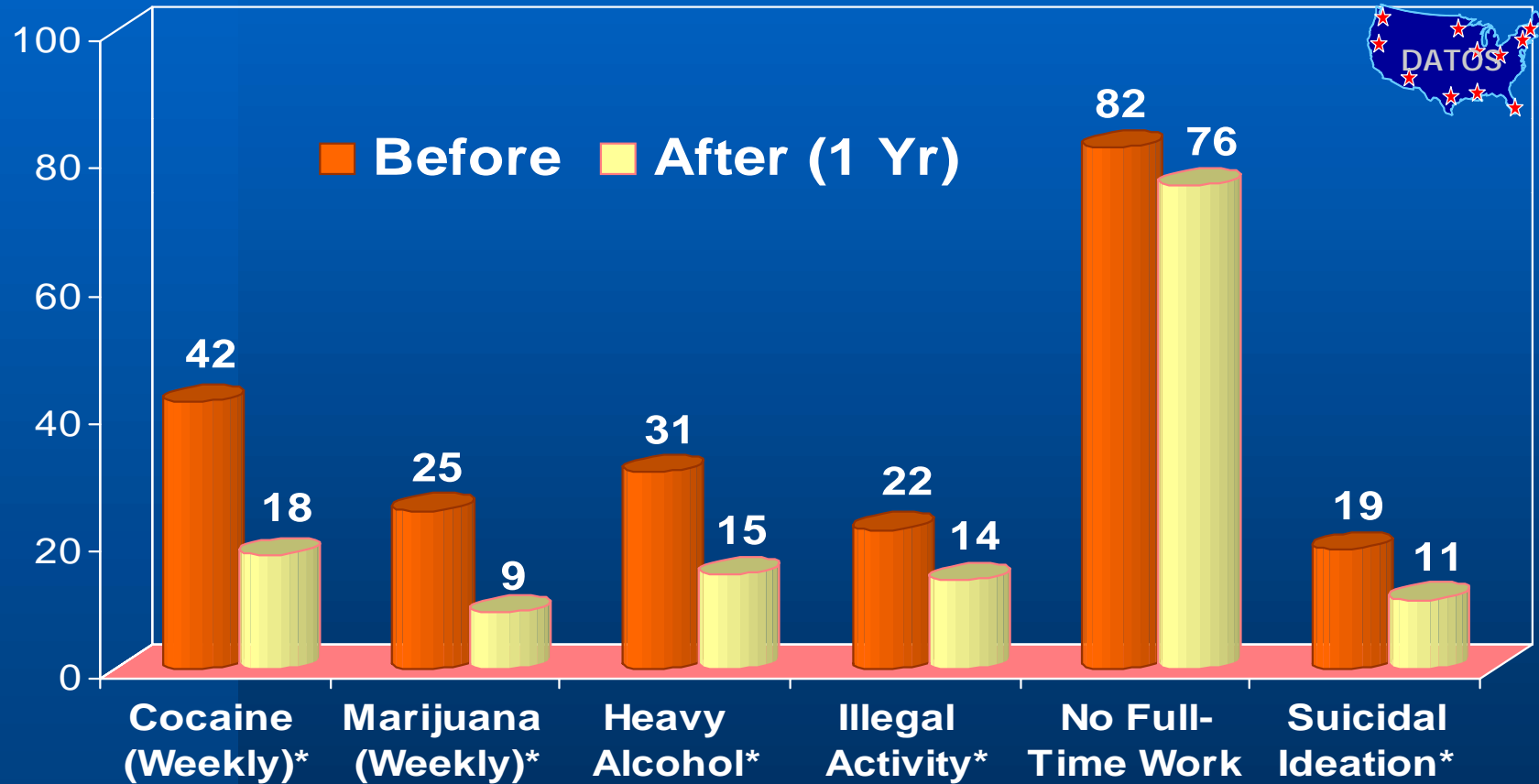
◆ Includes 10,010 treatment admissions to 96 programs

- ✓ N = 2,774 from 21 long-term residential (LTR) programs
- ✓ N = 2,574 from 32 outpatient drug-free (ODF) programs
- ✓ N = 3,122 from 14 short-term inpatient (STI) programs
- ✓ N = 1,540 from 29 outpatient methadone treatments (OMT)

Research Centers at NDRI-NC, NIDA, TCU/IBR, & UCLA/DARC

Rowan-Szal et al.: Cocaine/Crack Use & Treatment Dropouts in DATOS (CPDD, Nashville, June 1997)

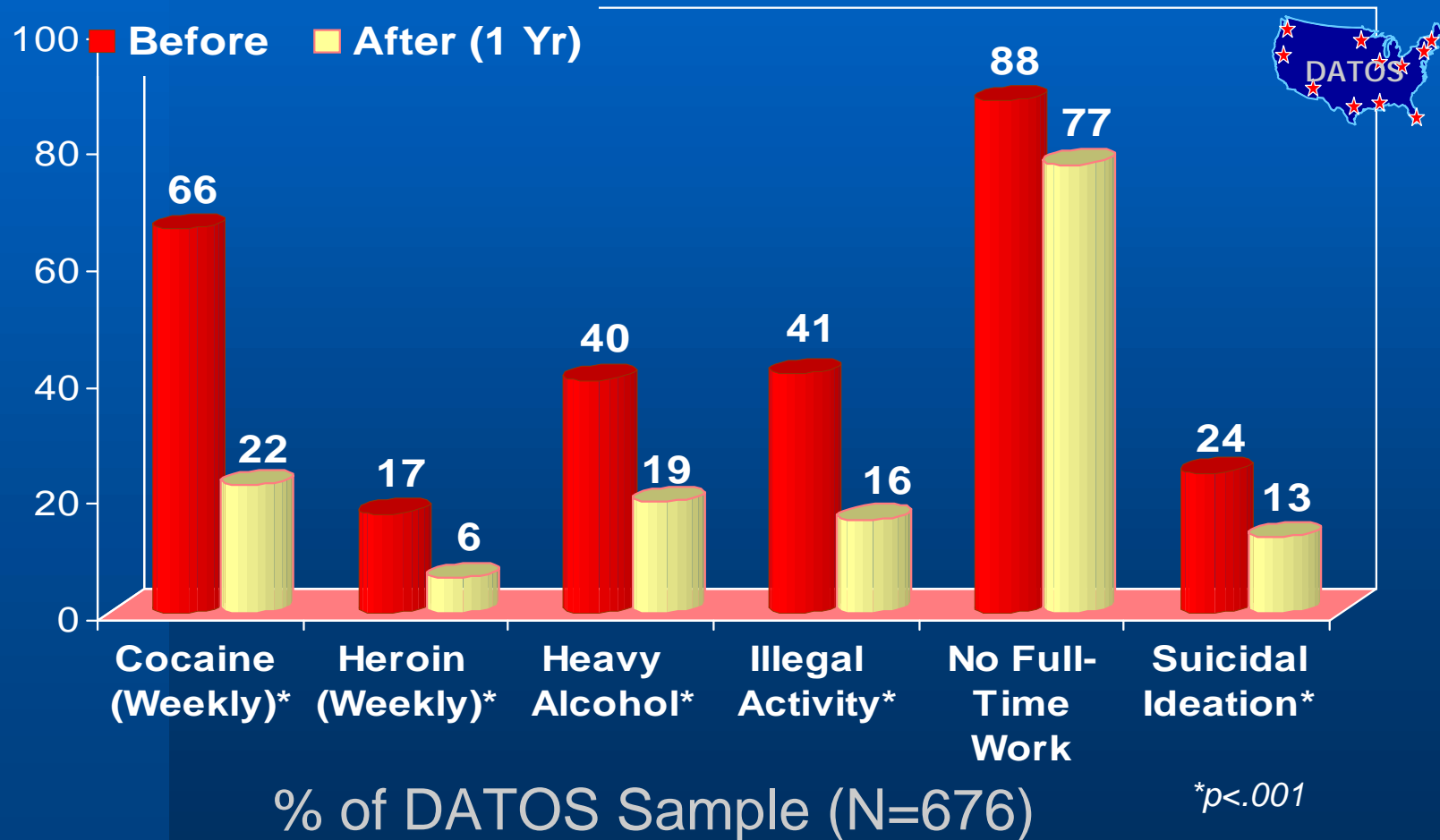
Outpatient Drug-Free (ODF) Treatment Changes from Before to After Treatment



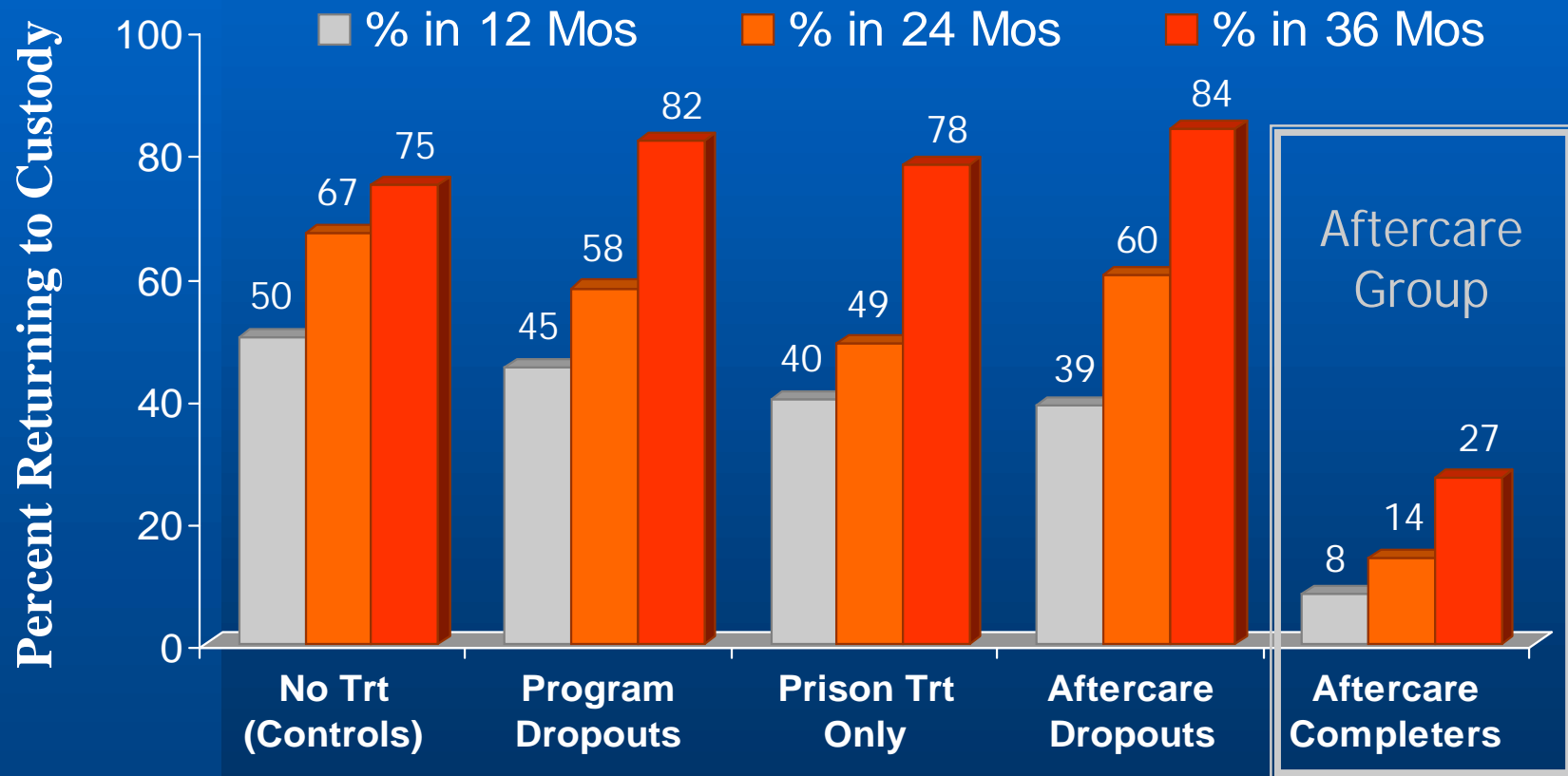
% of DATOS Sample (N=764)

* $p < .001$

Long-Term Residential (LTR) Treatment Changes from Before to After Treatment



Aftercare is a Critical Component of A&D Treatment in Secure Settings



California R.J. Donovan/Amity Program: 3-Year Outcomes for "Return to Custody" --from a presentation developed by Dwayne Simpson, Institute of Behavioral Research, Texas Christian University

Length of Stay in Treatment is Another Critical Variable: Recent Studies Show a Critical Threshold of 90-150 days

- Cocaine use 1 year after treatment was **17%** for those in treatment 90+ days **vs. 35%** for those in treatment < 90 days

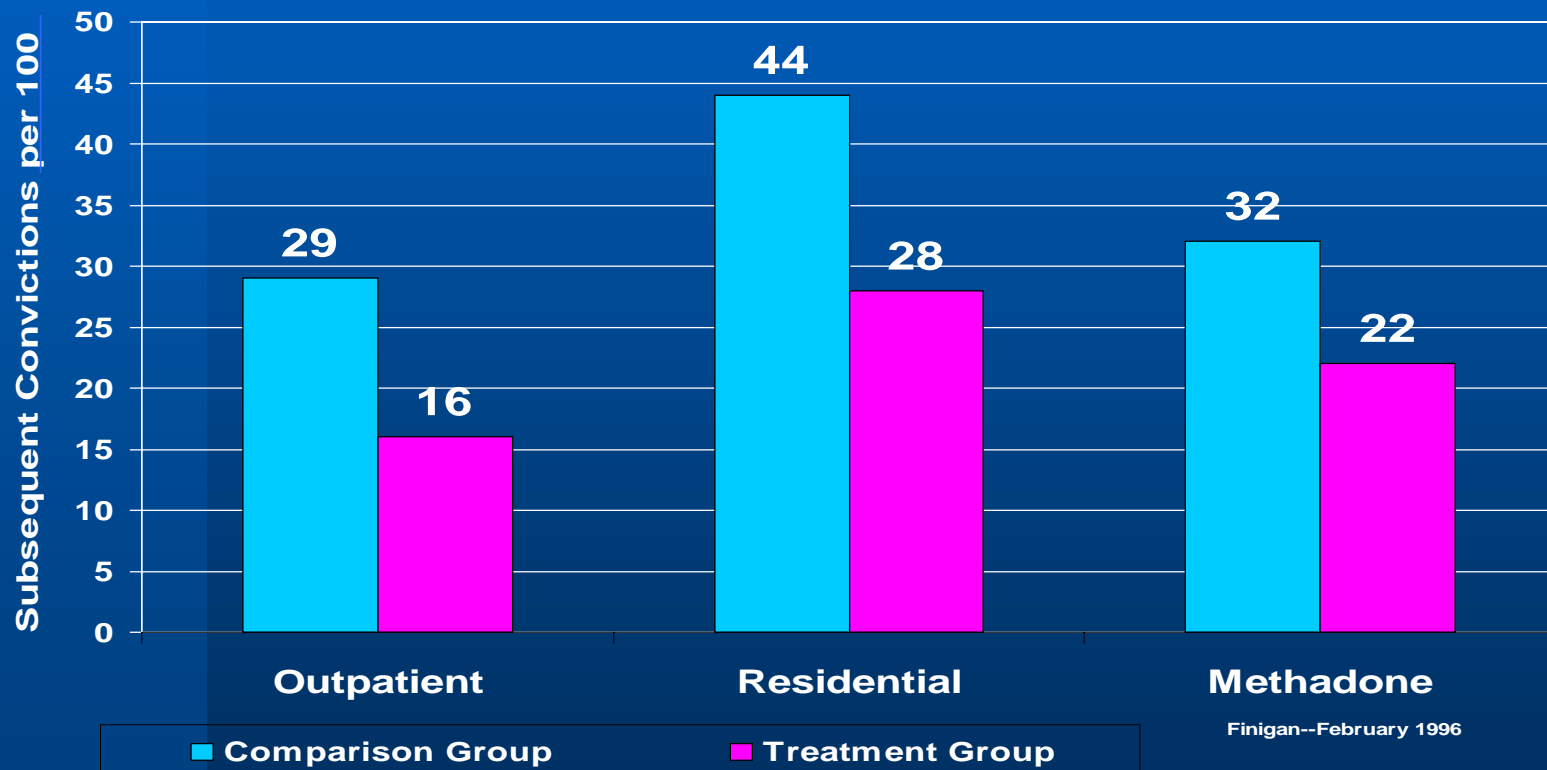
(Simpson, Joe, Fletcher, Hubbard, & Anglin, 1999, Archives of General Psychiatry)

- Participants who remained in IMPACT [Cook County Jail program] for between 91-150 days had 1-year rearrest rates of only **35% vs. 58%** for those who stayed for <30 days. Effects beyond 150 days diminished.

(Swartz & Lurigio, 1999, Substance Use & Misuse)

Oregon Data--Finigan, 1996

Convictions per 100 Clients in the 3 Years Subsequent to Community A&D Treatment



Benefits of A&D Treatment in Oregon

Return on Investment--Finigan, 1996:

- **\$1 invested saves:**
 - \$1.43 Criminal Justice Costs**
 - \$.22 Public Assistance Costs**
 - \$1.58 Victim Costs** (medical care, repairs to damaged property, lost time from work)
 - \$2.37 Theft Costs** (value of property stolen)
 - \$5.60 TOTAL SAVINGS PER \$1.00**

NATIONAL BENEFIT DATA

'94 CALDATA Report:

- \$1 invested gets \$7 in return
- **4 to 1 savings for residential care**
- **10 to 1 savings for outpatient care**

'97 Texas CJPC Report:

- \$1 invested gets \$1.85 in return
- **Community-based residential programs for probationers**
- **Conservative estimates [re-incarceration costs only]**

Summary

- Alcohol and drug treatment works and is cost-effective.
- Relapse rates for A&D treatment are no worse than for many other diseases.

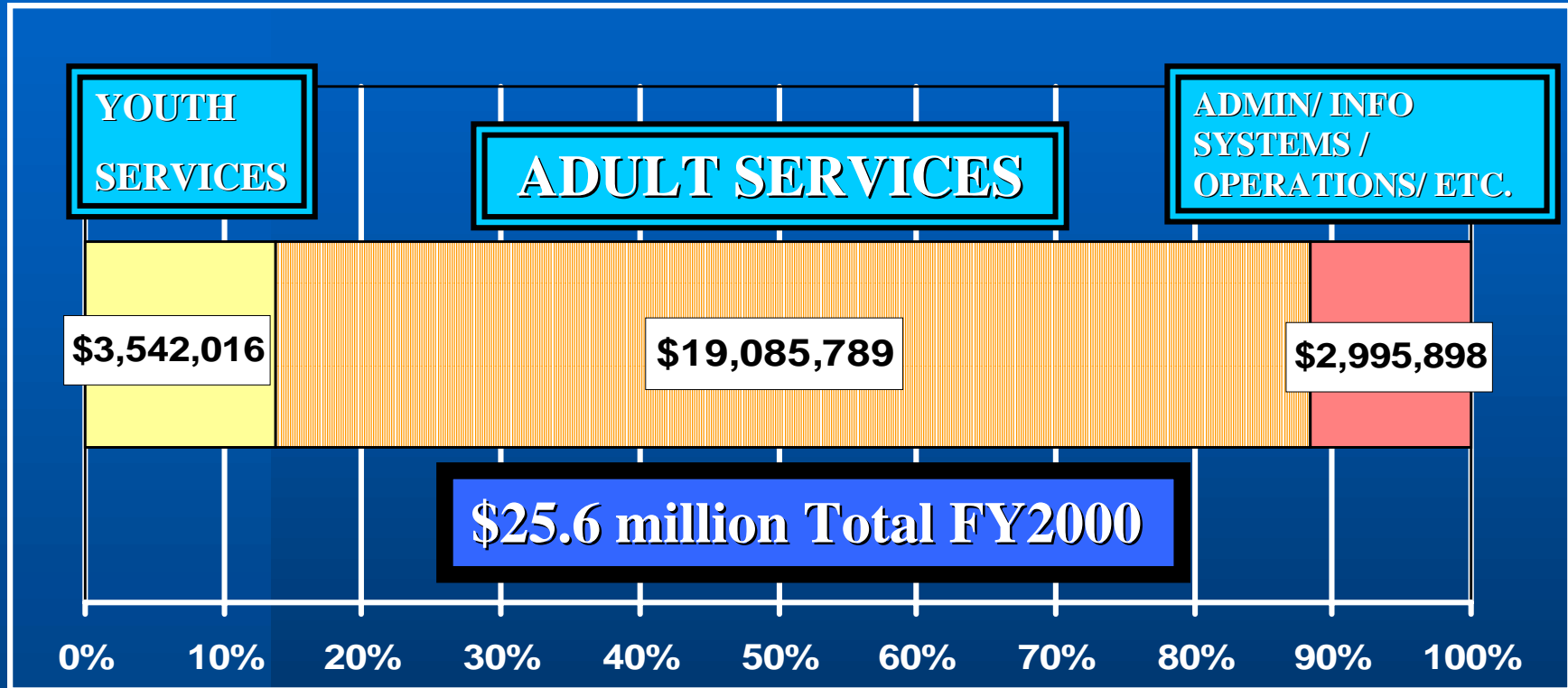
Secure residential treatment needs continuing care in the community to be effective.

- Length of stay in treatment is an important indicator of success. Many studies suggest there is a threshold of 90-150 days.

Alcohol & Drug Treatment in Multnomah County: Part 3

Data in Part 3 is from: Carlson, et.al., Report of the Alcohol and Drug System Capacity Workteam, November 29, 1999, unpublished document, Multnomah County, Oregon

MULTNOMAH COUNTY ALCOHOL AND DRUG TREATMENT BUDGET FY2000

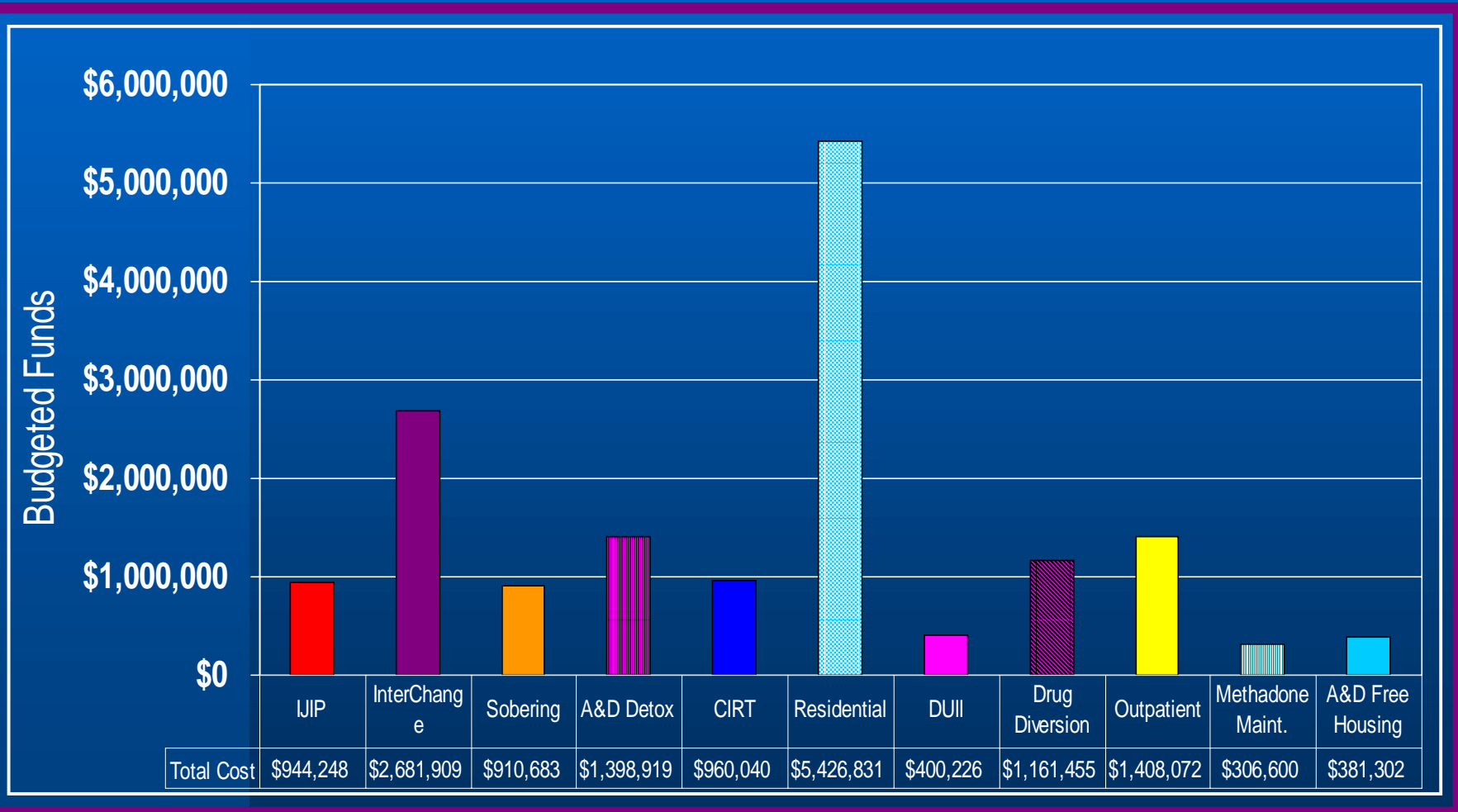


Funding Sources: State/Federal = 35%
County General Fund = 62%
Other Sources = 3%

A&D TREATMENT MODALITY DEFINITIONS

- **IJIP** = In-Jail Intervention Program, Inverness Jail--65 Beds
- **InterChange** = secure A&D treatment--Washington County jail--70 beds
- **Sobering** = brief holding of inebriates until sober
- **Detoxification** = considered an entry point to treatment
- **CIRT** = Community Intensive Residential Treatment
- **Residential** = less intensive community residential treatment
- **DUII** = Driving Under the Influence of Intoxicants
- **Drug Diversion** = STOP program
- **Methadone maintenance** = long term opiate replacement
- **A&D Free Housing** = maintain sobriety in an A&D free living situation; transitional 6-12 months

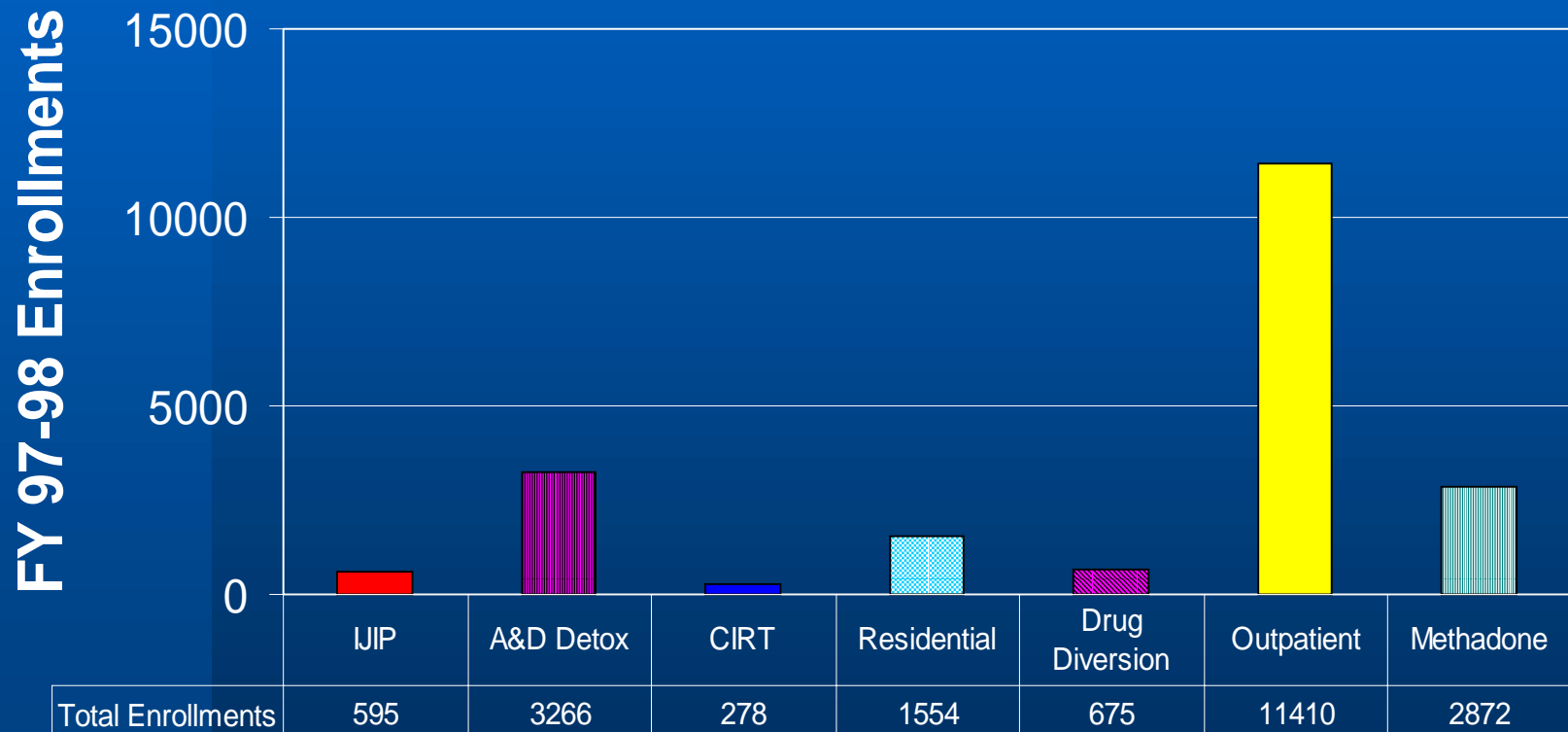
ADULT SERVICE CONTINUUM-- WHAT DOES \$19 MILLION BUY?



Note: Graph does not include funds spent on relapse prevention & other treatment support, or prevention.

ENROLLMENTS SHOW A DIFFERENT PATTERN THAN EXPENDITURES

Total Enrollments in the Alcohol and Drug Treatment Continuum



DIFFERENT TREATMENT MODALITIES HAVE DIFFERENT AVERAGE COSTS

<u>Modality</u>	<u>Cost Per Day*</u>	<u>LOS (Days)**</u>	<u>Average Cost /Enrollment</u>
IJIP	40***	27.5	\$1,094
InterChange	\$105****	73 est.	\$7,663
Detox	\$72	4.8	\$346
CIRT	\$71	49.1	\$3,488
Other Resid.	\$50	49.6	\$2,467
Outpatient	\$8	91.4	\$734
Methadone	\$7	543	\$3,801

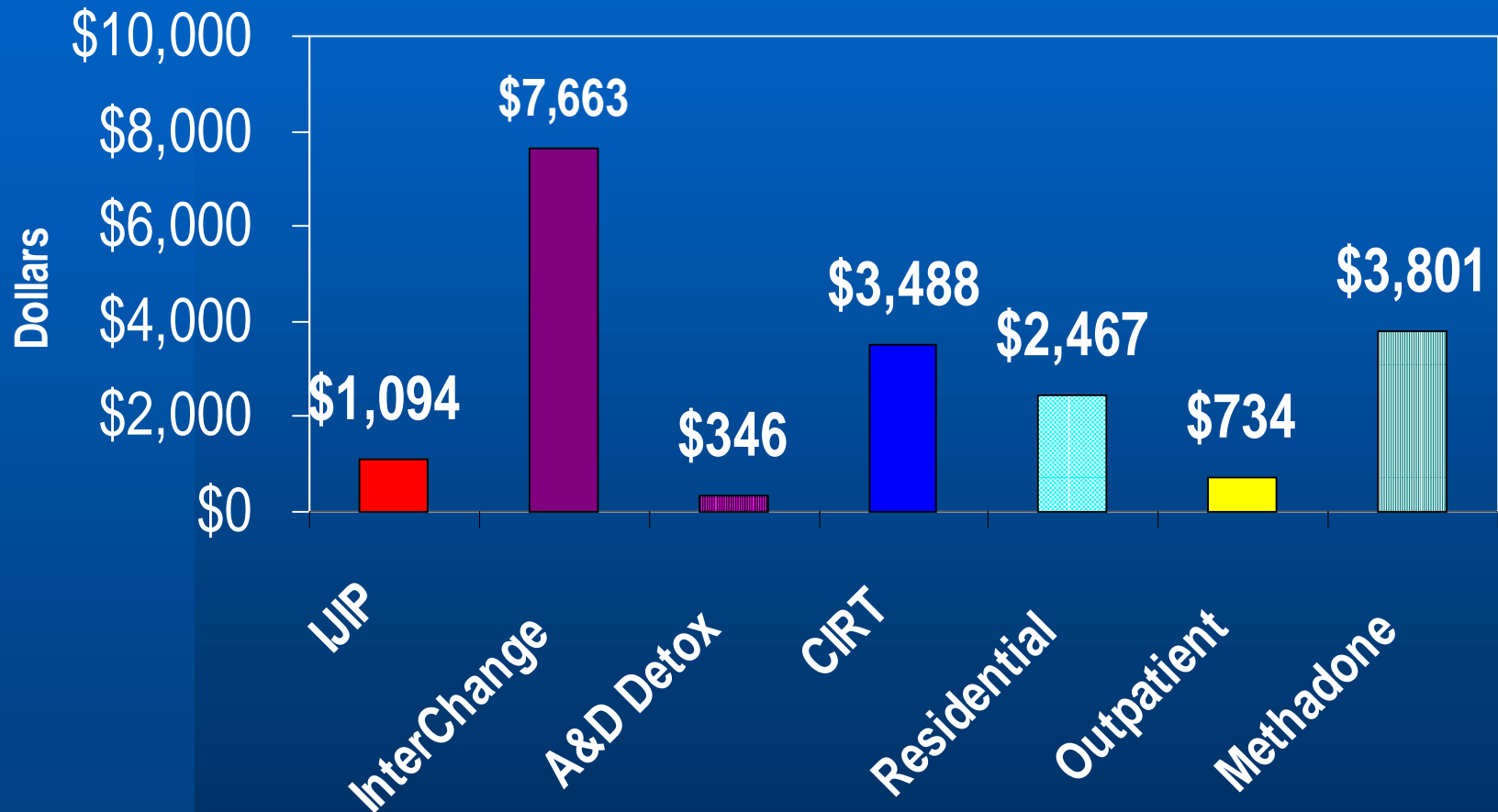
* Total budget / # of slots as of Fall 1999; outpatient & residential costs are being adjusted upwards.

** Average length of stay of all enrollees--completers and non-completers of treatment

*** Program costs above and beyond \$103/day incarceration cost

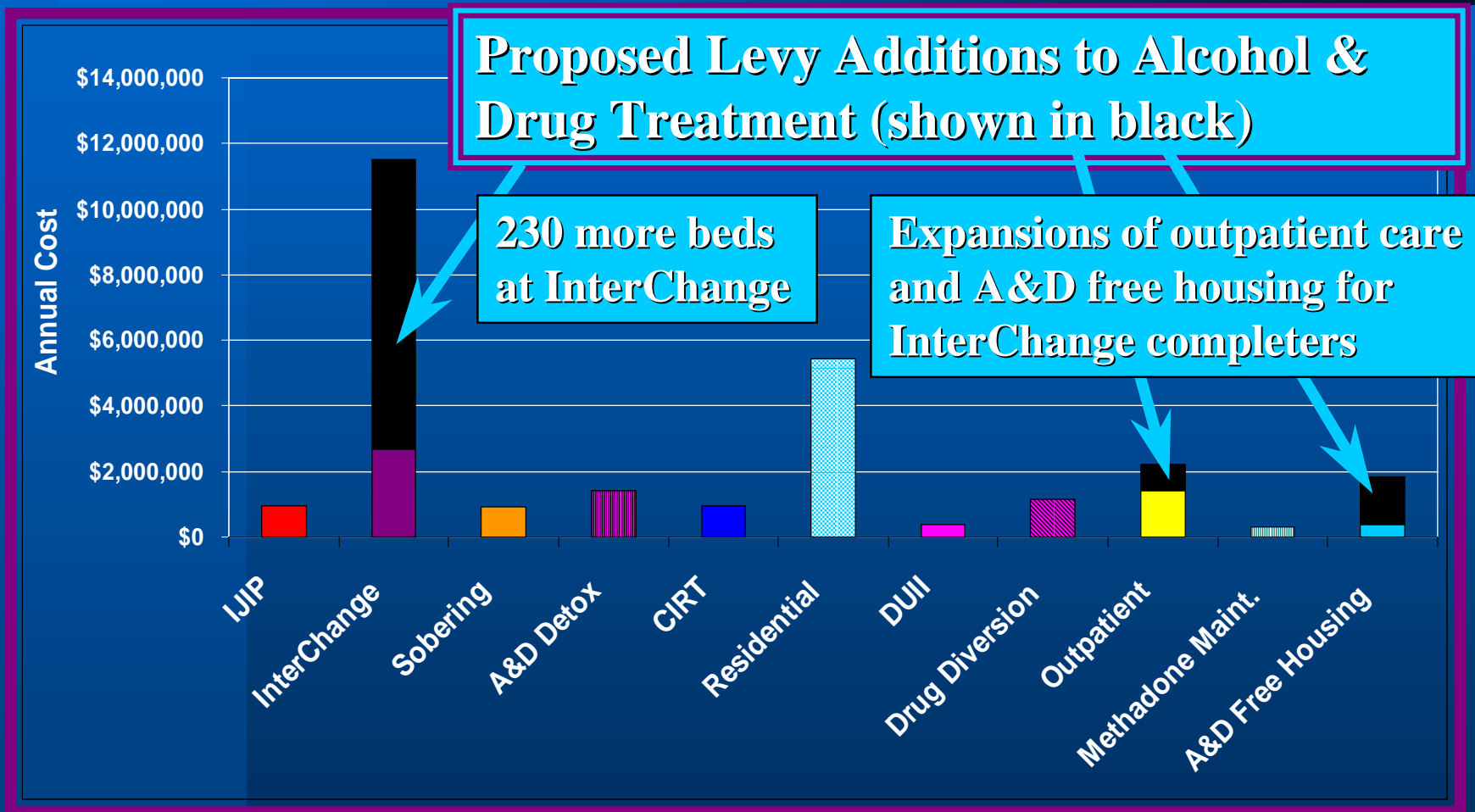
**** Full cost of program and residential care. For InterChange clients who would otherwise be in jail at a daily cost of \$103 per day, InterChange does not represent a net additional cost to the criminal justice system.

COST PER AVERAGE ENROLLMENT



Note: Average cost for all enrollees--completers and non-completers

Proposed Levy Expansions



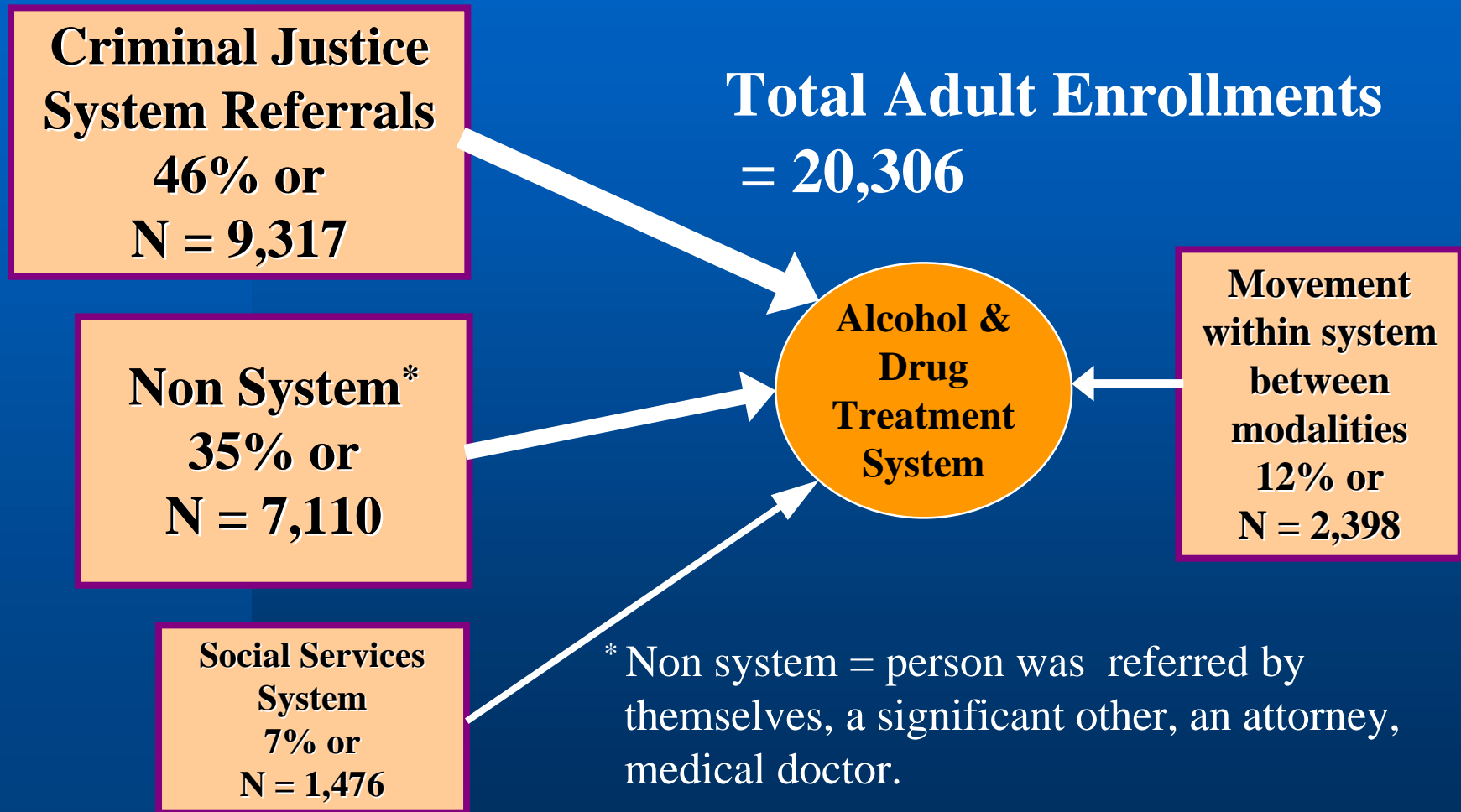
Note: Graph does not include funds spent on relapse prevention & other treatment support, sobering, or prevention.

Summary

- **Multnomah County spent \$25.6 million for alcohol & drug treatment in FY2000; 62% is county general fund.**
- **Most of the money goes for adult residential treatment. Most clients use outpatient treatment.**
- **Secure residential treatment, is the most expensive treatment modality.**
- **Secure residential treatment needs aftercare in the community to be effective. The Levy allows for aftercare from InterChange.**

**Are Criminal Justice
Clients Getting Into
Alcohol & Drug
Treatment in
Multnomah County?:
Part 4**

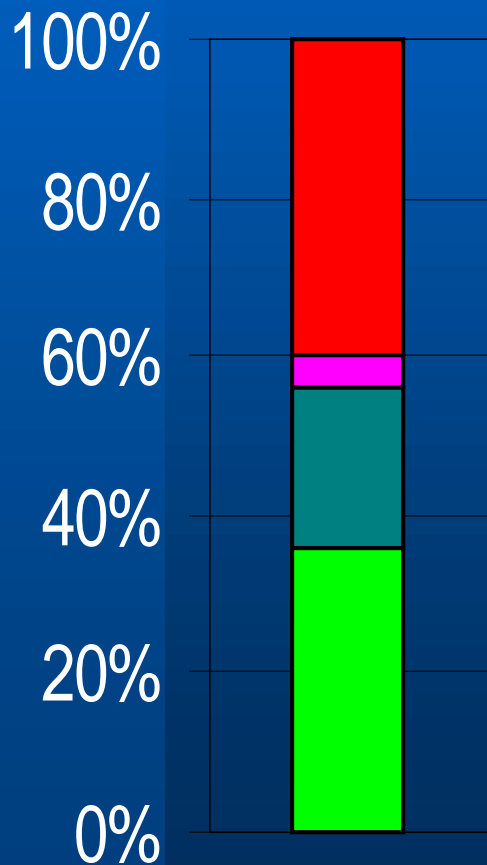
Referral Sources and Percent of Total Adult Enrollments During FY 98-99



Data source: CPMS (Client Process Monitoring System)

Groups of Criminal Justice Clients in Alcohol & Drug Treatment

Total FY 98-99 CJ Enrollments = 9317



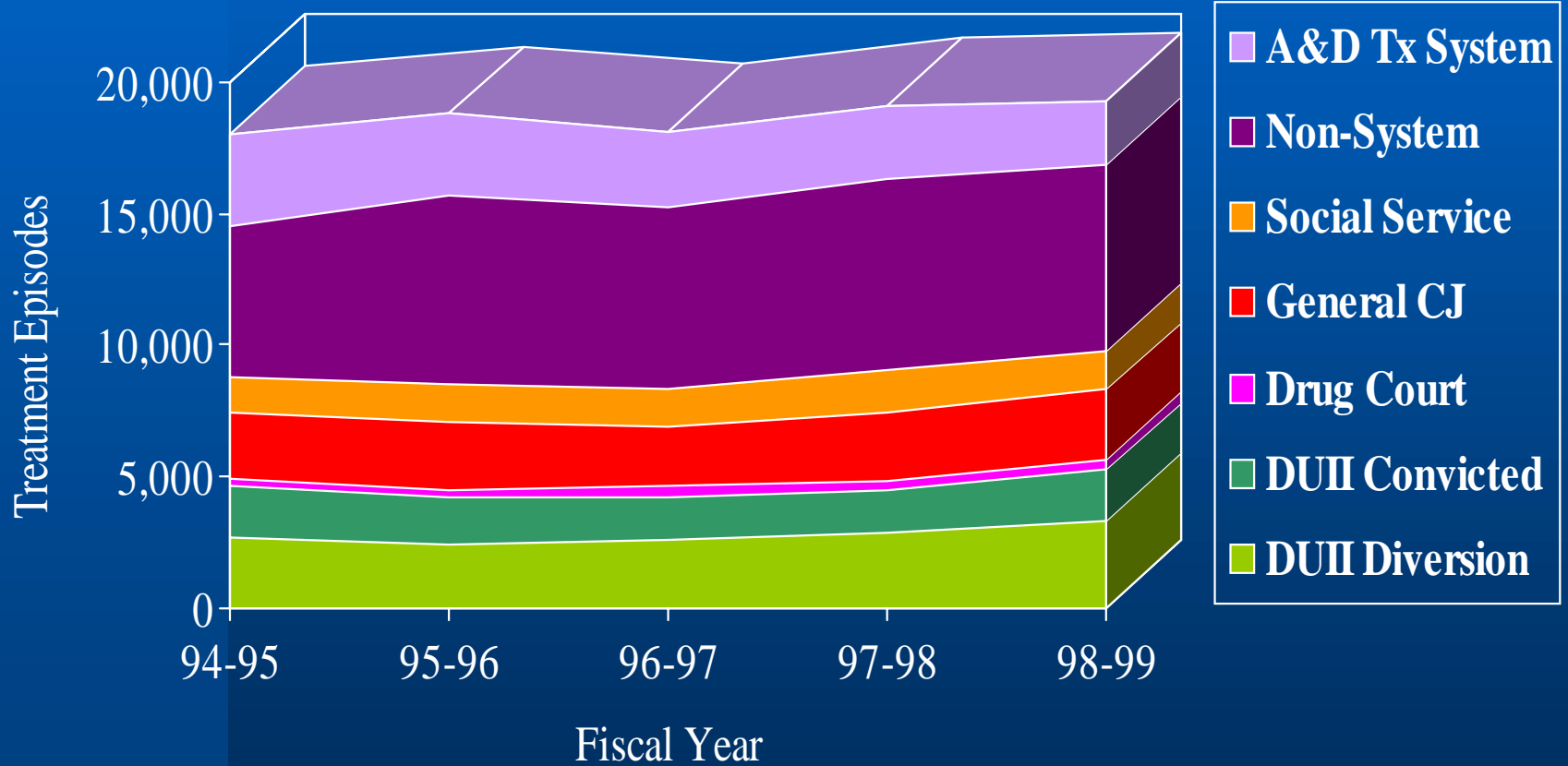
General Criminal Justice = 3675

Drug Court & Other Diversion = 404

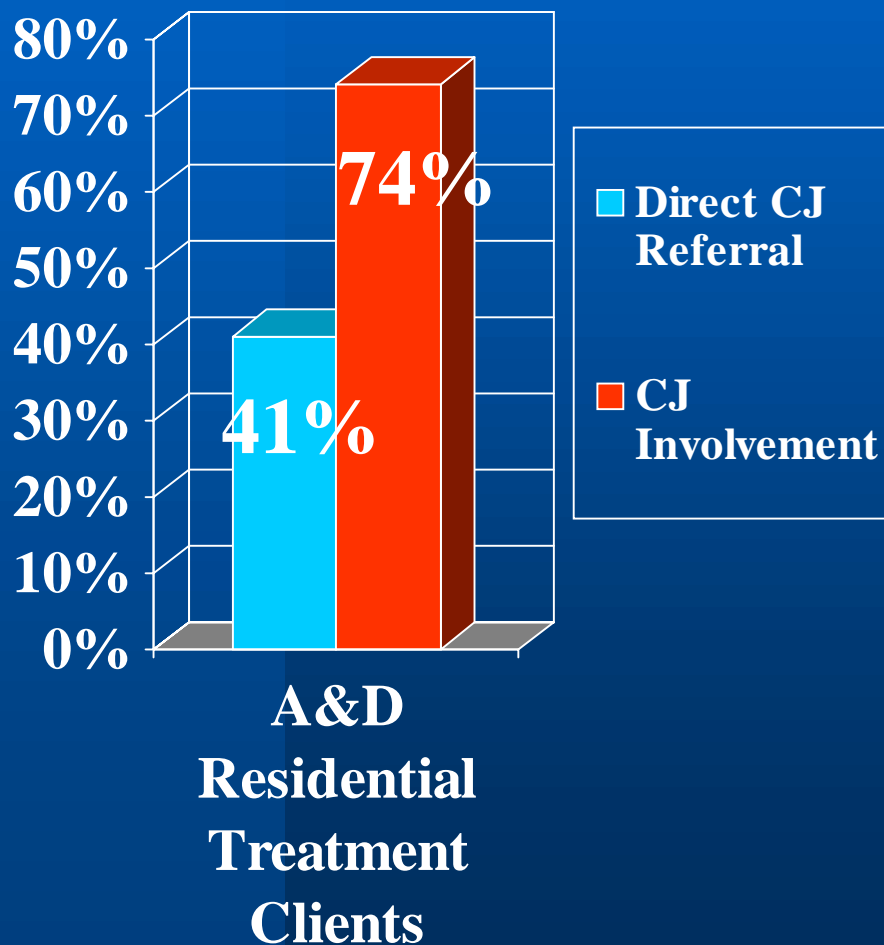
DUII--Convicted = 1884

DUII--Diversions = 3354

CJ Enrollments in A&D treatment have been relatively stable over the past 5 years.



More CJ Clients Use A&D Treatment Than Show as Direct Referrals from the CJ System

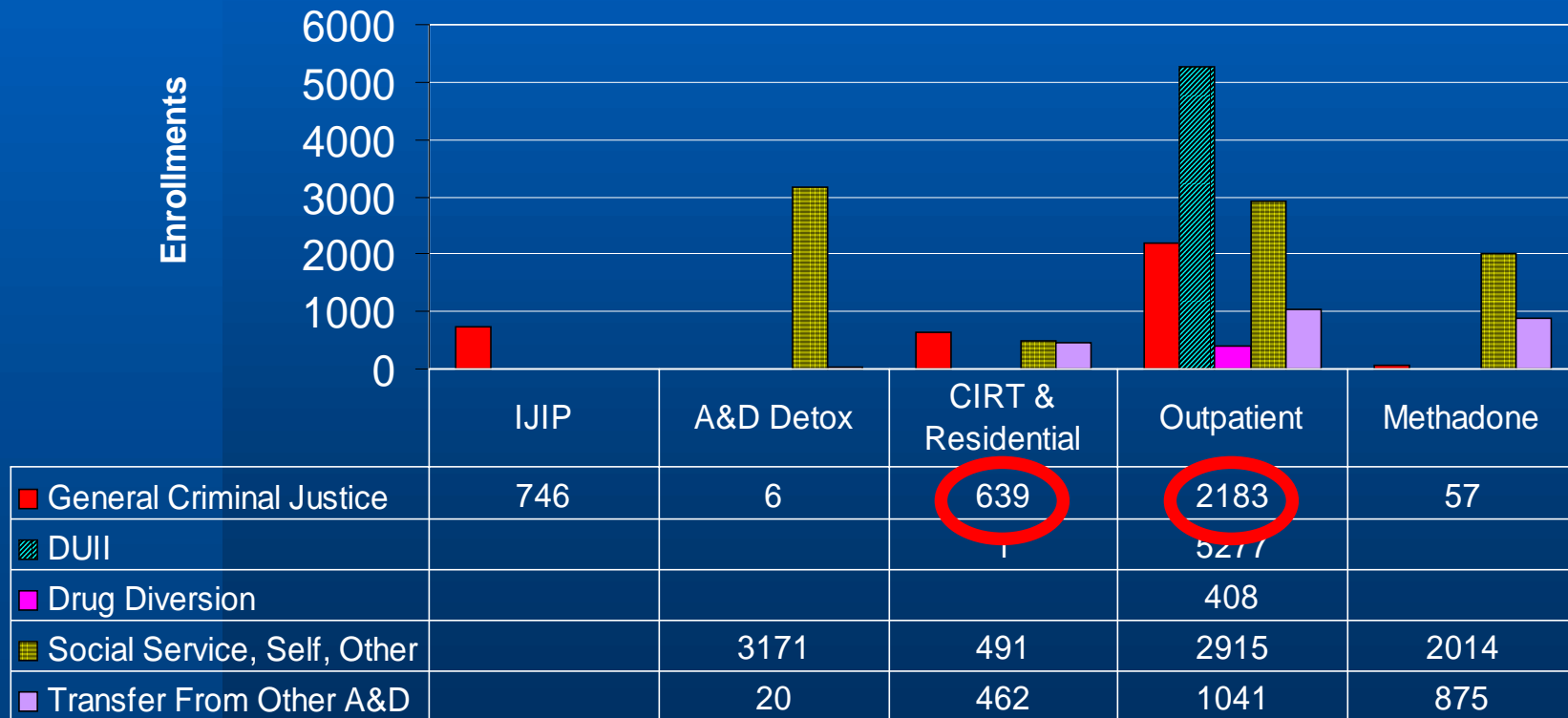


An October 1999 phone survey of A&D residential providers showed 74% of their clients had current CJ involvement. But CPMS data shows 41% of the 639 residential referrals were from the CJ system.

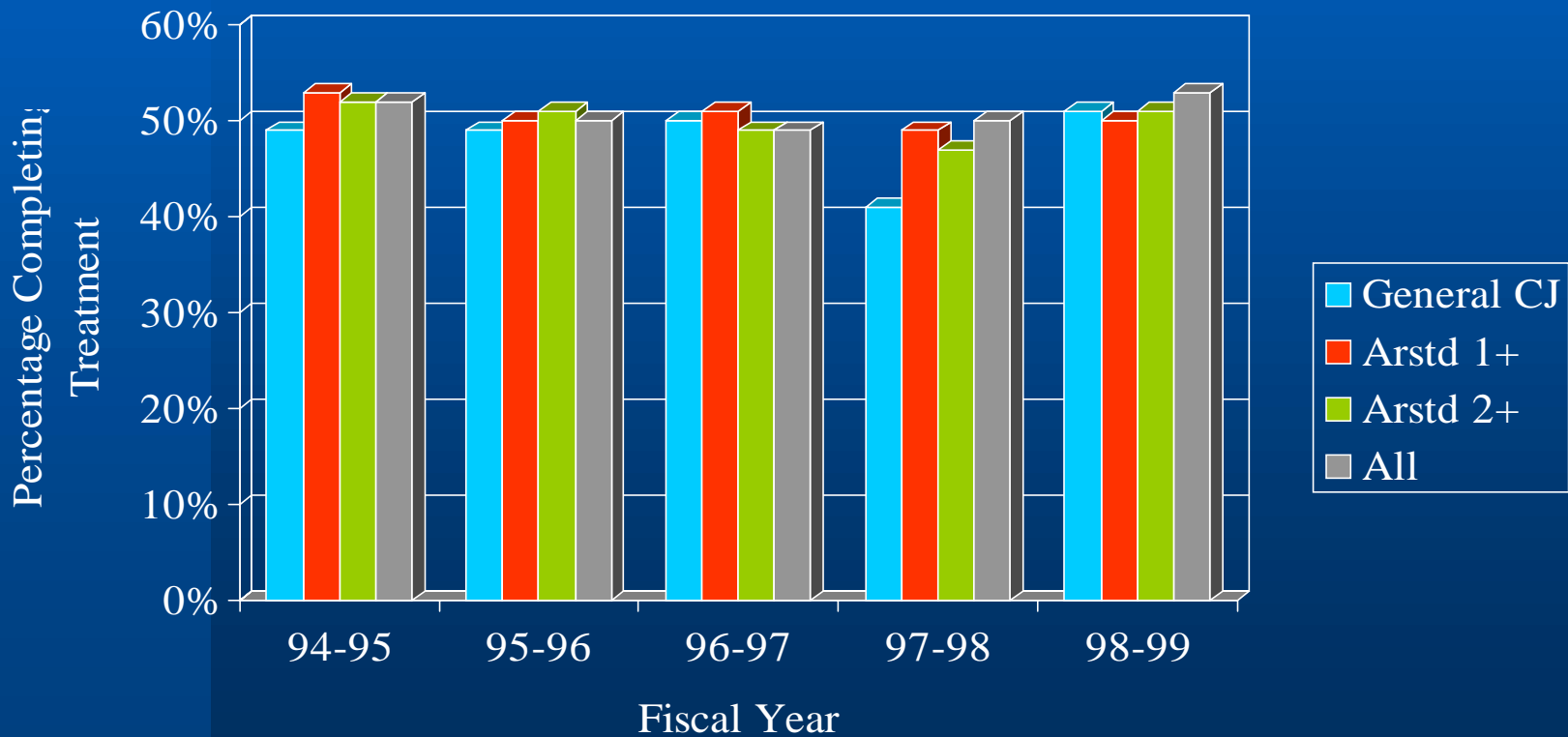
This shows that we really don't know how many CJ clients receive treatment in a year.

The CJ System seldom refers to Detox or Methadone Maintenance.

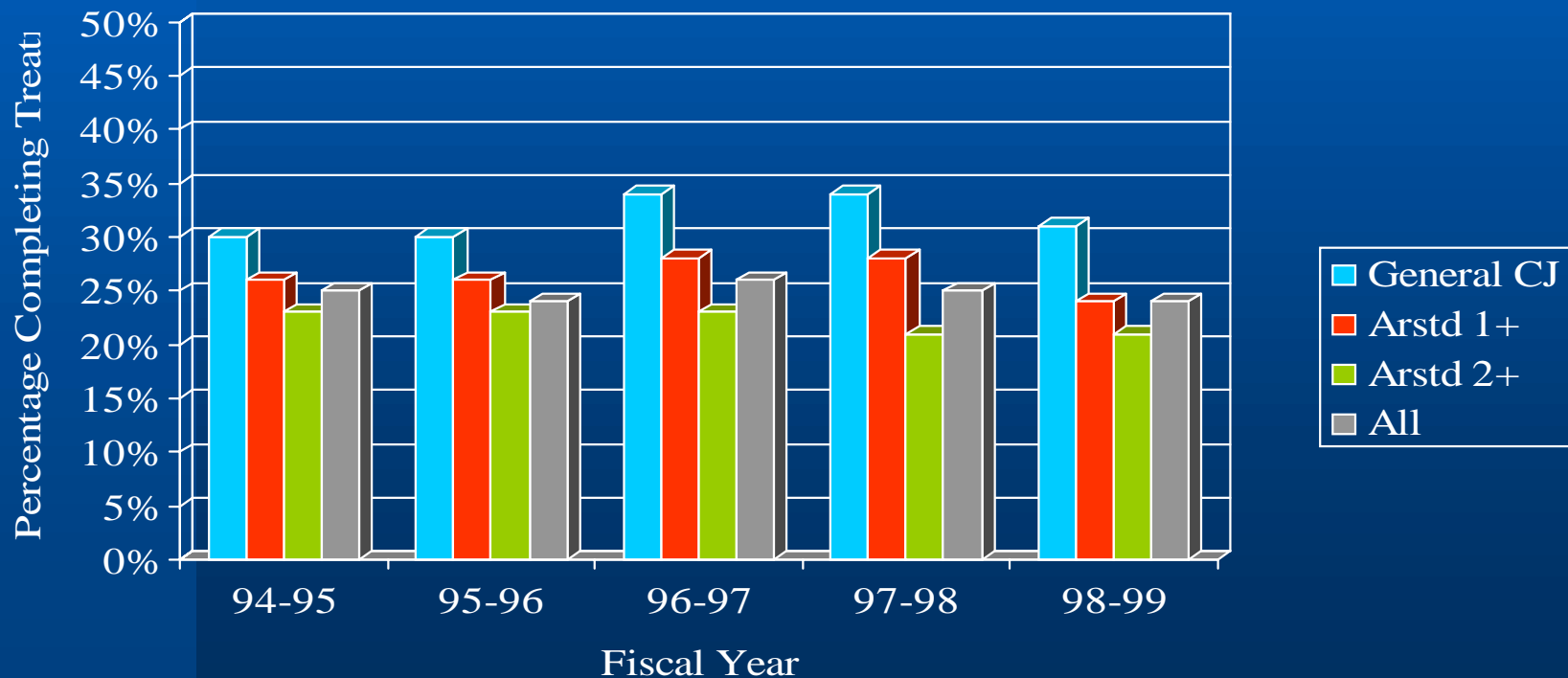
Adult FY98-99 Enrollments in the Alcohol and Drug Treatment Continuum by Referral Source



Residential treatment completion rates for CJ referrals and for those reporting being arrested have been about average -- with the exception of one year (97-98).



CJ referrals to outpatient treatment were **MORE LIKELY** to complete than other outpatient clients, including those reporting having been arrested in the past 5 years.



What is Total Need for Treatment?

- We do not have an accurate unduplicated count of total criminal justice clients needs for treatment.
- If roughly 3/4 of 40,000 bookings per year test positive for drugs, approximately 30,000 treatment episodes could result. (This counts individuals more than once but does not factor in need of current probationers and parolees for treatment.)
- Compared to approximately 10,000 CJ client enrollments per year, a very rough estimate of need met is 1/3.

Summary

- **Clients directly referred by Criminal justice account for almost half of all enrollments in publicly funded A&D treatment; the total percentage of CJ clients enrolling for A&D treatment is probably much higher.**
- **The CJ system generally is not referring for detox or methadone maintenance, despite relatively high rates of opiate use in arrestees.**
- **CJ referrals to A&D treatment successfully complete treatment as well or better than clients from other referral sources.**
- **Total need for treatment cannot be accurately determined. A very rough estimate is that only about 1/3 of current need is being met.**

Recommendations

1. The cost-effectiveness of secure alcohol and drug treatment needs to be closely evaluated.

The Evaluation/Research Unit of the County Budget Office is carrying out an evaluation of InterChange in cooperation with the Dept. of Community Justice.

Recommendations--continued

2. CALDATA suggests that outpatient treatment is more cost effective than residential treatment. We have no system to monitor which types of general CJ clients use outpatient vs. residential vs. secure residential treatment.

Recommendation: To ensure the most cost-effective use of resources we should monitor characteristics of general CJ referrals to A&D treatment and determine which types of CJ referrals do better in different modalities. (The evaluation of InterChange will include comparison groups of offenders who directly enter both outpatient and residential treatment.)

Recommendations--continued

3. Many felons being released from prison have already had intensive alcohol and drug treatment. This treatment did not have to be provided with County resources. One of the most cost-effective approaches to this population may be to ensure appropriate follow-through on treatment plans and aftercare--which has been shown by research to be essential.

Recommendation: Study transition of A&D treated offenders from prison to the community. (The State Dept. of Corrections is beginning a Transition Project. It may provide a vehicle to study transition of offenders who have had A&D treatment.)

Recommendations--continued

4. Female arrestees in the Portland area, especially young females, have one of the highest rates of opiate use in the country. Yet the criminal justice system makes few referrals to methadone maintenance.

Recommendation: Current policies and practices regarding the treatment needs of this population need further investigation to ensure that adequate treatment is being offered. (No study underway; no responsibility assigned).

REFERENCES

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Bureau of Justice Statistics maintains an extensive website at: <http://www.ojp.usdoj.gov/bjs>

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