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Substance Abuse Treatment and Public Safety January 2008

Introduction

“Providing drug-abusing offenders with comprehensive treatment saves lives and protects communities.”—Dr. Nora D. Volkow, director of the National Institute on Drug Abuse¹

The United States leads the world in the number of people incarcerated in federal and state correctional facilities. There are currently more than 2 million people in American prisons or jails.² Approximately one-quarter of those people held in U.S. prisons or jails have been convicted of a drug offense.³ The United States incarcerates more people for drug offenses than any other country. With an estimated 6.8 million Americans struggling with drug abuse or dependence,⁴ the growth of the prison population continues to be driven largely by incarceration for drug offenses.

This research brief will summarize findings on what is known about substance abuse treatment as it relates to public safety and the use of incarceration. Along with conducting a brief literature review, the Justice Policy Institute (JPI) has compared state data on drug treatment admissions to incarceration rates. While no single solution will guarantee that a person will not be involved in criminal activity and the literature is not conclusive on what single factor might solve every community's various challenges, the research suggests that increased investments in drug treatment can have a positive public safety benefit. Significant findings from this brief include:

- **Increases in admissions to substance abuse treatment are associated with reductions in crime rates.** Admissions to drug treatment increased 37.4 percent and federal spending on drug treatment increased 14.6 percent from 1995 to 2005. During the same period, violent crime fell 31.5 percent. Maryland experienced decreases in crime when jurisdictions increased the number of people sent to drug treatment.

¹ Volkow, Nora D. 2006. Treat the addict, cut the crime rate. *Washington Post*, August 19. Editorial, A17.

² Sabol, William J., Todd D. Minton, and Paige M. Harrison. 2007. *Prison and jail inmates at midyear 2006*. Washington, DC: Bureau of Justice Statistics.

³ Number of people in federal or state prison for drug offenses: Harrison, Paige, and Allen J. Beck. 2006. *Prisoners in 2005*. Washington, DC: Bureau of Justice Statistics. Estimate of jail inmates held on drug offense derived from James, Doris J. 2004. *Profile of jail inmates, 2002*. Washington, DC: Bureau of Justice Statistics.

⁴ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *2005 National Survey on Drug Use & Health: Detailed Tables*. Table 5.1A Online at www.drugabusestatistics.samhsa.gov/NSDUH/2k5NSDUH/tabs/Sect5peTabs1to82.htm#Tab5.1A

- **Increased admissions to drug treatment are associated with reduced incarceration rates.** States with a higher drug treatment admission rate than the national average send, on average, 100 fewer people to prison per 100,000 in the population than states that have lower than average drug treatment admissions. Of the 20 states that admit the most people to treatment per 100,000, 19 had incarceration rates below the national average. Of the 20 states that admitted the fewest people to treatment per 100,000, eight had incarceration rates above the national average. California experienced decreases in incarceration rates when jurisdictions increased the number of people sent to drug treatment.
- **Substance abuse treatment prior to contact with the justice system yields public safety benefits early on.** Research has shown that drug treatment programs improve life outcomes for individuals and decrease the likelihood that a drug-involved person will be admitted to the criminal justice system.
- **Substance abuse treatment helps in the transition from the criminal justice system to the community.** Community-based drug treatment programs have been shown to reduce the chance that a person will become involved in the criminal justice system after release from prison.
- **Substance abuse treatment is more cost-effective than prison or other punitive measures.** The Washington State Institute for Public Policy (WSIPP) found that drug treatment conducted within the community is extremely beneficial in terms of cost, especially compared to prison. Every dollar spent on drug treatment in the community is estimated to return \$18.52 in benefits to society.

“Studies have consistently shown that comprehensive drug treatment works. It not only reduces drug use but also curtails criminal behavior and recidivism. Moreover, for drug-abusing offenders, treatment facilitates successful reentry into the community.” —Dr. Nora D. Volkow, director of the National Institute on Drug Abuse⁵

⁵ Volkow, Nora D. 2006.

1) Increases in admissions to substance abuse treatment are associated with reductions in crime.

There is currently a debate among criminologists and researchers as to what factors were responsible for the crime drop in the 1990s that brought the nation's crime rate to historic lows and kept them at a low rate into this decade. Some researchers have noted that increased investments in prevention, increased employment and wage rates, and changes in policing practices were associated with the crime drop.⁶ Various researchers have shown that increased use of imprisonment during this time was responsible for no more than 20 to 25 percent of the crime drop and that further increases in the incarceration rate would have diminishing returns on public safety.⁷ The crime drop also occurred during a time when the nation experienced a significant increase in the number of people being admitted to drug treatment programs.⁸

Increased national treatment admissions and increased federal spending on substance abuse treatment have been matched by a smaller number of incidents of violent crime and a lower national violent crime rate. Since 16.6 percent of state prisoners and 18.4 percent of federal prisoners committed their crimes to get money for drugs,⁹ lowering the demand for drugs by providing treatment for people with drug abuse problems may have had public safety benefits.

The past decade has seen a rise in drug treatment admissions and federal spending, along with a drop in violent crime.

	1995	2000	2005	Change from 1995 to 2005
Drug treatment admissions ¹⁰	756,269	803,632	1,039,074	+37.4%
Violent crime rate (per 100,000) ¹¹	684.5	506.5	469.2	-31.5%
Federal spending on drug treatment (millions)	\$2,175.8 ¹²	\$1,990.9 ¹³	\$2,494.3 ¹⁴	+14.6%

⁶ Blumstein, Alfred. 2006. *The crime drop in America*. New York: Cambridge University Press.

⁷ Liedka, Raymond V., Anne Morrison Piehl, and Bert Useem. 2006. The crime-control effect of incarceration: Does scale matter? *Criminology & Public Policy* 5(2): 245-276.

⁸ National Admissions to Substance Abuse Treatment Services, 2005. *Treatment Episode Data Set (TEDS) Highlights-2005*. Drugs include heroin and other opiates, cocaine, marijuana, methamphetamines/amphetamines.

⁹ Mumola, Christopher J., and Jennifer C. Karberg. 2006. *Drug use and dependence, state and federal prisoners, 2004*. Washington, DC: Bureau of Justice Statistics. Page 6.

¹⁰ National Admissions to Substance Abuse Treatment Services, 2005. *Treatment Episode Data Set (TEDS) Highlights-2005*. Drugs include heroin and other opiates, cocaine, marijuana, methamphetamines/amphetamines.

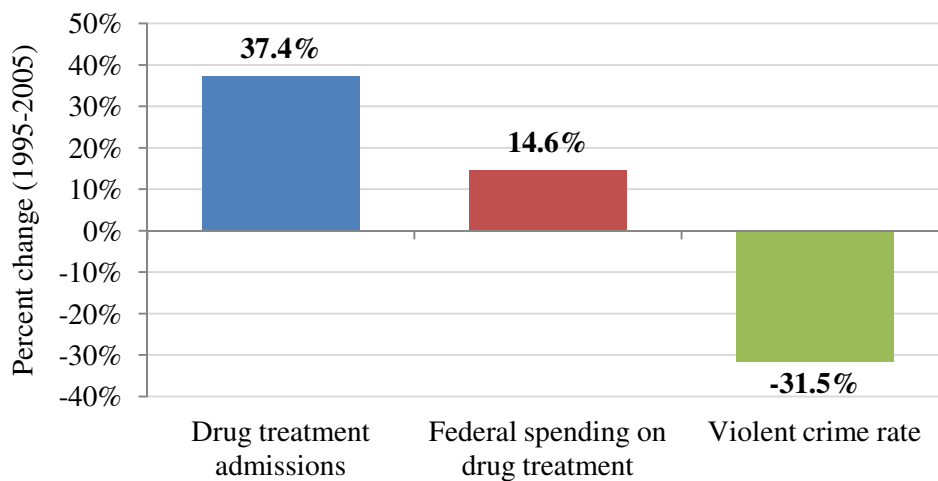
¹¹ Federal Bureau of Investigation, Uniform Crime Report, *Crime in the United States, 1995, 2000, 2005*.

¹² Office of National Drug Control Policy. *National Budget Control Policy: FY 2004 Budget Summary*. Table 4: Historical Drug Control Funding by Function FY 1995 - FY 2004. Online at www.whitehousedrugpolicy.gov/publications/policy/04budget/fund_tables.pdf.

¹³ Office of National Drug Control Policy. 2005. *National Budget Control Policy: FY 2005 Budget Summary* Table 3: Historical Drug Control Funding by Function 1997-2006. Online at www.whitehousedrugpolicy.gov/publications/policy/06budget/funding_tbls.pdf

¹⁴ Office of National Drug Control Policy. 2005. *National Budget Control Policy: FY 2005 Budget Summary* Table 3: Historical Drug Control Funding by Function 1997-2006.

While drug treatment admissions and federal spending on drug treatment increased, violent crime fell.



Sources: National Admissions to Substance Abuse Treatment Services, 2005. *Treatment Episode Data Set (TEDS) Highlights-2005*. Drugs include heroin and other opiates, cocaine, marijuana, methamphetamines/amphetamines; Federal Bureau of Investigation, Uniform Crime Report, *Crime in the United States, 1995, 2000, 2005*; Office of National Drug Control Policy. 2005. *National Budget Control Policy: FY 2005 Budget Summary* Table 3: Historical Drug Control Funding by Function 1997-2006.

Case Study: Drug Treatment, Imprisonment, and Public Safety in Maryland

“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 (R), Frederick County state’s attorney.¹⁵

In 2000, with growing support from the public, treatment providers, the community, and civil rights advocates, Maryland’s focus shifted from incarceration for drug offenses to a more treatment-centered mind-set. This change in priorities saw criminal justice referrals for admission to drug treatment programs in Maryland rise by 28 percent from 2000 to 2004 and incarceration for drug offenses fall 7 percent in the same period.¹⁶ Six of seven areas in the state have seen an increase in the number of criminal justice referrals to drug treatment, and most have watched prison admissions for drug offenses decline over the four-year period.¹⁷ Baltimore alone experienced a 10 percent drop in drug prisoner admissions while drug treatment admissions referred by the criminal justice system grew by 50 percent.

Reliance on drug treatment over incarceration varies greatly among Maryland counties. On average, Maryland jurisdictions admit 10 people to drug treatment programs for every one person serving a drug-based jail sentence. In Baltimore City, the ratio was eight to one.¹⁸ Most regions saw prison commitments for drug offenses fall as criminal justice–referred drug treatment admissions increased between 2000 and 2005.

Eight of the 12 counties with above-average treatment-prisoner index scores saw their crime rate fall by at least 10 percent between 2000 and 2004.¹⁹ Only two of the 12 counties with below average treatment-prisoner index scores saw their crime rate fall. Each of the five counties in Maryland that rely most heavily on treatment achieved a major crime-rate reduction compared to just two of the five counties that rely most heavily on drug imprisonment.

Although rising treatment admissions do not directly cause a drop in prison sentences, it is clear that a relationship between the two exists in most Maryland regions. In 2005, after reviewing sentencing patterns in the Baltimore City circuit court, the Campaign for Treatment, Not Incarceration discovered that sentencing practices shifted as treatment resources increased. Furthermore, the percentage of drug distribution cases that resulted in 12 months or more of incarceration fell from 51 percent in 2000 to 44 percent in 2003.²⁰ At the same time, criminal justice drug treatment admissions rose by a third. Evidently, the “treatment not incarceration” message has begun to take hold in Maryland.

¹⁵ Dishneau, David. 2006. Report finds Md.’s commitment to drug rehab over prison flagging. Associated Press, September 19.

¹⁶ Maryland Department of Public Safety and Correctional Services, Division of Correction; Alcohol and Drug Abuse Administration (ADAA).

¹⁷ Maryland ADAA.

¹⁸ Maryland ADAA.

¹⁹ Maryland ADAA.

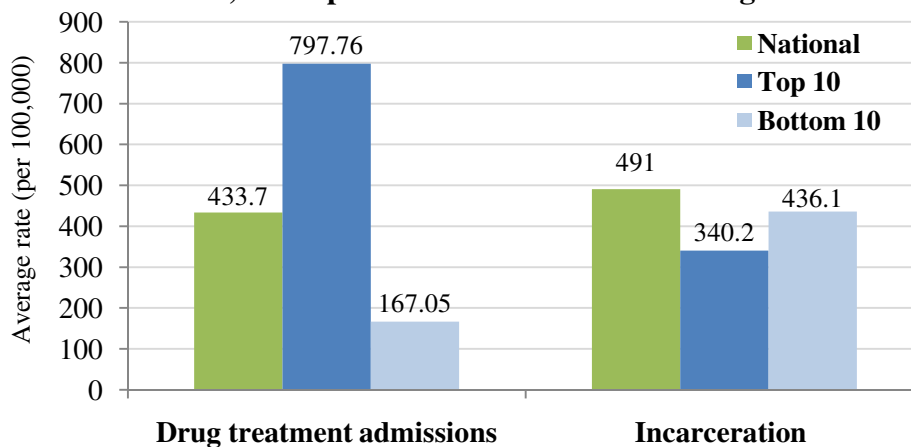
²⁰ Pranis, Kevin. 2005. *Unfinished business: How sentencing guidelines reform can further efforts to reduce substance abuse in Maryland*. Annapolis, MD: Justice Strategies.

2) Increased admissions to drug treatment are associated with lower incarceration rates.

Diverting people from prison and jail into therapeutic settings such as drug treatment can lower prison and jail populations, alleviating some of the overcrowding experienced by many states and freeing up corrections spending for more effective investments in public safety. Drug treatment is both less expensive than prison and more effective at reducing recidivism, drug abuse, and crime.

JPI analyzed data from the Treatment Episode Data Set (TEDS) and the Bureau of Justice Statistics and found that states with higher drug treatment admission rates had lower incarceration rates than states with lower admission rates. For example, Rhode Island has a treatment admission rate that is eight times higher than Idaho’s and at the same time an incarceration rate that is two and a half times lower. Similarly, Washington State has a drug treatment rate more than five times higher than Tennessee’s and an incarceration rate that is almost two times lower.

The 10 states with the highest rate of admissions to drug treatment send, on average, 150 fewer people per 100,000 to prison than the national average.



Note: The top 10 states are New York, Connecticut, Maryland, Rhode Island, Delaware, Vermont, Oregon, Washington, Massachusetts, and Missouri. The bottom 10 states are Kentucky, New Hampshire, North Dakota, Texas, North Carolina, Wisconsin, Mississippi, Florida, Tennessee, and Idaho. Sources: National Admissions to Substance Abuse Treatment Services, 2005. *Treatment Episode Data Set (TEDS) Highlights-2005*; Harrison, Paige M., and Allen J. Beck. 2006. *Prisoners in 2005*. Washington, DC: Bureau of Justice Statistics.

States with a higher drug treatment admission rate than the national average send, on average, 100 fewer people to prison per 100,000 in the population than states that have lower than average drug treatment admissions.²¹

Of the 20 states with the highest drug treatment admission rates, 19 have lower incarceration rates than the national average.

Of the 20 states with the lowest drug treatment admission rates, 8 have higher incarceration rates than the national average.

2005	Drug treatment admissions, age 12 and over (per 100,000)	Incarceration rate (per 100,000)
U.S. Total	433.70	491
New York	994.64	→326
Connecticut	973.05	→373
Maryland	932.35	→394
Rhode Island	875.33	→189
Delaware	838.26	→467
Vermont	716.08	→247
Oregon	703.00	→365
Washington	691.02	→273
Massachusetts	635.08	→239
Missouri	618.81	529
Iowa	608.58	→294
South Dakota	560.16	→443
New Jersey	546.89	→313
Minnesota	540.69	→180
Maine	530.09	→144
Illinois	500.96	→351
Colorado	495.89	→457
California	493.27	→466
Utah	476.62	→252
Montana	460.59	→373
Average	659.57	333.75

2005	Drug treatment admissions, age 12 and over (per 100,000)	Incarceration rate (per 100,000)
U.S. Total	433.70	491
Georgia	369.28	→533
Kansas	366.79	330
Indiana	365.42	388
South Carolina	351.81	→525
Oklahoma	336.20	→652
Nevada	334.53	474
Virginia	288.94	464
Nebraska	278.76	245
Alabama	275.80	→591
Arizona	247.81	→521
Kentucky	224.42	459
New Hampshire	206.91	192
North Dakota	184.10	208
Texas	179.94	→691
North Carolina	168.83	360
Wisconsin	162.46	380
Mississippi	161.63	→660
Florida	148.74	→499
Tennessee	127.90	440
Idaho	105.56	472
Average	244.29	454.20

Notes: Alaska, New Mexico, West Virginia, and Wyoming were excluded from these calculations due to incomplete treatment admissions data. Sources: National Admissions to Substance Abuse Treatment Services, 2005. *Treatment Episode Data Set (TEDS) Highlights-2005*; Harrison, Paige M., and Allen J. Beck. 2006. *Prisoners in 2005*. Washington, DC: Bureau of Justice Statistics.

²¹Alaska, New Mexico, West Virginia, and Wyoming were excluded from these calculations due to incomplete treatment admissions data. The 23 states with higher drug treatment admission rates than the national average had, on average, an incarceration rate of 354.43 per 100,000. The 23 states with lower than average drug treatment admission rates had, on average, an incarceration rate of 454.43 per 100,000.

Case Study: California—Proposition 36

The Substance Abuse and Crime Prevention Act of 2000 (SACPA), or Proposition 36, was put into effect in California in 2001 in order to reduce the use of incarceration for nonviolent offenders, reduce drug-related crime and increase public health. It requires the use of drug treatment as an alternative to incarceration for nonviolent adult offenders convicted of drug possession for personal use.²² From its passage in November 2000 to December 2005, the rate of people incarcerated for drug possession in California dropped by 34.3 percent, from 89 to 58 people per 100,000.²³ Implementation of SACPA may not be the sole cause of this rapid decrease; there were, however, no other major public policy changes during this time.

According to the National Survey of Substance Abuse Treatment Services (N-SSATS), this same period saw a 25.9 percent increase in the number of drug treatment facilities in California, but a 2.83 percent decrease nationally when California is excluded.²⁴ Along with this increase in treatment facilities, the number of substance abuse clients in California increased 34.1 percent from 2000 to 2004. Excluding California, the nation as a whole only had a 4 percent increase in the number of treatment clients during this time.²⁵ As California's violent crime rate decreased more rapidly than the nation's, the number of California treatment facilities and clients increased.

Those opposing Proposition 36 feared that this decrease in incarceration would lead to an increase in violent crime. In fact, from 2000 to 2004 California's violent crime rate decreased by 11.2 percent while at the same time the national average violent crime rate fell by 8.1 percent.²⁶

Not only did California experience a decrease in violent crime, but the state also saved a substantial amount of money. Using the year 2000 as a baseline for drug possession prison admissions, a Justice Policy Institute (JPI) report estimated that the state saved more than \$350 million from 2000 to June 2006 (the end of the initiative's funding) by using drug treatment as an alternative to prison.²⁷ (Researchers took the cost of the drug treatment programming into account in calculating savings.) Using a similar methodology, JPI found that California saved an additional \$62 million in jail costs through the implementation of Proposition 36.²⁸ JPI estimates that California saved a total of \$412 million on prison and jail operating costs alone over six and a half years.

The University of California's cost analysis of Proposition 36 also showed substantial cost savings. The study showed that California saved a minimum of \$2.50 for every dollar spent on the treatment alternative, \$4 per person who completed treatment, and a total of \$173.3 million in savings to the California government in the first year alone.²⁹ The cost savings from Proposition 36 are available to be spent on more cost-effective public safety policies for Californians.

²² California Department of Drug and Alcohol Programs, Office of Criminal Justice Collaboration. *Fact Sheet: Substance Abuse and Crime Prevention Act of 2000*.

²³ California Department of Corrections and Rehabilitation, Data Analysis Unit. *Characteristics of Population in California State Prisons by Institution*, June 30, 1999, December 31, 1999, and June 30, 2000 reports; Prison Census Data, December 31, 2000-December 31, 2005 reports.

²⁴ Office of Applied Studies, Substance Abuse and Mental Health Services Administration, *National Survey of Substance Abuse Treatment Services (N-SSATS): 2004*, Table 6.2(a). Online at http://www.dasis.samhsa.gov/04nssats/nssats04_tbl6.2a.htm.

²⁵ Office of Applied Studies, Substance Abuse and Mental Health Services Administration, *National Survey of Substance Abuse Treatment Services (N-SSATS)*.

²⁶ **2000-2003:** FBI, *Uniform Crime Reports*, prepared by the National Archive of Criminal Justice Data, downloaded January 28, 2006; **2004:** FBI, *2004 Uniform Crime Report*, Table 5, pp. 86-96.

²⁷ Ehlers, Scott, and Jason Ziedenberg. 2006. *Proposition 36: Five years later*. Washington, DC: Justice Policy Institute. Page 24.

²⁸ Ehlers, Scott, and Jason Ziedenberg. 2006.

²⁹ Longshore, Douglas et al. *SACPA Cost Analysis Report (First and Second Years)*. 2006. Los Angeles: UCLA Integrated Substance Abuse Programs.

3) Substance abuse treatment prior to contact with the justice system yields public safety benefits early on.

Substance-involved individuals³⁰ have come to compose a large portion of the prison population, and substance use may play a part in the commission of certain crimes. According to a recent Bureau of Justice Statistics report,

- 53 percent of state prisoners and 45 percent of federal prisoners meet criterion of drug abuse or dependence;
- 16.6 percent of state prisoners and 18.4 percent of federal prisoners committed their crimes to obtain money for drugs;
- one in three state prisoners reported using drugs at the time of their offense, and one in four violent offenders reported drug use at the time of their crime; and
- 64 percent of state prisoners who committed a property offense reported drug use in the month prior to arrest, and 38 percent reported use during the time of the offense.³¹

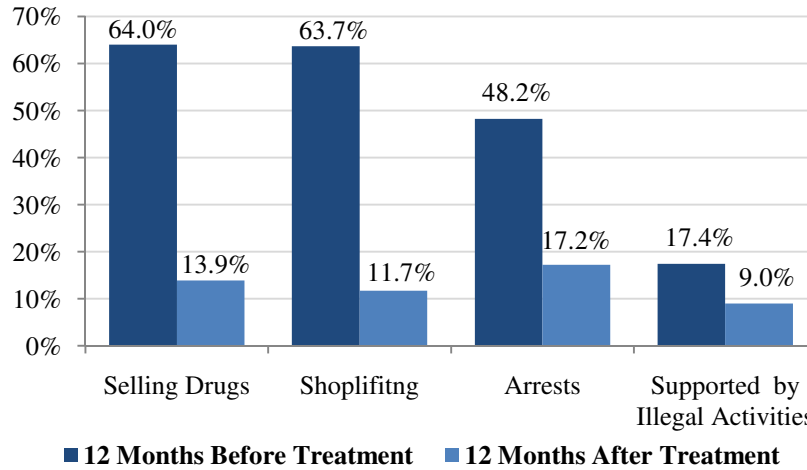
Participation in a drug treatment program has been shown to reduce the chances that a drug-involved person will commit crime. The National Treatment Improvement Evaluation Study (NTIES) showed that drug treatment significantly reduced respondents' self-reported criminal activity: a 78.3 percent reduction in drug selling, an 81.6 percent decline in shoplifting, a 64.3 percent reduction in arrests for any crime, and a 48.3 percent reduction in supporting themselves through illegal activities.³²

³⁰ The term "substance-involved offender" refers to an inmate with one or more of the following characteristics: ever used illegal drugs regularly; convicted of a drug law violation; convicted of a DUI; under the influence of drugs and/or alcohol during the crime that led to incarceration; committed offense to get money for drugs; had a history of alcohol abuse.

³¹ Mumola, Christopher J., and Jennifer C. Karberg. 2006.

³² U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Association, Center for Substance Abuse Treatment. 1997. *The National Treatment Improvement Evaluation Study: NTIES Highlights*. Online at <http://www.ncjrs.gov/nties97/index.htm>

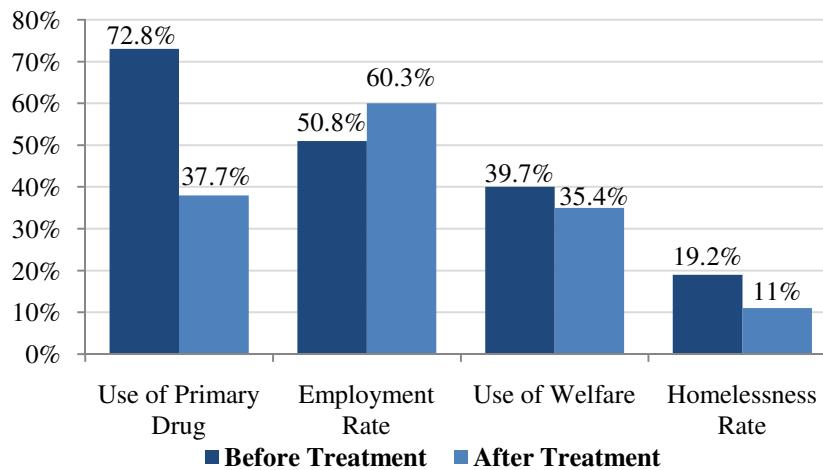
Treatment can reduce the chance that someone will be involved in criminal activity



Sources: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Association, Center for Substance Abuse Treatment. 1997. *The National Treatment Improvement Evaluation Study: NTIES Highlights*.

A U.S. Department of Health and Human Services study revealed that clients who participated in federally funded substance abuse treatment programs were not only able to reduce their drug use by about 50 percent, but were also able to make other substantial changes in their lives that decreased the need for public services, yielding savings related to fewer hospital visits and less involvement in the criminal justice system.³³ The overall mental and physical health of the patients improved as they reported reduced numbers of medical visits and safer sexual habits.

Treatment can improve quality of life and can benefit the community.



Sources: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Association, Center for Substance Abuse Treatment. 1997. *The National Treatment Improvement Evaluation Study: NTIES Highlights*.

³³ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Association, Center for Substance Abuse Treatment. 1997.

4) Treatment helps people make the transition from the criminal justice system to the community.

“Detox alone in jail or prison is not treatment. Without proven treatment and therapeutic follow-up in a community setting, addicted offenders are at a high risk of relapse despite a long period of forced sobriety. These principles also apply to court-mandated treatment interventions that replace incarceration with community programs.”—Dr. Nora D. Volkow, director of the National Institute on Drug Abuse³⁴

Increased use of drug treatment within the criminal justice system, whether it is mandated treatment through drug courts or optional treatment through transitional and aftercare programs, has been shown to reduce re-arrest and new arrest rates, as well as drug use.³⁵ State prisoner participation in drug treatment programs increased from 34.3 percent in 1997 to 39.2 percent in 2004, coinciding with the continued decrease in crime rates.³⁶

Although drug treatment in prison or jail can be a means of reducing the chances that a person will commit crime in the future, community-based treatment is more effective and helps people reintegrate themselves into the community. An in-depth study of a Delaware prison revealed that compared to in-prison drug treatment, a transitional program composed of a combination of work release, drug treatment, and aftercare services provided a more effective environment for successful prisoner reentry.³⁷ Five years after the completion of this program, 59.6 percent of those who graduated from the aftercare program had no new arrests, and 47.8 percent did not return to prison or jail.³⁸

³⁴ National Institute on Drug Abuse. *NIDA announces recommendations to treat drug abusers, save money, and reduce crime*. Press release July 24, 2006. Online at: <http://drugabuse.gov/newsroom/06/NR7-24.html>

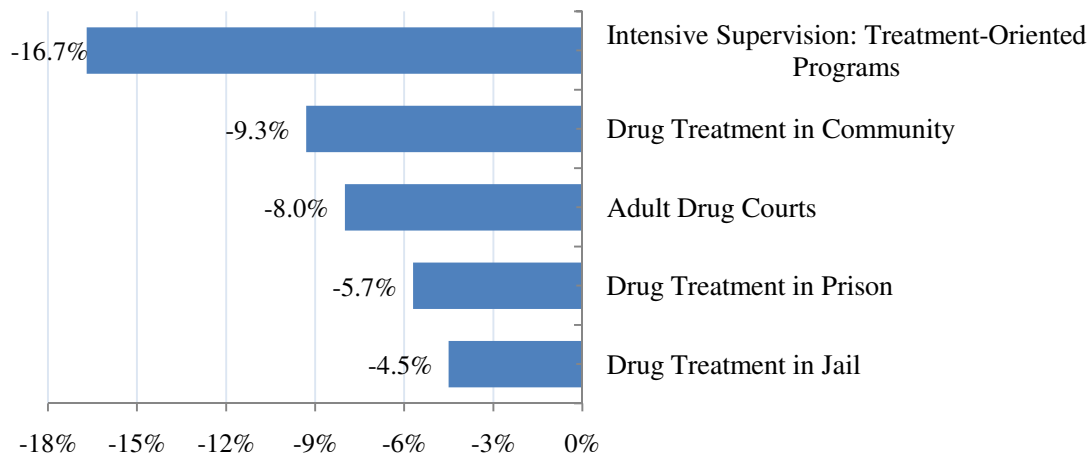
³⁵ Inciardi, James A., Steven S. Martin, and Clifford A. Butzin. 2004. Five-year outcomes of therapeutic community treatment of drug-involved offenders after release from prison. *Crime and Delinquency* 50 (1): 88-107.

³⁶ Mumola, Christopher J., and Jennifer C. Karberg. 2006. FBI Uniform Crime Report, *Crime in the United States*.

³⁷ Butzin, Clifford A., Daniel J. O’Connell, Steven S. Martin, and James A. Inciardi. 2006. Effect of drug treatment during work release on new arrests and incarceration. *Journal of Criminal Justice* 34: 557-565.

³⁸ Butzin, Clifford A., Daniel J. O’Connell, Steven S. Martin, and James A. Inciardi. 2006.

Treatment-oriented supervision lowers recidivism rates more than all other drug treatment programs



Sources: Aos, Steve, Marna Miller, and Elizabeth Drake. 2006. Evidence-based public policy options to reduce future prison construction, criminal justice costs, and crime rates. Olympia: Washington State Institute for Public Policy. Online at www.wsipp.wa.gov; Aos, Steve. 2003. *The criminal justice system in Washington State: Incarceration rates, taxpayer costs, crime rates and prison economics*. Olympia: Washington State Institute of Public Policy.

5) Drug treatment is more cost-effective than prison or other punitive measures.

“Recent studies show it is actually less expensive for communities to treat drug-abusing offenders than to let them sit in jail or prison. It is estimated that every dollar invested in addiction treatment programs yields a return of \$4 to \$7 in reduced drug-related crimes. Savings for some outpatient programs can exceed costs by a ratio of 12 to 1.” —Dr. Nora D. Volkow, director of the National Institute on Drug Abuse³⁹

Although states put a substantial amount of money into substance abuse services, only a small percentage is spent on services like prevention and treatment. According to the National Center for Addiction and Substance Abuse at Columbia University, states spent \$81.3 billion on substance abuse in 1998.⁴⁰ However, only \$3 billion of this money went toward treatment and prevention; the rest was spent dealing with the consequences of substance abuse. Most of the state-level substance abuse budget is spent within the criminal justice system, on education, child and family assistance, and mental health.

- At the American Correctional Association estimate of \$67.55 for incarcerating one person for one day, the cost of incarcerating 508,623 people who have committed drug offenses is approximately \$8 billion per year.⁴¹
- According to the National Center for Addition and Substance Abuse at Columbia University, states spent \$4.4 billion on juvenile corrections in 1998. Of this \$4.4 billion, 66.3 percent or \$2.9 billion went toward “substance-involved youth.”⁴²
- According to the Office of National Drug Control Policy, health care costs attributable to drug abuse were projected to total \$15.8 billion in 2002.⁴³ When these costs are combined with alcohol and tobacco costs, the country spent more than \$500 billion for health care, criminal justice, and lost productivity relating to addiction.⁴⁴
- The Office of National Drug Control Policy estimated that the total cost of drug abuse was \$180.9 billion in 2002, and that almost 60 percent (\$107.8 billion) was related to crime.⁴⁵ According to this report, the largest component of these costs was attributable to

³⁹ Volkow, Nora D. 2006.

⁴⁰ The National Center on Addiction and Substance Abuse at Columbia University. 2001. *Shoveling up: The impact of substance abuse on state budgets*. Page 1.

⁴¹ Number of drug prisoners: Harrison, Paige, and Allen J. Beck. 2006. *Prisoners in 2005*. Washington, DC: Bureau of Justice Statistics. Annual cost of incarcerating one person for one day: American Correctional Association. 2006. *2006 Directory of Adult and Juvenile Correctional Departments, Institutions, Agencies and Probation and Parole Authorities*, 67th edition. Alexandria, VA: ACA.

⁴² For purposes of the CASA study, the term “substance-involved youth” refers to a youth with one or more of the following characteristics: ever used illegal drugs regularly; convicted of a drug law violation; convicted of a DUI; under the influence of drugs and/or alcohol during the crime that led to incarceration; committed offense to get money for drugs; had a history of alcohol abuse. The National Center on Addiction and Substance Abuse at Columbia University. 2001. *Shoveling up: The impact of substance abuse on state budgets*. Page 16.

⁴³ Office of National Drug Control Policy. 2004. *The economic costs of drug abuse in the United States, 1992-2002*. Washington, DC: Executive Office of the President (Publication No. 207303). Page ix.

www.whitehousedrugpolicy.gov/publications/economic_costs/economic_costs.pdf.

⁴⁴ National Institute on Drug Abuse. 2006. *NIDA InfoFacts: Treatment approaches for drug addiction*. Pages 1-2. Online at www.nida.nih.gov/PDF/InfoFacts/Treatment06.pdf.

⁴⁵ Office of National Drug Control Policy. 2004.

loss of productivity due to criminal activities, including incarceration of drug-involved offenders.

- A 2001 study by the National Center on Addiction and Substance Abuse at Columbia University found that 32.1 percent, or \$7.7 billion of states' \$24.9 billion budget for child welfare is strongly linked to substance abuse problems.⁴⁶

Findings from a 1996 report by the Institute of Medicine revealed that substance abuse treatment is less expensive and more cost-effective than incarceration, or leaving drug addiction untreated.⁴⁷ Since that report, numerous other studies have substantiated the fact that drug treatment is less expensive and more cost-effective than incarceration. The National Treatment Improvement Evaluation Study (NTIES) found that “treatment appears to be cost-effective, particularly when compared to incarceration, which is often the alternative.”⁴⁸ These researchers found that the costs of drug treatment varied from \$1,800 to \$6,800 per client, and that drug treatment in a prison or jail setting cost an additional \$24 per day over the everyday costs of incarceration. Providing drug treatment in the community is less expensive than providing treatment in correctional facilities.

Most forms of drug treatment are more cost-effective than incarceration.

	Cost (\$)
Incarceration per year ⁴⁹	24,655
Probation per year ⁵⁰	1,525
Work release (5 months) ⁵¹	1,604
Work release with treatment (5 months) ⁵²	1,937
Work release with treatment and aftercare (5 months) ⁵³	2,539
Drug court ⁵⁴	2,459

Lengthy and intensive treatment programs may or may not be less expensive in the short term in comparison to incarceration costs. Over a longer time period, however, spending on treatment

⁴⁶ The National Center on Addiction and Substance Abuse at Columbia University. 2001. Page. 17.

⁴⁷ Institute of Medicine. 1996. *Pathways of addiction—Opportunities in drug abuse research*. Washington, DC: National Academy Press, p.199 Figure 8.1

⁴⁸ *NTIES Findings on cost of treatment*. 1997. Online at <http://ncadi.samhsa.gov/govstudy/f027/costs.aspx> (accessed September 12, 2007).

⁴⁹ American Correctional Association. 2006. *2006 Directory of Adult and Juvenile Correctional Departments, Institutions, Agencies and Probation and Parole Authorities*, 67th edition. Alexandria, VA: ACA.

⁵⁰ Camp, Camille Graham. 2002. *The 2002 Corrections Yearbook: Adult Corrections*. Middletown, CT: Criminal Justice Institute Inc.

⁵¹ McCollister, Kathryn E., Michael T. French, James A. Inciardi, Clifford A. Butzin, Steven S. Martin, and Robert M. Hooper. 2003. Post-release substance abuse treatment for criminal offenders: A cost-effectiveness analysis. *Journal of Quantitative Criminology* 19: 389-407.

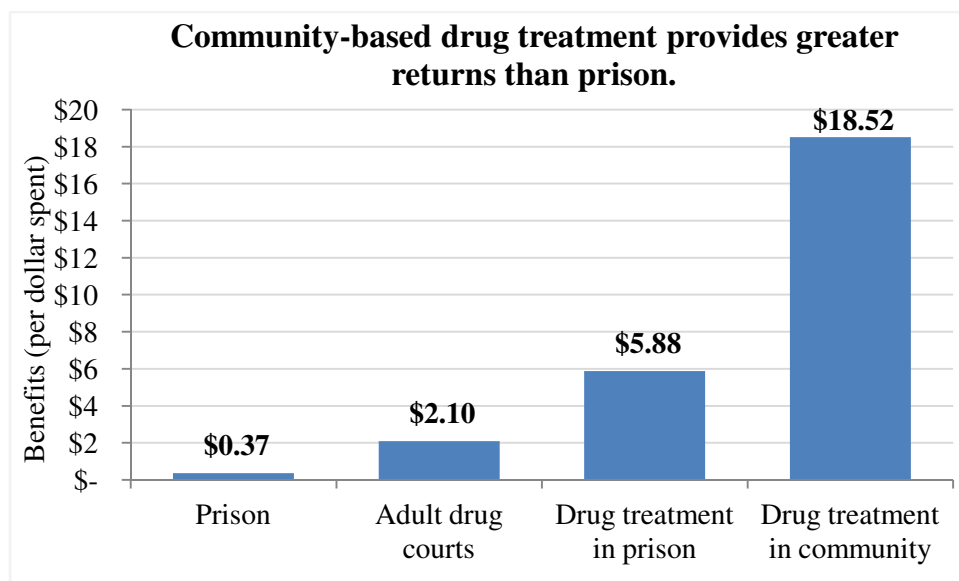
⁵² McCollister, Kathryn E., Michael T. French, James A. Inciardi, Clifford A. Butzin, Steven S. Martin, and Robert M. Hooper. 2003.

⁵³ McCollister, Kathryn E., Michael T. French, James A. Inciardi, Clifford A. Butzin, Steven S. Martin, and Robert M. Hooper. 2003.

⁵⁴ Drug Courts Program. Office, Office of Justice Programs. 2001. *Executive Summary: Treatment services in adult drug courts*. Washington, DC: National Treatment Accountability for Safer Communities.

can reduce long-term unemployment, family assistance, incarceration, homelessness, and medical care.⁵⁵ The collateral costs of drug-related crime would also be reduced.

- According to the California Drug and Alcohol Treatment Assessment (CALDATA), every \$1 invested in substance abuse treatment has a return of \$7 in cost savings from social benefits such as reduced health costs, crime, and lost productivity.⁵⁶
- The National Institute for Drug Abuse estimates that for every dollar spent on addiction treatment programs, there is a \$4 to \$7 reduction in the cost of drug-related crimes.⁵⁷ With some outpatient programs, total savings can exceed costs by a ratio of 12 to 1.
- The Washington State Institute for Public Policy (WSIPP) found not only that drug treatment conducted within the community is extremely beneficial in terms of costs, especially compared to prison, but also that it is second only to treatment-oriented supervision in reducing recidivism rates.⁵⁸ Every dollar spent on drug treatment in the community is estimated to return \$18.52 in benefits to society.



Sources: Aos, Steve, Marna Miller, and Elizabeth Drake. 2006. Evidence-based public policy options to reduce future prison construction, criminal justice costs, and crime rates. Olympia: Washington State Institute for Public Policy. Online at www.wsipp.wa.gov; Aos, Steve. 2003. *The criminal justice system in Washington State: Incarceration rates, taxpayer costs, crime rates and prison economics*. Olympia: Washington State Institute of Public Policy.

⁵⁵ McCollister, Kathryn E., Michael T. French, James A. Inciardi, Clifford A. Butzin, Steven S. Martin, and Robert M. Hooper. 2003.

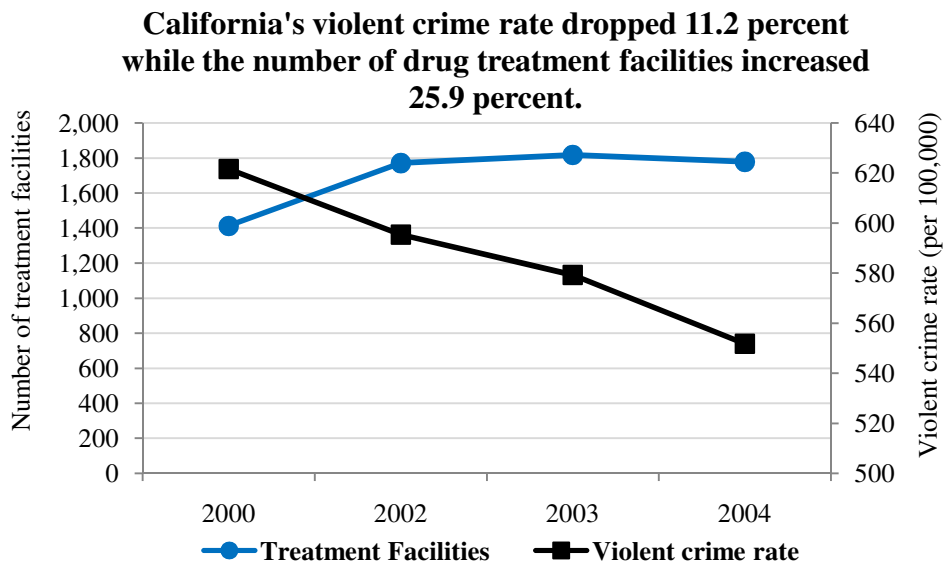
⁵⁶ National Opinion Research Center at the University of Chicago. 1994. Evaluating recovery services: California Drug and Alcohol Treatment Assessment (CALDATA), Executive Summary. California Department of Alcohol and Drug Programs.

⁵⁷ National Institute on Drug Abuse. 2006. *NIDA InfoFacts: Treatment approaches for drug addiction*. pgs 1-2. Online at www.nida.nih.gov/PDF/InfoFacts/Treatment06.pdf.

⁵⁸ Aos, Steve, Marna Miller, and Elizabeth Drake. 2006. Evidence-based public policy options to reduce future prison construction, criminal justice costs, and crime rates. Olympia: Washington State Institute for Public Policy. Online at www.wsipp.wa.gov; Aos, Steve. 2003. *The criminal justice system in Washington State: Incarceration rates, taxpayer costs, crime rates and prison economics*. Olympia: Washington State Institute of Public Policy.

Recommendations

Increased investments in drug treatment can yield benefits in public safety, cost savings, and improved lives for individuals. Drug treatment can help people return to employment, education or to become involved in other social activities that build communities and promote public safety. As profiled in this brief, the relationship between public safety and the availability of drug treatment is noticeable in states where the association has been studied. From 2000 to 2004, California established more treatment facilities and at the same time experienced a significant reduction in violent crime.⁵⁹



Source: Ehlers, Scott, and Jason Ziedenberg. 2006. *Proposition 36: Five years later*. Washington, DC: Justice Policy Institute.

Research cited in this policy brief has shown that the initiation of drug treatment prior to involvement with the criminal justice system is the most beneficial and effective means of delivering services to drug-involved people. Though drug treatment in a prison setting is helpful, drug-involved people are better served with drug treatment programs in the community. Community-based drug treatment programs encourage successful transition to communities, which reduces the chance that a person will become involved in crime or the criminal justice system in the future.

⁵⁹ Ehlers, Scott, and Jason Ziedenberg. 2006.

Research limitations

Although investments in drug treatment, education, employment, and other social factors have been shown to promote public safety and healthy communities, there is no single solution that will reduce the chance that a person will be involved in criminal activity. The research is not conclusive on what one factor might solve every community's public safety challenges; different communities have different needs, and what works for one may not work for another. All of these social factors should be considered in the context of individual communities in order to establish policies that effectively ensure public safety.

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