Drug Use and Crime in the U.S.

1. Nearly 6.6 million adults in the United States were incarcerated or under community supervision in 2001. This represents —
   - 3.1% of the nation’s population, or 1 in every 32 adults.
   - a 49% increase in the total correctional population over the past decade.

2. Approximately 2 out of 3 arrestees have drugs in their urine.

3. Approximately 2 out of 5 probationers were placed under community supervision because of a drug law violation or DWI.

4. Approximately 8 of 10 state prisoners admit having a history of drug use, but only 1 in 10 report being treated for drug use since admission (down from 1 in 4 in 1991).

New National Research Program for Corrections-Based Treatment

IBR was recently chosen as one of seven National Research Centers created to study current drug treatment practices and outcomes in correctional populations and to examine strategies for improving treatment services for drug-involved offenders. The Criminal Justice Drug Abuse Treatment Studies (CJ-DATS), a 5-year cooperative agreement project funded by the National Institute on Drug Abuse (NIDA), will investigate key elements of correctional drug treatment systems in the U.S. and make recommendations for policies to enhance outcomes and improve the overall efficiency of treatment service delivery. A key objective for this landmark study is the establishment of science-based evidence for guiding treatment of correctional populations to reduce drug use and crime-related costs to society. (See Overview chart on back page.)
What are the Key Issues?

75-80% Drug Use

Problem Severity?

Selection of Treatment?

Intensity Levels?
- Low (Self-Help)
- Moderate (Outpatient)
- High (Residential)

Special Needs?
- Dual diagnosis
- Minority
- Women/Youth
- HIV/AIDS

Re-Entry & Outcomes

Evidence-Based Treatment Model

Readiness Training
- Severity
- Motivation

Offender Attributes at Intake

Program Characteristics

Staff Attributes & Skills

Behavioral Strategies

Family & Friends

Personal Health Services

Early Engagement
- Program Participation
- Therapeutic Relationship

Early Recovery
- Behavioral Change
- Psycho-Social Change

Sufficient Retention

Re-Entry/ Social Support
- Drug Use
- Crime
- Social Relations

Posttreatment

Cognitive Strategies

Social Skills Training

Social Support Services

[Source: Simpson, 2001, Addiction, 96(2), 207-211;
Simpson & Knight, in press, State of Corrections, American Correctional Association]
### Delaware & California TC Programs: 3-Year Reincarceration Rates (%)

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware Key/Crest Program</td>
<td>71</td>
<td>75</td>
<td>82</td>
</tr>
<tr>
<td>California Amity Program</td>
<td>45</td>
<td>45</td>
<td>79</td>
</tr>
</tbody>
</table>

No Treatment: 71% in Year 1, 75% in Year 2, 82% in Year 3.
ITC Dropout: 45% in Year 1, 45% in Year 2, 79% in Year 3.
ITC, but no Aftercare: 31% in Year 1, 27% in Year 2, 27% in Year 3.
ITC + Aftercare: 31% in Year 1, 27% in Year 2, 27% in Year 3.

Significantly Better Outcomes:

- Delaware Key/Crest Program vs. California Amity Program:
  - Year 1: 26%
  - Year 2: 26%
  - Year 3: 26%

- No Treatment vs. ITC Dropout:
  - Year 1: 26%
  - Year 2: 26%
  - Year 3: 26%

- ITC Dropout vs. ITC, but no Aftercare:
  - Year 1: 26%
  - Year 2: 26%
  - Year 3: 26%

- ITC, but no Aftercare vs. ITC + Aftercare:
  - Year 1: 26%
  - Year 2: 26%
  - Year 3: 26%


### Texas/High Severity Group: 3-Year Reincarceration Rates (%)

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Treatment (n=58)</td>
<td>52</td>
<td>66</td>
</tr>
<tr>
<td>Aftercare Completers (n=123)</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Aftercare Dropouts (n=101)</td>
<td>18</td>
<td>32</td>
</tr>
</tbody>
</table>

Significantly Better Outcomes:

- No Treatment vs. Aftercare Completers:
  - Year 1: 36%
  - Year 2: 36%
  - Year 3: 36%

- No Treatment vs. Aftercare Dropouts:
  - Year 1: 36%
  - Year 2: 36%
  - Year 3: 36%

- Aftercare Dropouts vs. Aftercare Completers:
  - Year 1: 36%
  - Year 2: 36%
  - Year 3: 36%

General Findings and Recommendations*

1. **Setting, duration, and training** are important in establishing *Intensive Treatment*.
   - *Intensive Treatment* is defined as 6-12 months in a residential (isolated) treatment unit.
   - On-going monitoring and evaluation serves management and accountability needs.

2. **Risk assessments** are needed to guide referrals to treatment (Knight et al., 1999).

3. **Several therapeutic approaches** are effective (Pearson & Lipton, 1999).
   - Boot camps and periodic drug-focused counseling have poor outcomes.
   - Programs that use agonists (such as methadone) for heroin dependence show promise.
   - Selective education, 12-step, and cognitive-behavioral therapies can be effective.

4. Intensive treatment is most cost effective for **high-severity cases** (Griffith et al., 1999).

5. **Inappropriate placements** reduce treatment effectiveness and efficiency.

6. **Induction strategies** can raise treatment engagement (Blankenship et al., 1999).

7. **Engagement** is crucial for effectiveness.
   - Participation in transitional “aftercare” is shown to be essential.
   - Court-mandated treatment can be effective with low motivation clients.

* [Citations are from the Sept/Dec issue of *The Prison Journal*, 1999]