

Effective Investments in Public Safety: Drug Treatment

“There’s a long wait for the bed space in rehabilitation programs and if we can get people off drugs and get them clean and sober, they’re not going to be committing any crimes and that’s the ultimate goal.”—Scott Rolle, state’s attorney, Frederick County, and onetime Republican attorney general nominee in Maryland.¹

“We need to deal with the drug problem in a much more discretionary, compassionate way. We need treatment, not just punishment and imprisonment.”—Stanley Sporkin, U.S. District Judge, District of Columbia.²

A significant number of people arrested and sent to prison are using drugs.

While drug use does not predetermine criminality, nearly 29 percent of convicted jail inmates in 2002 reported using drugs at the time of their offense and over 80 percent of all jail inmates reported ever using drugs.³

In 2004, about 80 percent of both federal and state prisoners reported ever using drugs, and 53.4 percent of prisoners in state prisons met criteria for drug dependence or abuse.⁴ Furthermore, about 25 percent of prisoners incarcerated for violent crimes reported using drugs at the time of their offense.

Percentage of prisoners who reported using drugs at time of their offense

Offense Type	Federal	State
Violent	24%	27.7%
Property	13.6%	38.5%
Drug	32.3%	43.6%

Source: Mumola, C.J. and Karberg, J.C. 2006. “Drug Use and Dependence, State and Federal Prisoners, 2004.” Table 4. Bureau of Justice Statistics.

<http://www.ojp.usdoj.gov/bjs/pub/pdf/dudsfp04.pdf>.

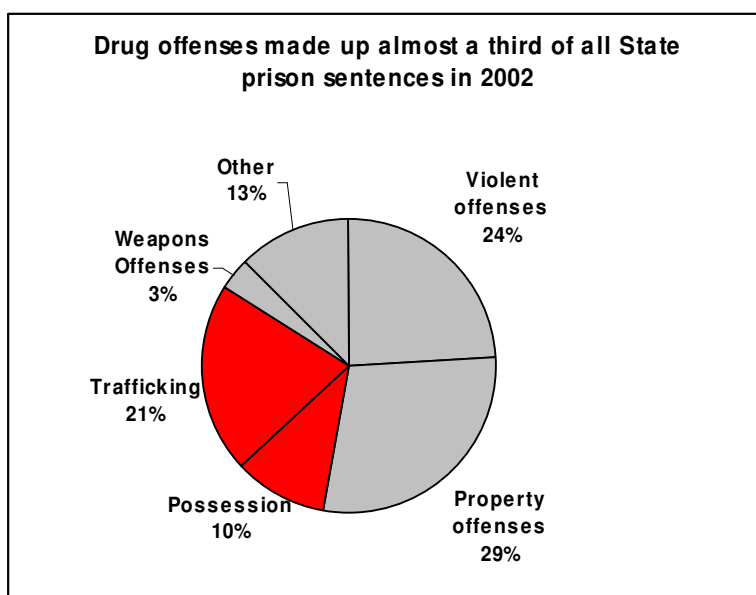
¹Dishneau, David. “Report finds Md’s commitment to drug rehab over prison flagging,” *The Associated Press*, September 19, 2006.

²“The case against mandatory minimums. FAMMgramm,. (Winter, 2005). Washington, D.C.: Families Against Mandatory Minimums.

³ U.S. Department of Justice, Bureau of Justice Statistics, Profile of Jail Inmates 2002, Special Report NCJ 201932 (Washington, D.C.: U.S. Department of Justice, July 2004), p.8, Table 12. Table 6.21 from Sourcebook of Criminal Justice Statistics 2003

⁴ Mumola, C.J. and Karberg, J.C. 2006. “Drug Use and Dependence, State and Federal Prisoners, 2004.” Bureau of Justice Statistics. <http://www.ojp.usdoj.gov/bjs/pub/pdf/dudsfp04.pdf>

Increased drug imprisonment contributes to prison expansion.



Source: Matthew R. Durose and Patrick A. Langan. 2005. "State Court Sentencing of Convicted Felons, 2002." Statistical Tables. <http://wsc.wi.gov/docview.asp?docid=6713&locid=10>

Whereas in 1980 only about 8% of federal and state prisoners were incarcerated for a drug offense,⁵ in 2003, 55 percent of the federal prison population⁶ and 20 percent of prisoners in state facilities⁷ were incarcerated for drug offenses.

In 2002, the Maryland State Commission on Criminal Sentencing Policy reported that 54 percent of cases sentenced on single-count convictions between 1996 and 2001 involved a drug offense.⁸ Baltimore's drug imprisonment rate on June 30, 2005 was 453 drug prisoners per 100,000 residents—more than eight times the state median.⁹

In Wisconsin, researchers from Justice Strategies have shown that, "drug prisoners account for more than a fifth of the growth in the sentenced prison population over the last ten years, with close to a third of the growth of prisoners coming from Milwaukee."¹⁰

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

Washington State Drug Courts and Sentencing Alternatives: A study of adult drug courts in Washington State found that five of the six drug courts reduced recidivism by 13 percent.¹¹ Furthermore, a review of Washington's Drug Offender Sentencing Alternative (DOSA) program found a 25 percent 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.¹²

⁵ MotherJones. "National Totals: More Drug Offenders." Online at: http://www.motherjones.com/news/special_reports/prisons/atlas.html

⁶ U.S. Department of Justice, Federal Bureau of Prisons [online]. [Sept.9, 2003]; and data provided by the U.S. Department of Justice, Federal Bureau of Prisons. Table 6.57 from Sourcebook of Criminal Justice Statistics 2003, p. 519. Available: <http://www.albany.edu/sourcebook/pdf/t656.pdf>

⁷ Prisoners in 2005. Harrison, P.M. and Beck, A.J. (2006). Bureau of Justice Statistics. <http://www.ojp.usdoj.gov/bjs/pub/pdf/p05.pdf>

⁸ Maryland State Commission on Criminal Sentencing Policy. 2002."Sentencing Demographics in Maryland 1996-2001."

⁹ Pranis, Kevin. 2006. "Progress and Challenges: An analysis of drug treatment and imprisonment in Maryland from 2000 to 2005." Washington, D.C.: Justice Policy Institute.

¹⁰ Kevin Pranis and Judith Greene. 2006. "Treatment Instead of Prisons." Brooklyn, New York: Justice Strategies.

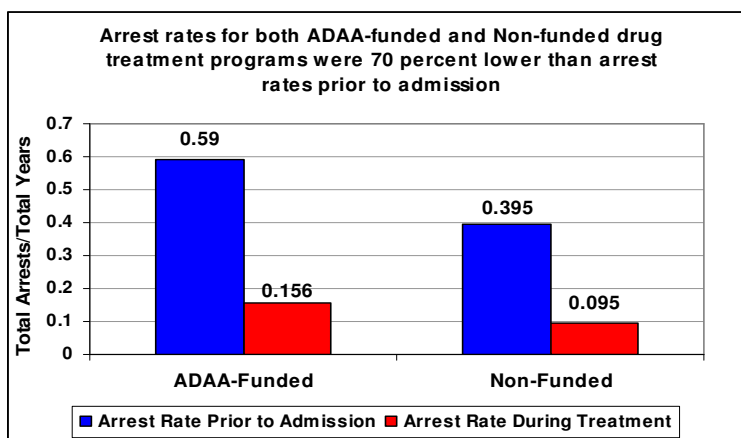
¹¹ Barnoski, Robert and Aos, Steve. 2003. "Washington State's Drug Courts for Adult Defendants: Outcome Evaluation and Cost-Benefit Analysis." Olympia, WA: Washington State Institute of Public Policy.

¹² WSIPP 2006 DOSA Review. www.Wsipp.wa.gov

Brooklyn, New York DTAP: 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.¹³

The National Treatment Improvement Evaluation Study: 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 percent.¹⁴

The Maryland Alcohol and Drug Abuse Administration (ADAA): 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 percent 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.”¹⁵ In Baltimore City alone, arrests for offenses such as theft, burglary and robbery were 55 percent lower for those who completed treatment than those who did not.



Source: Outlook and Outcomes 2005 Annual Report. Baltimore, Maryland: Alcohol and Drug Abuse Administration Leadership. www.maryland-adaa.org

Places that have increased drug treatment availability have seen bigger drops in crime.

A Justice Policy Institute study of drug treatment and imprisonment in Maryland from 2000 to 2005 found that eight of 12 jurisdictions that depended more on drug treatment saw crime rates fall by 10 percent or more, while only two of 12 jurisdictions that relied more on imprisonment experienced such a decrease.¹⁶ Of the five counties in Maryland that relied most heavily on drug treatment, all “achieved a major crime-rate reduction” compared to just two of the five counties that depended more heavily on imprisonment.

In California, Proposition 36 was enacted in 2000 to allow individuals convicted of first and second-time drug possession to receive substance abuse treatment instead of incarceration. Despite opponents of Proposition 36, who voiced concerns over rising crime rates if these drug offenders were diverted from prisons, between 2000 and 2004 California’s violent crime rate dropped 11.2 percent, over 3 percentage points more than the national crime drop (8.1 percent).¹⁷

¹³ The National Center on Addiction and Substance Abuse. 2003. “Crossing the Bridge: An Evaluation of the Drug Treatment Alternative-to-Prison Program.” New York, New York: Columbia University.

¹⁴ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. 1997. “The National Treatment Improvement Evaluation Study: Final Report.” SAMHSA.

¹⁵ *Outlook and Outcomes 2005 Annual Report*. Baltimore, Maryland: Alcohol and Drug Abuse Administration Leadership.

¹⁶ Pranis, Kevin. 2006. “Progress and Challenges: An analysis of drug treatment and imprisonment in Maryland from 2000 to 2005.” Washington, D.C.: Justice Policy Institute.

¹⁷ Ehlers, Scott and Jason Ziedenberg. 2006. “Proposition 36: Five Years Later.” Washington, D.C.: Justice Policy Institute.

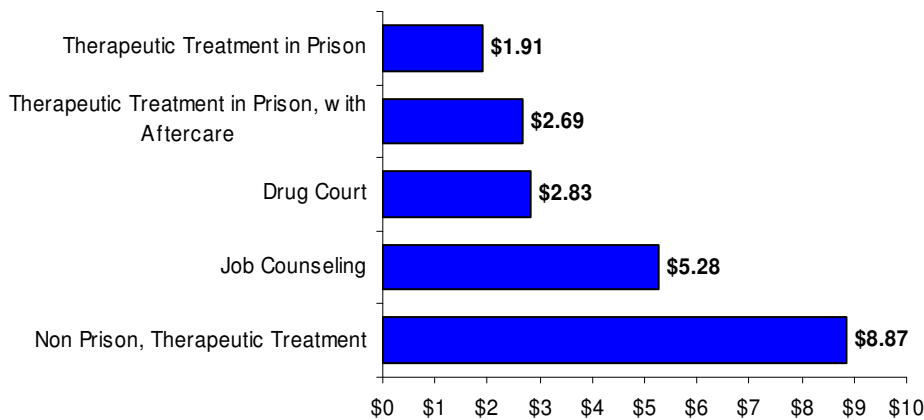
Places that have sent more people to prison for drug offenses have not seen lower drug use.

According a Justice Policy Institute study, states with higher levels of drug incarceration have higher levels of drug use. Furthermore, researchers found no basis for the claim that higher drug incarceration rates would deter drug use.¹⁸ This same study found that although New Jersey spends more to incarcerate drug offenders than a third of the states spend on their entire corrections system, it still experiences high levels of drug use.

Drug treatment is a cost effective alternative to increasing incarceration for reducing crime and victimization.

A recent study by 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.¹⁹

Benefit to Taxpayers and Crime Victims Per Dollar Spent on Programs



Source: Aos, Steve et al. "The Comparative Costs and Benefits of Programs to Reduce Crime." (May, 2001) Olympia, Washington: The Washington Institute for Public Policy.

Between 1988 and 2003, while the national drug control budget grew by 307 percent, marijuana use showed little change.²⁰ The Office of National Drug Control Policy's fiscal year 2006 budget calls for \$7.6 billion in drug law enforcement, while only \$3.7 billion is being spent on direct prevention and treatment services.²¹

A 1997 study by the RAND Corporation compared the cost-effectiveness of three programs designed to reduce consumption of cocaine: longer sentences, conventional enforcement and treatment for heavy users. They estimated that treatment is 10 to 15 times more cost-effective by way of reducing drug-related crime than are enforcement interventions.²²

According to the Final Report of the National Treatment Improvement Evaluation Study (NTIES), published by the Center for Substance Abuse Treatment (CSAT), "treatment appears to be cost effective, particularly when compared to incarceration, which is often the alternative. Treatment costs ranged from a low of \$1,800 per client to a high of approximately \$6,800 per client."²³

¹⁸ Schiraldi, Vincent and Jason Ziedenberg. 2003. "Costs and Benefits? The Impact of Drug Imprisonment in New Jersey." Washington, D.C.: Justice Policy Institute.

¹⁹ Washington State Institute for Public Policy. 2006. "Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs and Crime Rates." Olympia, WA. <http://www.wsipp.wa.gov/rptfiles/06-10-1201.pdf>

²⁰ Ziedenberg, Jason and Jason Colburn. 2005. "Efficacy and Impact: The Criminal Justice Response to Marijuana Policy in the United States." Washington, D.C.: Justice Policy Institute.

²¹ National Drug Control Strategy FY 2006 Budget Summary www.whitehousedrugpolicy.gov/publications/policy/06budget/06budget.pdf

²² Caulkins, Jonathan P. and C. Peter Rydell, William L. Schwabe, James Chiesa. 1997. "Mandatory Minimum Drug Sentences: Throwing Away the Key or the Taxpayers' Money?" Santa Monica, CA: RAND Drug Policy Research Center. http://www.fathom.com/media/PDF/2172_ss.pdf

²³ *National Treatment Improvement Evaluation Study 1997 Highlights*. (March, 1997) Washington, D.C.: U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.