

Effective Interventions for Addicted Offenders

David Farabee

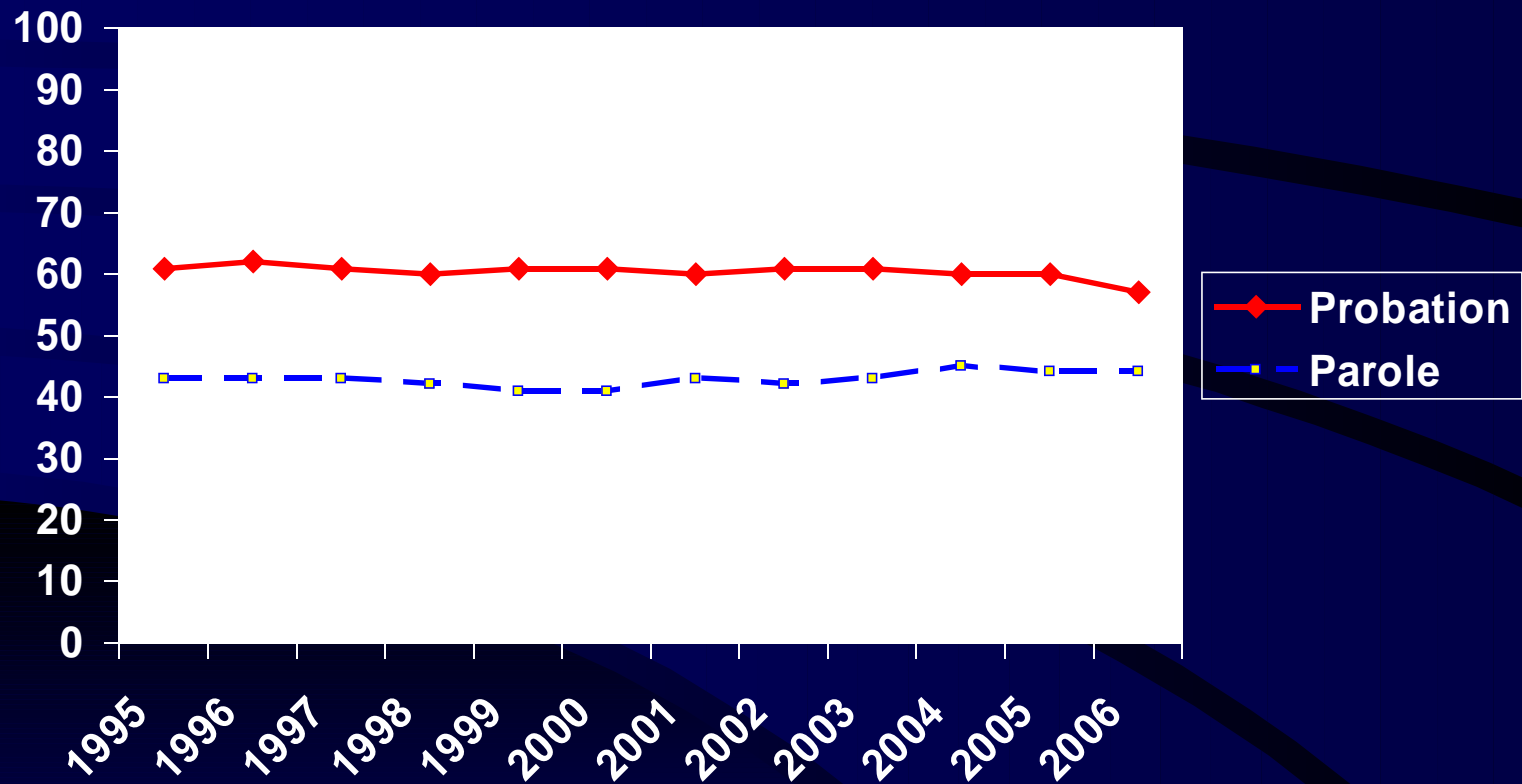
University of California, Los Angeles

Beyond McLeish: New Ideas, Lasting Solutions

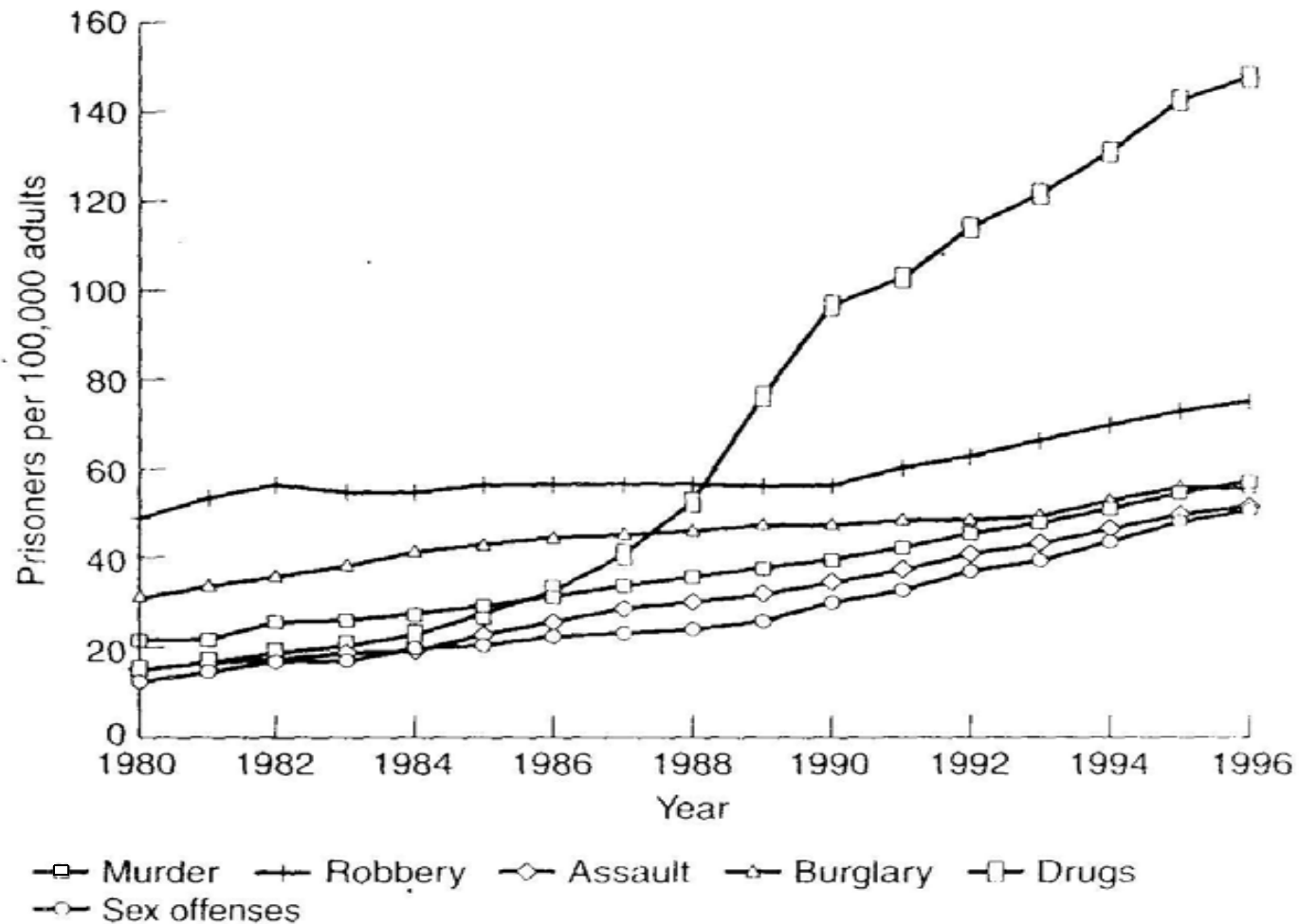
Edinburgh, Scotland

September 8, 2008

Percent of Successful Exits, by Type of Supervision, 1995-2006 (USA)

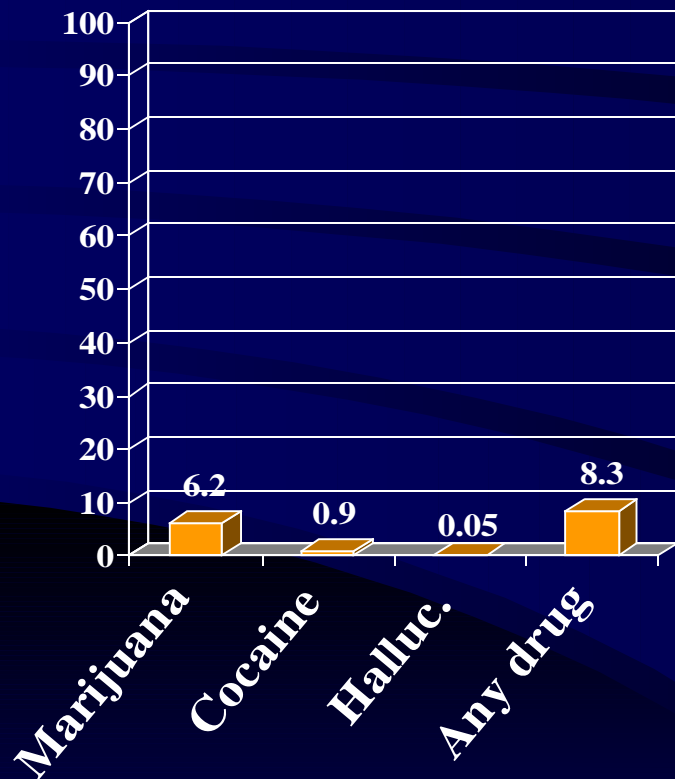


Incarceration Rate by Crime Type in the United States, 1980-1996



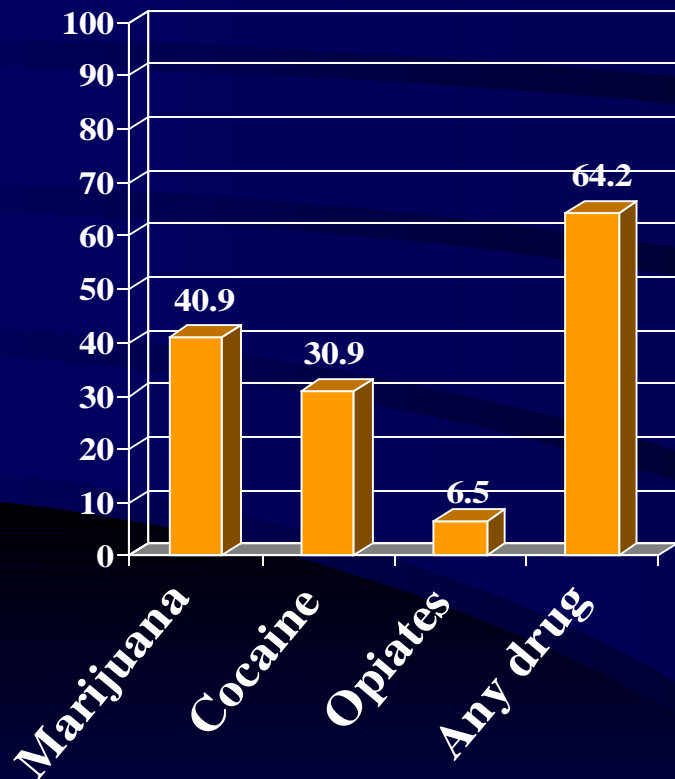
Source: Blumstein and Beck (1999)

Prevalence of Illicit Drug Use— General Population



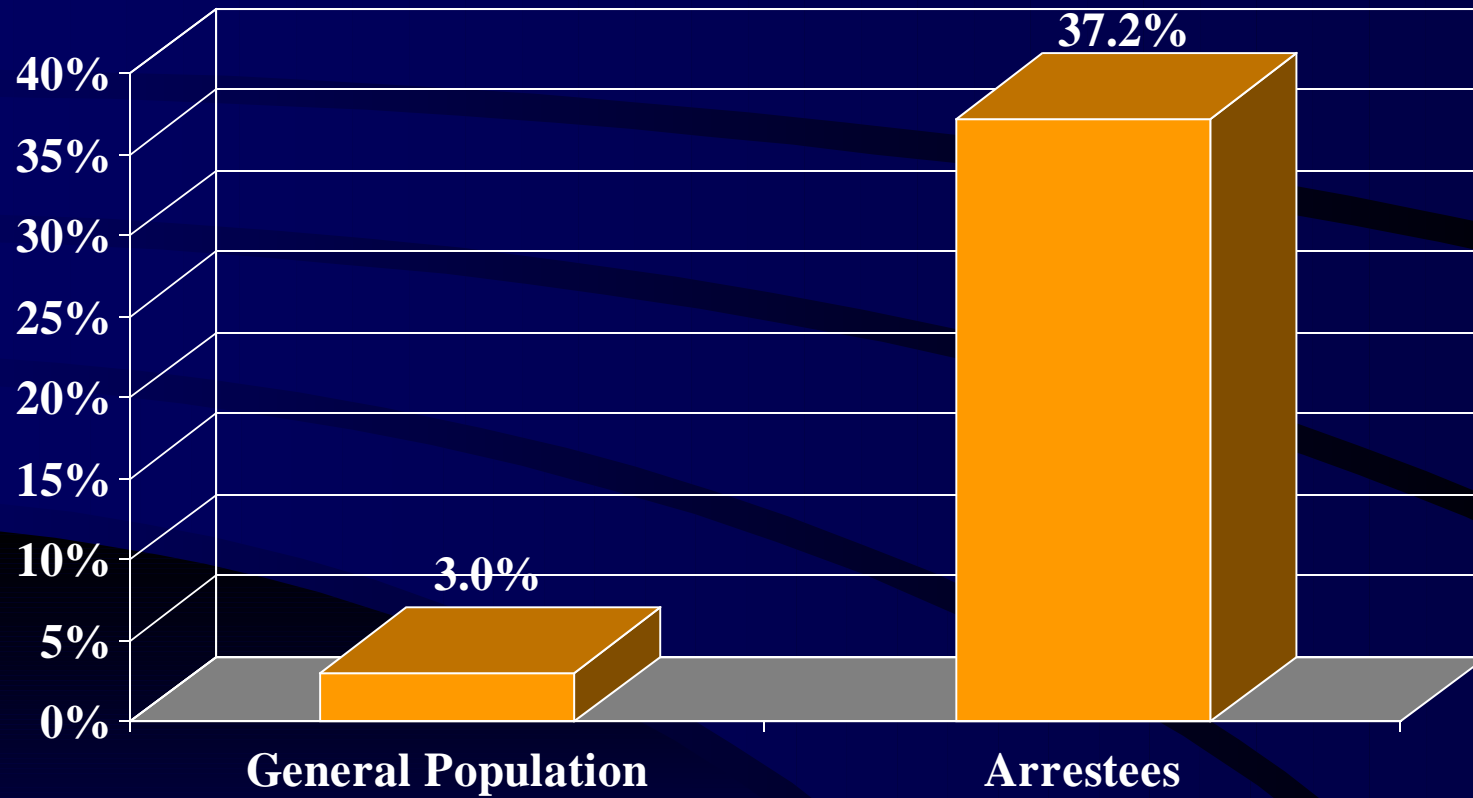
- “National Survey on Drug Use and Health” (SAMHSA, 2002)
- Based on persons ages 12 or older in the US
- Self-reported use in past 30 days

Prevalence of Illicit Drug Use— Offender Population



- “Arrestee Drug Abuse Monitoring System” (NIJ, 2001)
- Based on male arrestees ages 18 or older in 38 US cities
- Positive UA at time of arrest
- Median for females=62.5%

Estimated Prevalence of Drug Dependence

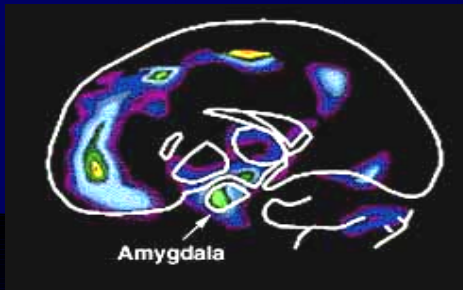


Routes of Influence

(Source: Goldstein (1985). Journal of Drug Issues, 15, 493-506)

- **Economic-Compulsive**

Intentional crime that results from drug users engaging in an economically oriented crime to support their own addiction.



- **Pharmacological**

Crimes that occur as a result of the excitability, paranoia, or poor impulse control associated with use of certain drugs.

- **Systemic**

Crimes associated with drug manufacturing and distribution.



Treatment Interventions

General Diversion
Drug Courts
Testing and Sanctions
Pharmacotherapies

General Diversion

- Provision/offer of treatment in lieu of incarceration
- Varied levels of criminal justice monitoring
- Varied types/levels of treatment

California's Prop 36 Offender Pipeline

Referred

Assessed

**Placed in
treatment**

48,384

Yes 41,450

No 6,934

Yes 36,285

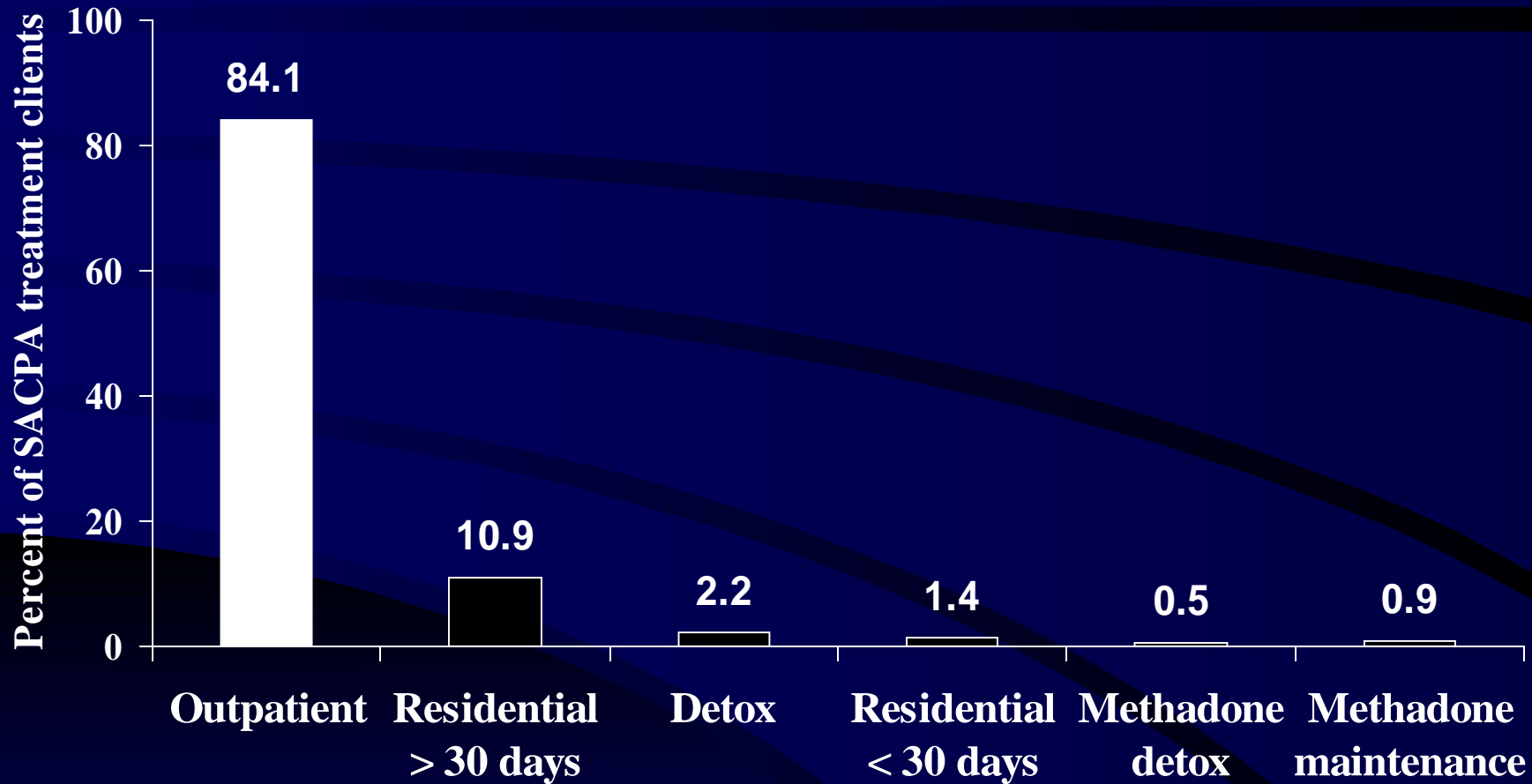
No 5,165

**85.7%
were
assessed**

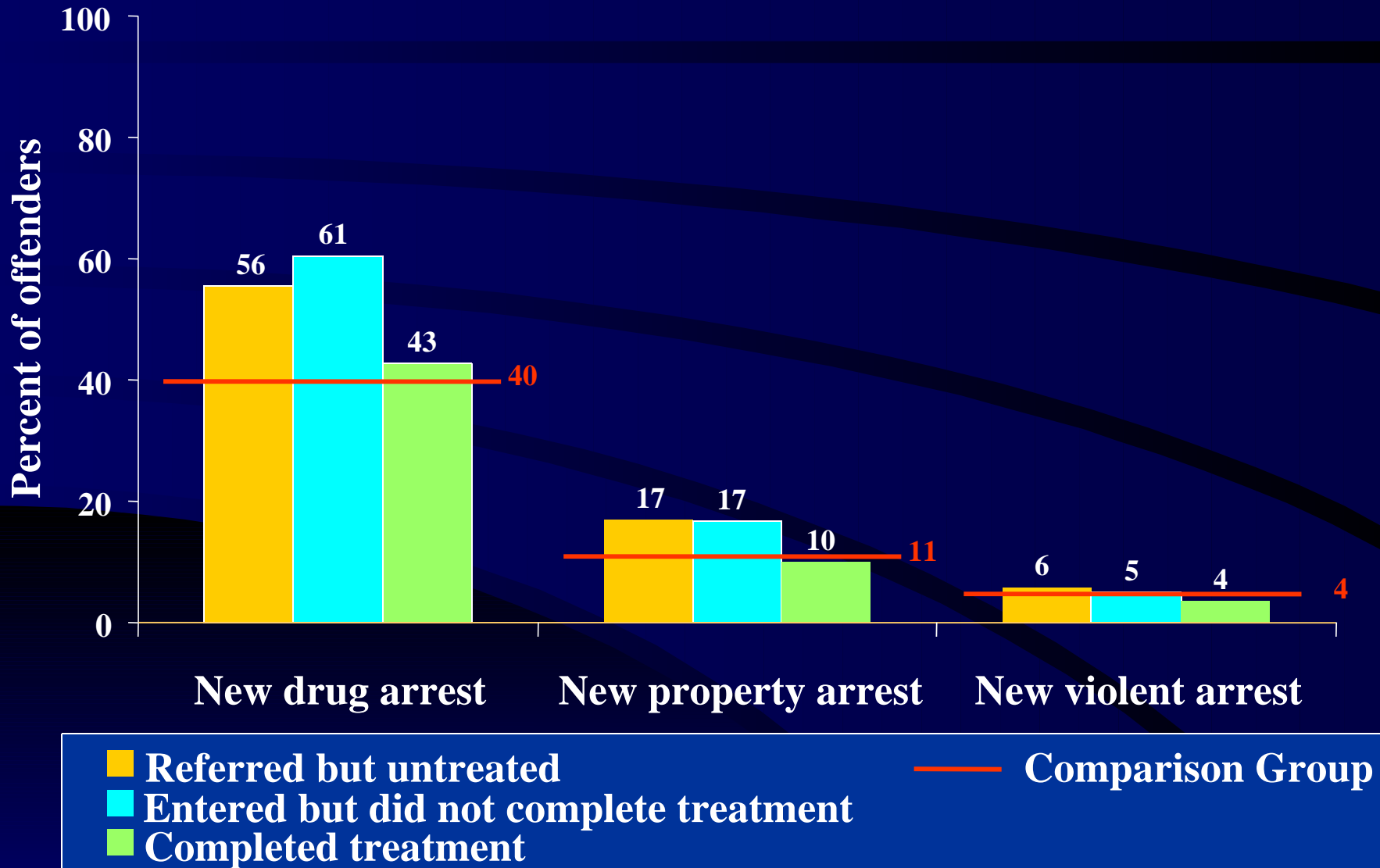
**87.5%
entered
treatment**

- Overall percent of referrals entering treatment was $85.7 \times 87.5 = 75.0\%$
- Overall treatment completion rate was 25% (34% for those who entered treatment)

Prop 36 Treatment Clients by Modality



New Arrests within 30 Months After Offense Prop 36 Offenders, July 2001 – June 2002

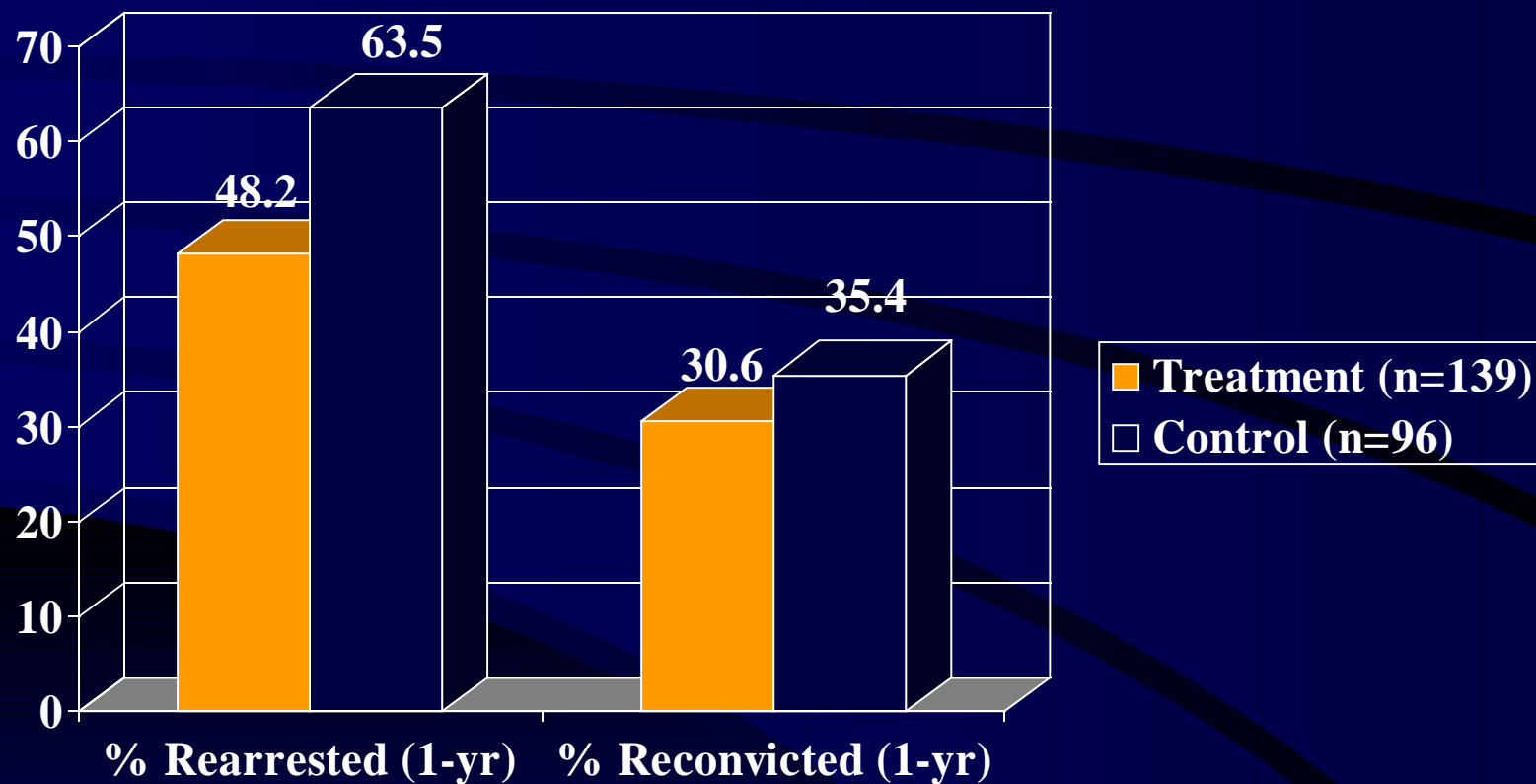


Drug Courts

Overview of Drug Courts

- First established in Florida in 1989
- Nearly 1,700 drug courts currently exist in the U.S.
- Emphasis on treatment, regular court hearings, frequent testing, and graduated sanctions

Baltimore City Drug Treatment Court—A Randomized Comparison



Gottfredson & Exum (2002)

GAO Review (2005)

- 117 drug court evaluations between May 1997 and January 2004
 - 27 were selected
- Must have comparison group
- Must have recidivism, drug use, or completion outcome
- 8 of the studies provided cost-benefit data

GAO Findings

- Typical program lasts about 1 year
- Completion rates range from 27% to 66%
- Drug court participants were less criminally active than non-participants (both during and after treatment)
- Drug test results showed lower use among drug court participants while in treatment, self reported levels did not differ
- Cost savings ranged from \$1,000-\$15,000 per participant

“[W]e were unable to find conclusive evidence that the specific drug court components, such as the behavior of the judge, treatment provided, level of supervision, and sanctions for noncompliance affect the participants’

[outcomes]”

(GAO, 2005; p.6)

Testing & Sanctions

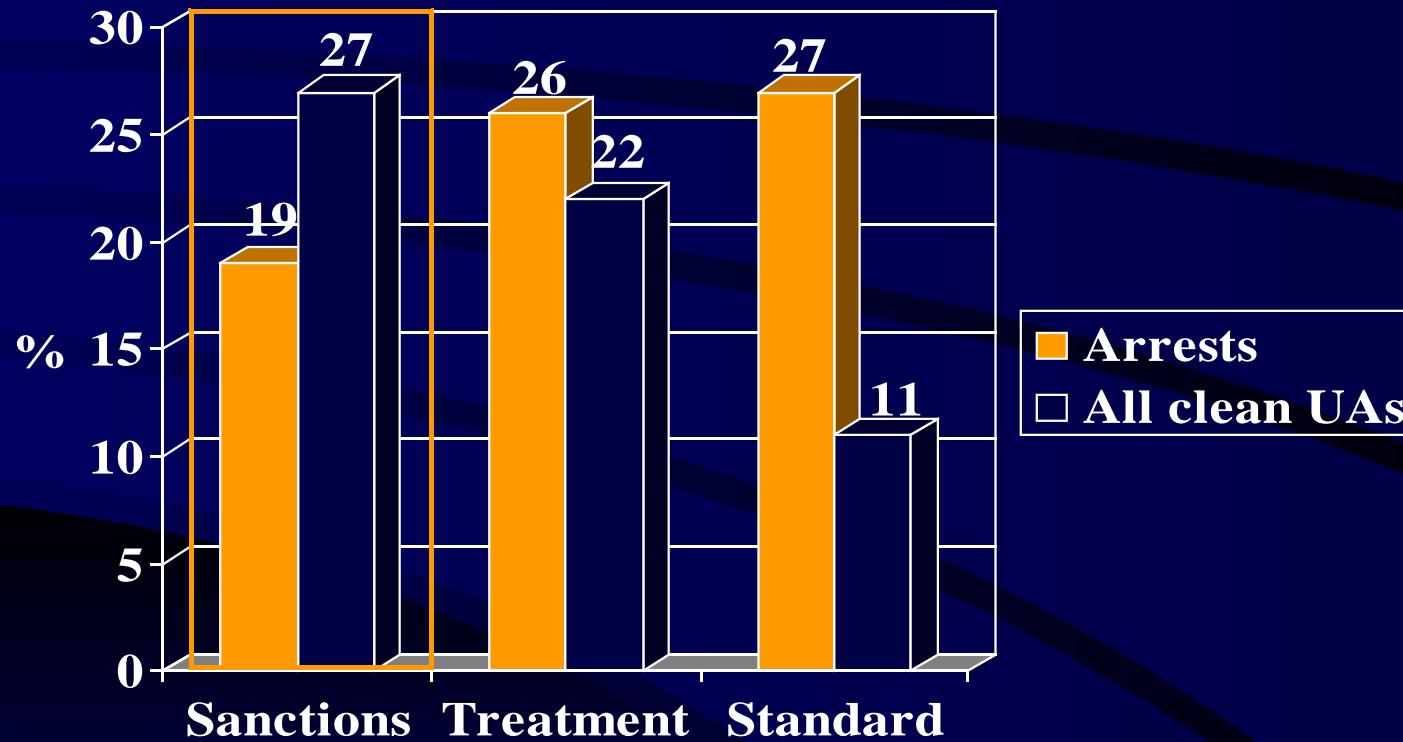
Testing & Sanctions

- Regular, random drug testing
- Swift and certain consequences for positive tests
- No *a priori* assumption of the need for treatment

Superior Court Drug Intervention Program—Design

- Random assignment to—
 - Sanctions docket [graduated sanctions, testing, judicial monitoring]
 - Treatment docket [weekly drug testing and intensive day treatment]
 - Standard docket [weekly drug testing, monitoring, and encouragement to enter treatment]

Superior Court Drug Intervention Program—Results



Harrell et al., 2000

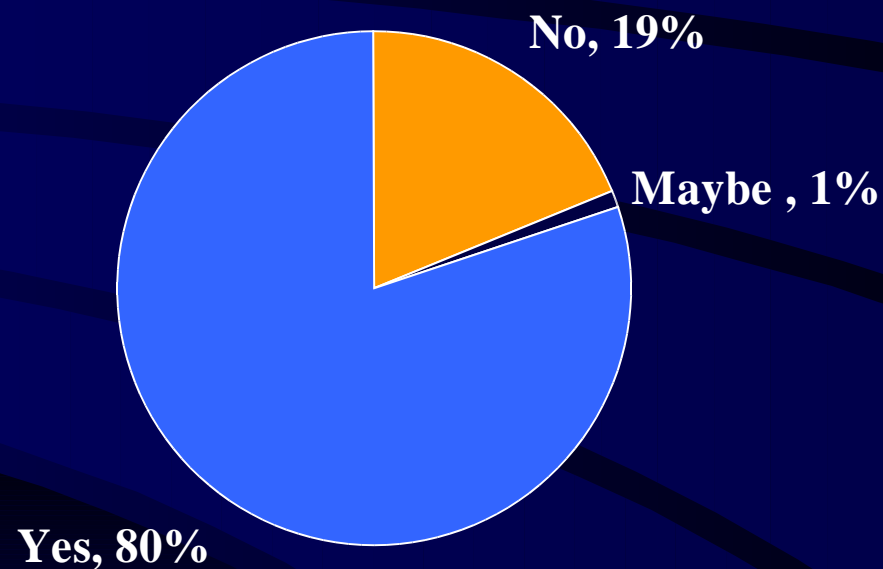
HOPE Probation

- Hawaii's Opportunity Probation with Enforcement
- Initiated by First Circuit Court Judge Steven S. Alm in October, 2004
- Tenets of HOPE are research based
 - Sanctions are certain
 - Sanctions are swift
 - Sanctions are consistent
 - Sanctions are parsimonious

The Peril of the Pendulum

- Common misconception is that law enforcement representatives advocate jail sanctions but treatment providers do not (would find it disruptive to the treatment process).

Providers' Perceptions – would jail sanctions for non-compliance improve treatment outcomes?



Note: Data are from the *UCLA 2007 Proposition 36 Treatment Provider Survey*. The results reflect responses from randomly selected Proposition 36 Treatment Providers (n = 87).

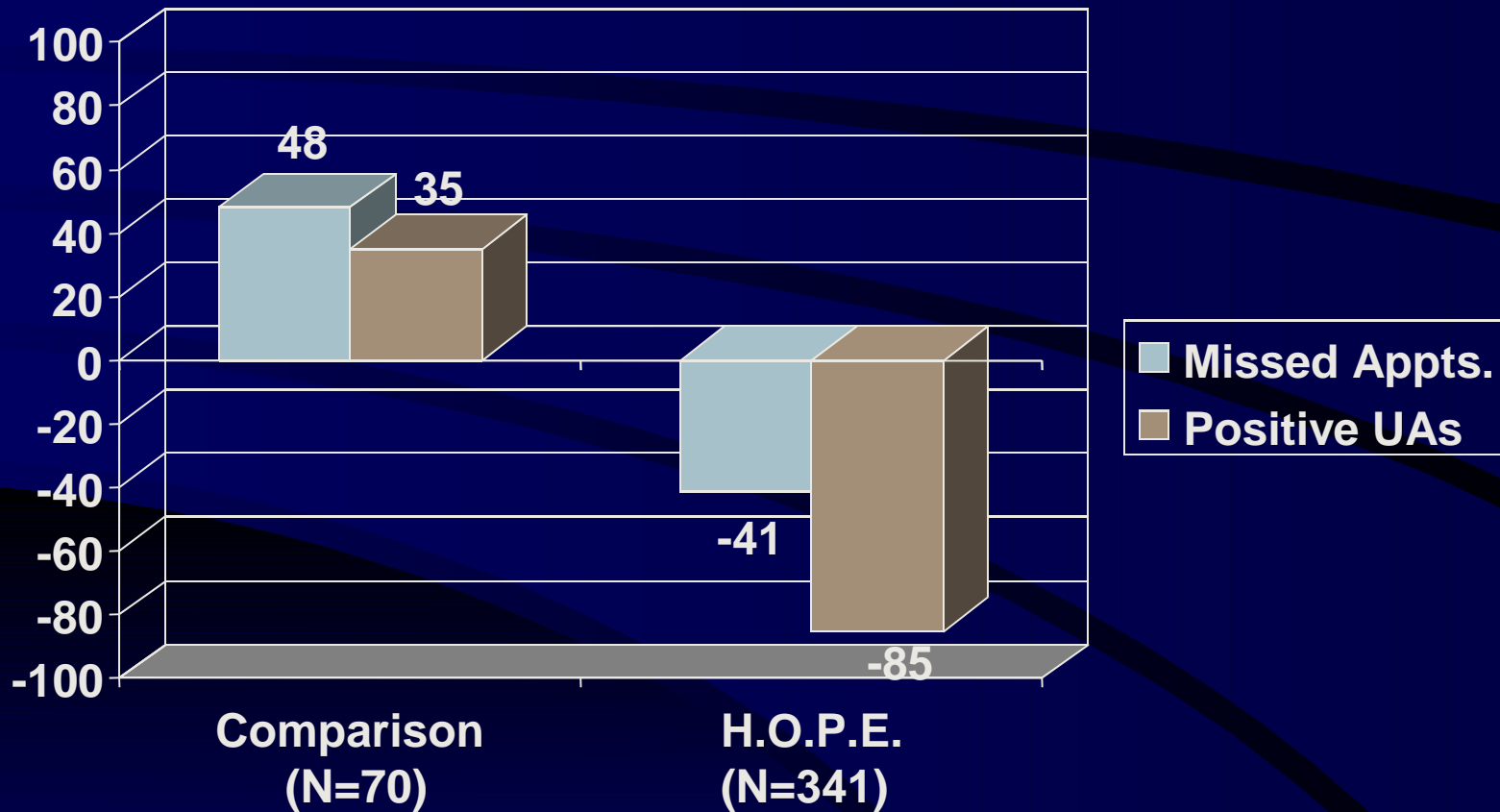
The HOPE Program

- Warning hearings
- Motions for modification vs. motions for revocation
- H.O.P.E. hotline
- Weekly random drug testing
- *Every* violation (e.g., dirty UA or missed appointment) leads to an immediate arrest and sanction
- Short terms, typically 2 days (served on weekend if employed). Terms increase for repeat violations.

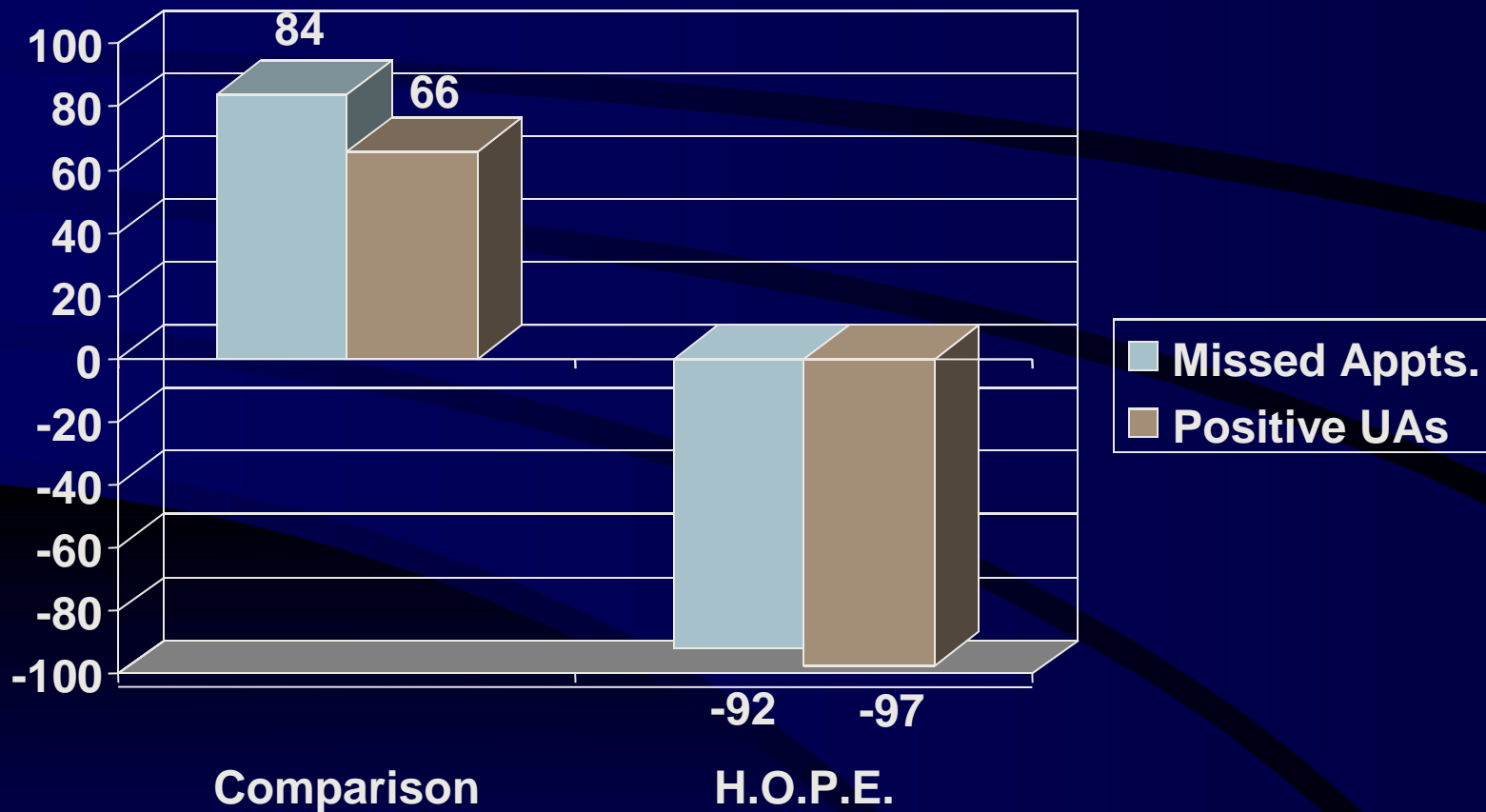
Evaluation Findings

- Two Studies
 - Specialized Probation Unit.
 - Outcomes compared for HOPE Probationers and a Comparison Group of Probationers.
 - Smaller caseloads (~100:1)
 - General Probation Unit
 - Randomized Controlled Trial
 - Larger caseloads (~170:1)

Outcome Analysis (3 Months After Baseline)



Outcome Analysis (2 Years After Baseline)



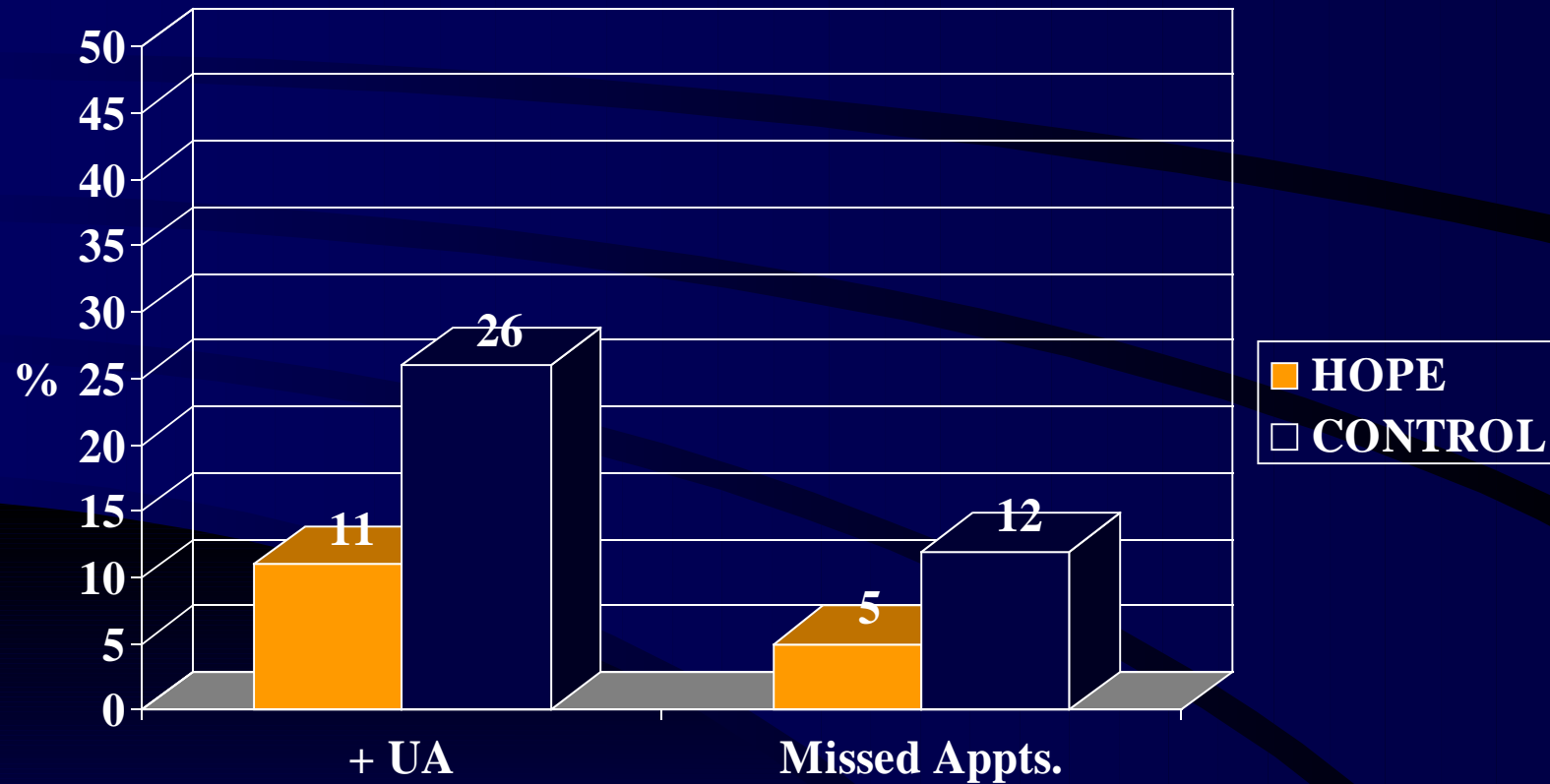
Other Key Outcomes

- Arrest rates for comparison probationers were three times higher than HOPE probationers.
- Probation revocation rate higher in comparison group than HOPE group (31% v 9%)

Randomized Controlled Trial

- First Warning Hearings began in October, 2007
- $n = 504$ (2/3 HOPE, 1/3 Control)
- Results that follow reflect 3-month follow-up data starting from the date of their Warning Hearing.

HOPE Probation: 90-Day Randomized Trial Outcomes

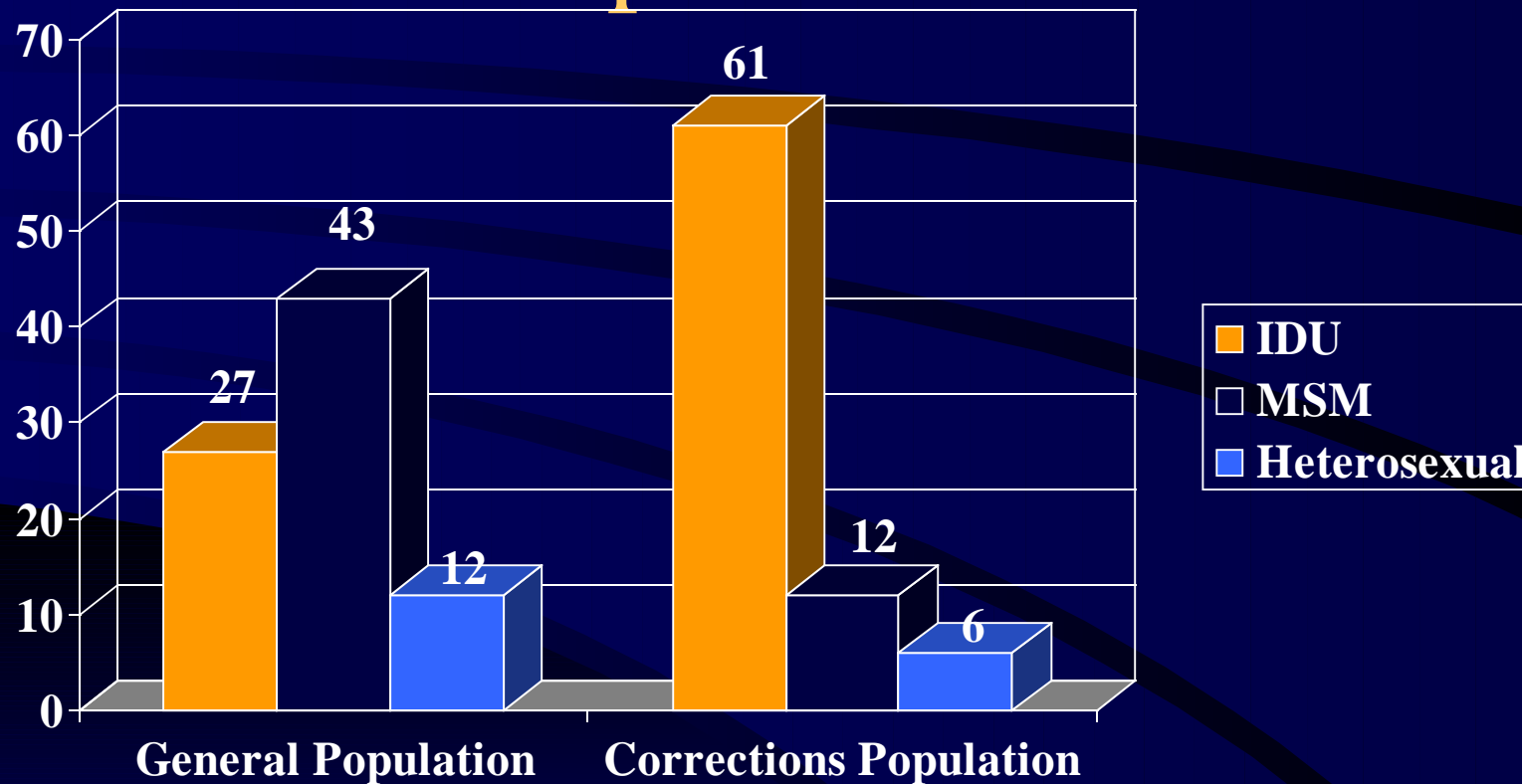


Behavioral Triage Model

- Treatment decisions based on probationers' revealed behavior
- Allocates treatment resources more efficiently
 - Under diversion programs many probationers mandated to treatment do not have a diagnosable substance abuse disorder, wasting scarce treatment resources and displacing self-referrals in greater need of care.

Pharmacological Treatments

Vectors of HIV Transmission for General and Correctional Populations



Dean-Gaitor & Fleming (1999)

Pharmacotherapies

- Only developed for opiates
- Most common:
 - Methadone
 - Buprenorphine
- Can be used for detoxification & maintenance

MM vs. Buprenorphine

- **MM**

- Most common
- High adherence
- Superior to drug-free approaches in retaining patient in treatment and in the suppression of heroin use (RR=0.32), but not in criminal activity (RR=0.39)

*www.cochrane.org

- **Bupe (Suboxone)**

- Approved by EC (2006)
- Less powerful
- Lasts longer
- > risk of withdrawal
- At high doses, better than placebo
- Not superior to MM

Summary

- The “prison versus treatment” debate is based a false dichotomy
 - Prison (even when combined with programs) is not an effective way to change behavior
 - Community treatment referrals suffer from low adherence—and most have little empirical support
- Drug courts generally show promise in reducing drug use/crime, but critical components are still unspecified

Summary

- Testing and sanctions have been shown to be more effective than treatment, and cost significantly less, but testing must be frequent and random, and sanctions must be certain
- Severe sanctions are not necessary to produce behavior change
- Pharmacotherapies (especially MM) can suppress the use of illegal opiates, but the effect on crime is not commensurate
- BTM holds promise for allocating treatment resources for those with highest need

Summary

- Identification of promising practices—and the evaluation of any new effort—should employ an RCT design!

End

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