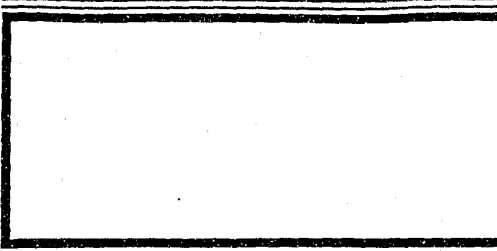
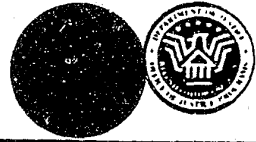


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**TREATMENT OPTIONS  
FOR DRUG-DEPENDENT OFFENDERS:  
A POLICY OVERVIEW**

**January 1989**

Prepared by Steven J. Shapiro, research associate, and other staff of the National Criminal Justice Association under cooperative agreement #87-DD-CX-K051 from the Bureau of Justice Assistance, U. S. Department of Justice.

**TREATMENT OPTIONS FOR DRUG DEPENDENT OFFENDERS:  
A POLICY OVERVIEW****FOREWORD**

In the late 1980's, policymakers and criminal justice practitioners are being called upon to develop effective policies to address the problem of the increasing numbers of drug-involved offenders, who threaten to overwhelm a criminal justice system already overburdened beyond its limited resources. Mounting evidence of a correlation between drugs and crime and the inability of the criminal justice system to break the cycle of addiction and crime have caused policymakers to consider treatment, once rejected as ineffective, as a viable policy alternative to help address the problem.

This paper reviews literature that examines public policy issues affecting treatment of drug-dependent offenders. The paper is based upon a review of more than 1,000 books, papers, and articles concerning developments in drug treatment from the late 19th century to the present. The selected bibliography consists of more than 100 sources either referred to in the paper or included because of their potential interest to the reader; the bibliography encompasses those materials dealing with the issues having the greatest impact on policy toward the treatment of drug-dependent offenders. Sources reviewed in the preparation of the literature review include abstracts, books, journals, law reviews, monographs, newsletters, prepublications, speeches, testimony, press releases, magazines, reports, and reprints.

The paper has been produced as part of a project that is being carried out by the National Criminal Justice Association (NCJA) under funding from the U. S. Department of Justice's Bureau of Justice Assistance (BJA) to identify effective and workable approaches to treatment of drug-dependent offenders and to produce information to help guide criminal justice officials in selecting, implementing, and assessing the effectiveness of various treatment approaches. The policy paper as it appears here will be incorporated as a chapter of a review of literature on selected topics concerning treatment of drug-dependent offenders that is to be published jointly by the NCJA and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) for the BJA in February 1989. A final edition of the paper incorporating additional materials reviewed and information developed in later stages of the project will be produced in Fall 1989.

The discussion in this paper has been framed by trends indicated in the literature and by issues that have important implications for policymakers and practitioners. Areas addressed in the literature review are an assessment of the drug-dependent offender crisis and its impact on the criminal justice system and society, an historical perspective of policy towards the treatment of drug-addicted offenders, the effectiveness of treatment, perceptions and attitudes affecting policymakers, the need for treatment in the wake of the AIDS epidemic, and the economics of treatment as opposed to incarceration.

In the literature, discussion of public policy affecting treatment of drug-dependent offenders most often appears in the context of broader topics such as drug treatment in general, drugs and crime, rehabilitation, and recidivism. The literature review reflects the relative dominance to date of research involving use of opiates, as opposed to other drugs, an emphasis that shifted in the mid-1980's, when most experts began to call cocaine the most serious problem drug of the decade. In certain issue areas, the literature, although

relevant to the treatment of drug-dependent offenders, is too extensive to review comprehensively, and this paper concentrates on the issues and publications most relevant to formulation of policy concerning the treatment of drug-dependent offenders. For example, although legalization or decriminalization of drugs are among the possible policy responses to the need to reduce drug-related crime, this paper does not cover literature on these topics because this potential policy approach is not specifically relevant to the treatment of drug-dependent offenders. Moreover, although drug abuse has been found to be a pervasive problem among juvenile offenders, the literature review focuses on adult drug-dependent offenders because of differences in the ways that the criminal justice and treatment systems handle adult offenders versus juvenile offenders. In addition, abstracts of international articles from computerized literature queries were examined but not included in the literature review because of a question of general applicability to policy and treatment philosophy. However, specific treatment methods used in other countries and cultures for certain addictions may hold promise for drug-involved offenders in this country. The paper does cover, however, a cross section of the literature on each of the issues and conditions identified as significant to consideration of policy toward the treatment of drug-dependent offenders, including such fundamental questions as whether there should be public spending for treatment of drug-dependent offenders and what results policymakers reasonably might expect from treatment programs.

Gwen A. Holden  
Executive Vice President  
National Criminal Justice Association  
January 1989

## TREATMENT OPTIONS FOR DRUG-DEPENDENT OFFENDERS: A POLICY OVERVIEW

### Introduction

Policymakers at all levels of government are facing documented increases in numbers of drug-dependent offenders, and there is little indication that this trend will take a downward swing in the foreseeable future. Because of severe prison and jail crowding, officials are exploring the possibility of using treatment as an alternative to incarceration and--ultimately--as a means of reducing the drug-dependent offender population. Although efficacy studies and evaluation research have documented the effectiveness of treatment, particularly for drug-dependent offenders remaining in treatment for several months, in terms of social adjustments such as decreased drug use and criminality and increased employment, numerous factors have contributed to policymakers' lack of commitment to date to treatment for drug-dependent offenders. Among these factors are lack of a broad, coherent policy concerning treatment generally; limited treatment focused on the offenders' addiction, but not other needs; adherence to a discredited but pervasive view that "nothing works"; and policymakers' misperception that there is no public support for rehabilitation.

However, recent developments such as increases in drug-related crime; the need to treat intravenous users, including drug-addicted offenders, to prevent the spread of AIDS; long waiting lists of users seeking drug treatment; and recognition of the cost-effectiveness of treatment compared to incarceration all have contributed to bringing treatment for drug-dependent offenders to the forefront of the policy debate once again.

### The Crisis In Criminal Justice

The drug problem has thrown the criminal justice system into crisis, the U. S. Government Accounting Office (GAO) states in its March 1988 report, *Controlling Drug Abuse: A Status Report*. The GAO reports that in major cities across the nation, drug-dependent offenders are overloading courts, prosecutors, jails, and treatment centers, with the result that most addicted offenders receive little or no jail time for their crimes--and no treatment for their addictions. The report concludes that these individuals typically return to drug use and crime-related activities upon release and subsequently establish patterns of rearrest and renewed involvement with drugs and crime.

Available data appear to indicate that the drug-dependent offender problem is worsening. For example, in 1984, police officials in Washington, D. C., and probation officials in New York City estimated that 20 percent of adult males arrested in their jurisdictions had used drugs shortly before their arrests, according to a report released in January 1988 from the U. S. Department of Justice, National Institute of Justice (NIJ) Drug Use Forecasting (DUF) System, the first national program to test individuals for drug use at the time of arrest, indicates that more than 75 percent of the men arrested in Washington, D. C., and New York City are testing positive for recent use of illicit drugs, and DUF data in 10 other major U. S. cities indicate that half to three quarters of individuals arrested in those jurisdictions are testing positive for recent illicit drug use. Preliminary data indicate that the extent of drug use by female offenders may be even higher than that of male offenders.<sup>1</sup>

From the DUF results, federal officials have concluded that there is now "overwhelming evidence" linking drug use to criminal activity, with drug abuse by criminal suspects far exceeding the estimated use in the general population.<sup>2</sup>

In fact, according to the GAO report, recent increases in federal funding for anti-drug efforts, from \$1.2 billion in 1981 to nearly \$4 billion in 1987, and the federal government's pursuit of a drug control strategy that emphasizes reduction in the demand for drugs may be having the intended effect on the problem among the general population. Some recent drug studies have indicated a trend away from illegal drug use, and the 1987 results of an annual national survey of high school seniors showed a decline in cocaine use for that population for the first time in a decade. The survey findings, reported in *Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth*, show further that the use of some other drugs, including marijuana, has been declining since 1979, while the use of other<sup>3</sup> drugs has remained relatively stable.

Federal policies and efforts generally are not reaching the drug-dependent offender population, however, and drug experts and criminal justice practitioners almost universally agree that reducing the demand for drugs through prevention and treatment holds the greatest hope for controlling drug abuse. Because prevention is not a viable option for an already-addicted offender, treatment is the only vehicle for breaking the cycle of addiction and crime for such an individual.

### Drugs and Crime

Documentation of a relationship between drug use and criminality has been the principal catalyst for drawing policymakers into the constituency of support for treatment of drug-dependent offenders. In the past 15 years, there have been two extensive reviews of the literature on the connection between drug use and crime. Both found considerable evidence of a correlation between drug use and criminal behavior and concluded that many addicts commit their criminal acts as a means of obtaining money to purchase drugs.

In the review, *Crime and Addiction: An Empirical Analysis of the Literature 1920-1973*, Stephanie W. Greenberg and Freda Adler conclude that, according to the literature, the majority of heroin addicts had substantial criminal histories prior to addiction. They conclude further that the literature shows that while engaging in criminal acts did not in itself lead to addiction in most cases, it increased the probability of addiction; addicts primarily committed crimes that would produce funds to support their drug habits; even though an addict might have committed a violent offense, violence was incidental to such acts.

Robert P. Gandossy, in a literature review produced for the NIJ in 1980, corroborated Greenberg and Adler's findings. In *Drugs and Crime: A Survey and Analysis of the Literature*, Gandossy concludes that addicts are polyabusers who engage in substantial criminal activity. Moreover, in response to higher heroin costs, there are increases in the number of income-generating crimes and in the number of admissions to treatment programs of addicts seeking free methadone. Like Greenberg and Adler, Gandossy concludes from his review that although addicts commit fewer violent crimes than non-addicted offenders, they will commit violent offenses to support their drug habits.

Similarly, Eric D. Wish and Bruce D. Johnson, in a 1986 review of current studies of the effect of illicit drug use on career criminals, conclude that as levels of illicit drug use, particularly heroin and cocaine, increase, so do numbers of both drug distribution offenses and non-drug related serious offenses. In *The Impact of Substance Abusers on Criminal Careers*, Wish and Johnson report that among youths in the general population, the small subset who use cocaine, heroin, or pills for non-medical reasons account for a disproportionate amount of all juvenile crime and that chronic users of heroin and/or cocaine who repeatedly become involved with the criminal justice system typically engage in a variety of drug distribution activities and other crimes.

Other individual studies appear to lend support to the conclusions of the literature reviews. The *1986 Profile of State Prison Inmates*, published by the U. S. Department of Justice's Bureau of Justice Statistics, indicates that 35 percent of the inmates reported that they were on drugs at the time of their offenses and that 40 percent of the inmates who committed violent crimes reported that they were on drugs and/or alcohol at the time of their offenses. A career criminal study conducted by the RAND Corporation for the NIJ in 1982 found that the majority of offenders committing assault, drug deals, and robbery ("violent predators") had histories of heroin use, frequently used in combination with alcohol and other drugs. The RAND report, *Varieties of Criminal Behavior*, concludes that, among offenders studied, a history of drug abuse was one of the leading predictors of serious career criminality and that violent predators were better candidates for incarceration and worse candidates for conventional rehabilitation efforts than was any other criminal type. The report urges that rehabilitation efforts therefore be focused on the less serious but criminally-active offenders identified as typically having drug- and employment-related problems that are more responsive to rehabilitation efforts.

John Ball, John Shaffer, and David Nurco, in their 1983 topology, *Day to Day Criminality of Heroin Addicts in Baltimore--A Study in the Continuity of Offense Rates*, found that crime days, defined as any day on which an addict committed one or more crimes, correlated significantly with periods of heavy narcotics use. Addicts' rates of criminality decreased to relatively low rates when addicts were using little heroin or were abstaining from use altogether, but the rates increased by four to six times when the addicts were using drugs. Specifically, criminality tended to rise and fall with those addicts who had periods of addiction, reduction, or cessation of narcotic use. The study found that the number of crime days averaged 2,000 per addict over the nine-year study period.

A 1977 study conducted by William McGlothlin, Douglas Anglin, and Bruce Wilson had produced conclusions similar to those of the Ball, Shaffer, and Nurco study. Some 80 percent of the study's subjects had been arrested for property crimes prior to addiction. In *An Evaluation of the California Civil Addict Program*, the researchers reported that criminality was significantly higher among drug abusers when they were using narcotics; when their narcotics use declined, so did the crime rates. The researchers found that percent of time committing crime, number of crime days per month, and income from crime all decreased as a function of decreasing narcotics use.

A 1984 NIJ project takes correlations between drug use and crime a step further by focusing on use at the time of an alleged offender's arrest, when he is just entering the criminal justice system. According to the NIJ report, *Drug Use Forecasting [DUF]: New York 1984 to 1986*, nearly 80 percent of individuals arrested for serious crimes in New York City from September to November 1986 tested positive for some form of cocaine use. The figure represents a 38 percent increase in cocaine use since 1984, according to the Narcotic and Drug Research Institute, Inc., which conducted the research.

While the DUF results and other data show that drug use is a pervasive problem among offender populations in major cities, the problem also exists in less urbanized areas of the country. In North Carolina, for example, 80 percent of robberies, breaking and enterings, and larcenies are committed to support illicit drug habits, and 95 out of 119 arrests made per day were drug-related according to 1988 estimates by that state's Governor's Crime Committee. Of an estimated \$102,896,137 in property lost in 1986, \$82,316,910 was tied to drug-related crime, the committee's report states, and an estimated 327 drug-related property crimes, representing \$105,969 in lost property, were committed daily in 1986.<sup>3</sup> In Anchorage, Alaska, 80 percent of the street crime reported was linked to drug trafficking and drug use.<sup>4</sup>

Bruce D. Johnson, who conducted studies involving addicts active in the Harlem section of New York City, was the first to compute crime rates from self-report data and drew some conclusions about costs of drug-related crime. Johnson found that daily (six to seven days per week) heroin users committed almost twice as many burglaries and violent crimes, e.g., robberies, as regular (three to five days per week) heroin users. He also calculated that combined costs of such offenses, not including criminal justice system expenditures imposed on society by the daily heroin user, totaled \$55,000 a year for each addict. First in a 1985 article, *Economic Behavior of Street Opiate Users*, and subsequently in a related publication, *Taking Care of Business: The Economics of Crime by Heroin Users*, Johnson also points out that in addition to the economic costs resulting from drug-related crime, there are less tangible costs attributable to the fear of crime and suffering of the victims. Heroin addicts had irregular contact with the criminal justice and drug treatment systems, and the most serious daily criminal heroin users systematically avoided contact with either system, according to Johnson.

In fact, the impact of increasing numbers of drug-dependent offenders is evident at all levels of the criminal justice continuum, from pre- to post-trial, the literature indicates. For example, John Carver and Mary Toborg in their respective 1986 and 1985 research briefs, *Drugs and Crime: Controlling Use and Reducing Risk Through Testing* and *Drug Use and Pretrial Crime in the District of Columbia*, found that the pre-trial rearrest rate for drug users identified through urinalysis was significantly higher than for nonusers and that charges against rearrested drug users were likely to be less serious than charges against rearrested nonusers. Toborg reported that rearrest rates were 50 percent higher for drug users and that drug users were more likely to fail to appear in court, especially in felony cases (21 percent failed to appear).

In their 1986 study, *Estimates of Drug Use in Intensive Supervision Probationers: Results from a Pilot Study*, Eric D. Wish, Mary Cuadrado, and John A. Martorana found that, through urinalysis, more than two-thirds of the probationers assigned to the New York City Intensive Supervision Probation Program (ISP) in Brooklyn were identified as current users of illicit drugs; when marijuana was excluded, more than half were identified as using other drugs. These test results conflicted sharply with probation officers' estimates that only 23 percent of their probationers were using drugs, and only seven percent of the probationers themselves had self-reported their drug use. In the 1986 review cited above of studies of career criminals' drug use, authors Wish and Johnson note, however, that although urinalysis appears to be an effective tool for identifying drug-using arrestees, the issue of how to use information derived from urinalysis in criminal justice decisionmaking requires further study.

## Policy Perspective

A review of the literature indicates that although the stated goal of policy historically has been to treat addicted offenders, primary objectives in drug-dependent offender treatment in fact have been based on considerations other than treatment, i.e., prison management and crime reduction, with the result that rehabilitation of drug-dependent offenders generally has not been achieved.

Policy toward the treatment of drug-dependent offenders has mirrored American drug policy as a whole. The National Commission on Marijuana and Drug Abuse, in its 1973 report, *Drug Abuse in America: Problem in Perspective*, observed:

American drug strategy is almost seven decades old, and not once during this period have the underlying assumptions been systematically evaluated and a broad, coherent foundation for policymaking established. As a result, each new occurrence in drug development and each pattern have been viewed as unfamiliar, breeding a sense of crisis and the crisis precipitating ad hoc policy responses.

The continuing relevance of the commission's observation is demonstrated by Richard C. Schroeder in his 1980 book, *The Politics of Drugs: An American Dilemma*. Schroeder expresses serious reservations about the lack of a coherent policy toward the treatment of drug-dependent offenders and succinctly questions the goals of policy toward drug-dependent offender treatment: "Are the goals to reduce crime? To achieve drug abstinence? To rehabilitate the drug abuser? Are we attempting to achieve all these goals at once without knowing if these goals are compatible?"

There is evidence of this apparent divergence of goals and objectives concerning treatment of drug-dependent offenders as early as the 1920's. In 1929, the Congress authorized the federal government to establish correctional facilities in Lexington, Ky., and Fort Worth, Tex., to treat opiate addicts. The facilities opened in 1935 and 1938, respectively. Although the stated goal of these programs was to treat opiate addiction, Edward J. Epstein reports in *Methadone: The Forlorn Hope* that officials' actual objective was to improve management of the federal penal system. According to Epstein, "These facilities were established to relieve pressure on the federal penal system, as federal jails were filling up with narcotic addicts."

Summarizing the policy debate in his article, *History of the Hospital Treatment Programs, 1935-74*, U. S. Public Health Service official Dr. James F. Maddux, who was the Medical Officer in Charge at the Fort Worth facility from 1962 to 1969, states:

The accumulation of narcotic drug users in the federal prisons prompted the Superintendent of Prisons, James V. Bennett, to propose that special federal institutions be established for treatment and rehabilitation of the addicts. In 1928, Congressman Stephen G. Porter introduced a bill to establish two narcotic farms for addicts. Although the Public Health Service had shown concern about addiction as a public health problem, the agency did not seek the proposed institutions. At the hearings, the U. S. Surgeon General indicated that the Public Health Service did not desire to initiate support for this enterprise. Nonetheless, the bill to establish two institutions for persons addicted to narcotic drugs was passed by the Congress and signed by the President on January 19, 1929.



The primary treatment mode in these federal facilities was "drug withdrawal," contemporarily referred to as detoxification, through administration of morphine in steadily decreasing doses. Schroeder, noted above, cites followup studies that found that many former patients at the two federal facilities became addicted once again and concludes that those facilities' standard treatment modality of drug withdrawal was a failure. Maddux concurs with Schroeder's assessment:

The followup studies and anecdotal information show that some patients ceased use of morphine-like drugs for long periods after leaving the hospitals, but these patients represented a small minority. At least nine of ten patients resumed use of a morphine-like drug within five years after discharge. In widespread professional and public opinion, the hospitals came to be considered failures; measured by a criterion of enduring cure of most patients, they failed.

In the 1960's, however, concern about increasing numbers of heroin users in large urban areas, together with increases in crime in large metropolitan areas, prompted a resurgence of interest in treatment of drug-dependent offenders. Methadone, a synthetic drug developed originally as a substitute pain killer for heroin and morphine, had been found to relieve heroin craving in opiate addicts and allow them to function normally, and methadone maintenance was adopted as the primary treatment made for heroin users.

In *Methadone: The Forlorn Hope*, Epstein states that the expansion of treatment programs during the 1960's was, to a great extent, a response to expansion of the addicted population and the crimes that population committed. According to Epstein,

[t]he shift from detoxification (controlled withdrawal) to drug maintenance reflected a redefinition of the problem of addiction itself. Up until the mid-1960's, heroin addiction was generally thought to be a problem chiefly for the individual addict and treatment, therefore, was aimed at freeing that individual from dependence on the drug. By the early 1970's, however, heroin addiction had increasingly come to be regarded less as a problem for the individual than for the society at large, since the addict was compelled to commit crimes to pay for his supply of heroin. The focus of policy thus changed accordingly from relieving the individual from the suffering and degradation of drug-dependency to relieving the rest of society from the putative criminal behavior of addicts.

As James Vorenberg and Irving Lukoff note in their article, *Addiction, Crime, and the Criminal Justice System*, "the core of community concern is the relationship between addiction and crime." Elaborating on this conclusion, Epstein states that, "given this new view of the problem, the solution involved bringing the addict population under some form of social control, since methadone maintenance, whatever its side effects, promised to transfer street addicts from a dependency on heroin, which they had to obtain at great cost from illegal suppliers, to a dependency on methadone, which could be dispensed legally under tight controls."

This premise held great appeal for government officials seeking to address the problem of urban crime in the early 1970's. As Egil Krogh, then a deputy assistant to President Nixon, with special responsibilities for law enforcement, explained:

We found there was a cause and effect relationship fairly clear between heroin addiction and the need to commit crimes to support the habit. So we felt we needed to greatly expand the capability of the District of Columbia to treat those with the

problem . . . . After a year we found that those addicts in high-dosage methadone had a marked decline in criminal recidivism. . . . I cannot piece out exactly what is attributable to narcotics treatment or police work, lights, a new court, but we feel all taken together have led to decreased crime, and we would like to expand the treatment across the country.<sup>5</sup>

However, the medical authorities and consultants who were most heavily involved in advising the administration recognized that mass distribution of methadone alone would not significantly reduce urban crime or eliminate drug abuse. They nevertheless supported the methadone program proposed by the administration because they believed that methadone would attract street addicts to and return them in rehabilitation programs.<sup>6</sup> Under the administration's policy, "methadone maintenance programs expanded to the point that virtually any qualified heroin user could receive methadone maintenance if [he] desired," John Blackmore observes in the article, *Prescription: Methadone*, an analysis of the methadone maintenance expansion program.

Two disconcerting facts associated with methadone maintenance programs became apparent in 1973. First, according to the Federal Bureau of Investigation's uniform crime reporting program, crime was significantly increasing, not decreasing. Second, addicts participating in methadone maintenance programs commonly were shooting heroin above the tolerance level developed from the methadone or using other non-opiate drugs such as amphetamines, barbiturates, and cocaine.<sup>7</sup>

Blackmore notes in *Prescription: Methadone* that

[b]y 1974, nearly 100,000 narcotic addicts were on methadone maintenance. As enrollment in methadone programs was peaking, much of the initial enthusiasm had waned. Criminal justice officials were taking a 'realist' view. Hundreds of millions of government dollars had been spent on maintenance. At one time or another, perhaps as many as half the addicts in the country had been enrolled in methadone programs. But where were the results? There was little evidence that methadone had had any impact on the rate of addiction or on the crime rate.

As Epstein observes, "Looking back at the methadone maintenance programs of the 1970's, the notion that most crime was the product not of criminals but of sick individuals who could be cured by the distribution of inexpensive medicine was a most appealing policy. Unfortunately, criminal behavior and drug addiction proved to be a more complex problem that did not lend [itself] to simple chemical solutions."

Schroeder, in the *Politics of Drugs*, asserts that the value of chemical maintenance programs depends on how one views the goals of drug abuse treatment:

If the aim is to put the patient 'back on his on feet,' relieve his anxieties, restore his family and social relationships, and enable him to hold a job or pursue an education, then chemotherapy is a proven and potent tool. If, however, the aim of treatment is to eliminate dependence on drugs altogether, chemotherapy maintenance doesn't work. It substitutes a relatively harmless dependence for a vicious one, but the dependence remains.

However, Schroeder continues, "the two goals are not as incompatible as they might seem. A person can be stabilized on methadone while the goal of abstinence is being pursued through other kinds of treatment, counseling, vocational training, and social services."

Irving Babow, in his article, *The Treatment Monopoly in Alcoholism and Drug Dependence: A Sociological Critique*, concurs with Schroeder's assessment. "Present models of treatment," he noted, "are premised on the general consensus that, ideally, all compulsive drug users would become law-abiding, productive, non-drug using, emotionally stable, independent members of the community." Babow continues:

Perhaps some of this might be an achievable aim, but not with the simplistic, narrow focus on the addict that prevails in the treatment facility. This narrow focus is one of the major weaknesses in the treatment of drug-dependent offenders. Treatment tends to focus entirely on the abuse of the drug and give no or inadequate attention to the other needs of the individual. Often the drug-dependent offender requires a wide range of services, [including] social assistance, housing, educational or vocational training.

One ramification of the massive methadone program in the 1960's that continues to affect the treatment of drug-dependent offenders today was the exclusive concentration of the earlier narcotics addiction treatment on heroin, which is only one aspect of the overall drug abuse problem. This single focus obscured the dangers posed by other drugs. Heroin use declined in the mid-to late 1970's and has stabilized in the 1980's. Cocaine, by contrast, has been acknowledged by many experts to be the most serious problem drug of 1980's. As Schroeder notes, much research into drug abuse treatment has focused on the areas of narcotics addiction and alcoholism, according to Schroeder, with the result that substantially greater strides have been made in developing chemical treatment to combat heroin use than cocaine use.

As a result of such research, in addition to methadone, antagonists such as naltrexone are available to heroin users. A long-acting opiate antagonist taken two to three times a week, naltrexone has been shown to be effective within the context of a comprehensive rehabilitation program. Also known as Trexan, naltraxone is non-addictive and blocks the effect of all opiates. However, it appears to be a safe and successful treatment primarily for clients highly motivated to remain abstinent; it has proven less successful for "street" addicts.<sup>8</sup>

Moreover, many treatment programs serve only narcotic addicts; to date, there is no pharmacological treatment available for non-narcotics such as cocaine and its derivatives, particularly crack. In the last few years, research has been conducted on the effectiveness of treating cocaine-dependent persons with the anti-depressant desipramine, but results have been mixed. Other drugs (e.g., neurotransmitter precursors, vasopressin, calcium channel blockers) also are being studied for use in treating cocaine abuse but controlled studies have yet to be performed.<sup>9</sup>

#### **Treatment: Does It Really Work?**

For policymakers, practitioners, and government officials, the two fundamental questions concerning treatment are what the outcomes are of treatment for drug-dependent offenders and whether they are effective.

Dr. Edward C. Senay of the University of Chicago's Department of Psychiatry addressed these issues in his 1984 article, *Clinical Implications of Drug Abuse Treatment Outcome Research*. In that article, he states,

The most important fact established by the scores of outcome studies conducted in the past 15 years is that drug abuse treatment works. The number and quality of studies carried out demonstrate, as well as can be realistically expected from any set of studies, that positive changes in client functioning occur during and after drug treatment. While there have been programs that have been poorly run and have encountered serious credibility problems, there can be little question that, from a public health and national point of view, many people have been helped by drug treatment.

Two national treatment system evaluations, Drug Abuse Reporting Program (DARP), established in 1969 to collect data on 44,000 clients in community-based treatment services, and Treatment Outcome Prospective Study (TOPS), which collected data on approximately 12,000 clients admitted to treatment between 1979-1981, have demonstrated the positive effects associated with treatment of drug-dependent offenders.

Dr. Dwayne Simpson, in his 1984 paper, *National Treatment System Based on the Drug Abuse Reporting Program (DARP) Followup Research*, concludes that in the four major treatment modalities--methadone maintenance (MM), therapeutic communities (TC), outpatient drug-free programs (DF), and detoxification (DT)--treatment that lasts 90 days or less appears to be of limited value; however, beyond 90 days, treatment outcomes improve in direct proportion to the length of time spent in treatment. Most "favorable outcomes," defined as behavior involving no daily use of illicit drugs and no major criminality, were associated with methadone maintenance (68 percent of clients), therapeutic communities (68 percent of clients), and outpatient drug-free programs (57 percent of clients) in the year following treatment for male narcotic addicts.

Robert Hubbard, J. Valley Rachal, S. Gail Craddock, and Elizabeth R. Cavanaugh in their 1984 article, *Treatment Outcome Prospective Study (TOPS): Client Characteristics and Behaviors before, during, and after Treatment*, reported that the initial followup results of TOPS were consistent with the DARP results. There were major declines in drug use and criminal activities after treatment in all modalities (outpatient methadone, residential, and outpatient drug free). There also was a dramatic longer term reduction in drug use in all modalities; in a followup of the clients a year after treatment, more than one-third reported not having used their pretreatment primary drug since completing treatment. Reports of criminal activity were also much lower after treatment, especially for clients remaining in treatment longer than three months. Only 20 percent of longterm methadone clients, 30 percent of longterm residential clients, and 20 percent of longterm outpatient drug-free clients committed crimes in the year after treatment.

In National Institute on Drug Abuse Research Monograph 51, *Drug Abuse Treatment Evaluation: Strategies, Progress, and Prospects*, Dr. Frank M. Tims describes smaller scale, intensive "program based" research conducted on treatment outcome effectiveness. Three such studies confirmed the effectiveness of therapeutic community treatment; two of the programs studied were in correctional settings.

The first large-scale study confirming that a correctional-based therapeutic community can reduce recidivism was reported in 1985 in the paper, *Outcome Evaluation of a Prison Therapeutic Community for Substance Abuse Treatment: Preliminary Results*, by Harry K.

Wexler, Douglas S. Lipton, and Kenneth Foster. The eight-year study examined the progress of more than 2,000 inmates who participated in the "Staying Out" TC operated in the New York State correctional system. The researchers found that TC's were effective with clients who had extensive criminal records and most effective for clients who remained in treatment from nine to 12 months.

The effectiveness of a correctional therapeutic community for substance abusers also is documented in the 1980 article, *The Evaluation of a Heroin Addiction Treatment Program within a Correctional Environment*, by Jerome Platt, Gerald Perry, and David Metzger. Treatment methods utilized in that TC were guided group interactions, family therapy, and interpersonal problem-solving skills. Two years after release, the treated group as a whole had almost 20 percent fewer arrests than its matched control group.

In 1984, Dr. George De Leon published a review of followup studies on effectiveness of therapeutic communities. In *Program-Based Evaluation Research in Therapeutic Communities*, he concludes that

[t]he findings from the program-based followup research provide convincing evidence for the effectiveness of the TC approach for drug abuse. Significant improvements occurred on the separate outcome measures of social adjustment (drug use, criminality, and employment), and on composite indices for measuring individual status. With few exceptions, followup studies reported a positive relationship between time-in-program and post-treatment outcome status. Univariate and multivariate investigations revealed relatively few significant predictors of successful outcome other than length of time in treatment.

Because time in treatment is the most salient factor in determining successful treatment outcomes, some researchers have recommended compulsory treatment to keep clients in treatment longer. Among the most recent publications supporting this view is the 1987 publication, *Identifying Drug Users and Monitoring Them During Conditional Release*, by Eric D. Wish, Mary A. Torborg, and John Bellasai. The researchers conclude that because of the strong relationship repeatedly found between addiction and crime and because of the repeated findings that drug users have lower rates of criminal activity when they are in treatment than when they are not, some researchers and practitioners have proposed that compulsory treatment be more widely adopted for certain drug users as a technique for reducing criminal activity.

Other literature addressing the compulsory treatment issue is reviewed by Maxine L. Stitzer and Mary E. McCaul, in their 1985 article, *Criminal Justice Interventions with Drug and Alcohol Abusers: The Role of Compulsory Treatment*. Stitzer and McCaul found that "current criminal justice practices are lacking systematic contingencies" for ensuring drug-involved offenders' entry, length of stay, or success in treatment programs. They conclude, however, the use of compulsory treatment to promote treatment retention and continued abstinence could be an effective approach to promote optimal treatment outcomes for drug-involved offenders.

A subsequent publication focusing on current research regarding compulsory treatment is the 1988 National Institute on Drug Abuse Research Monograph 86, *Compulsory Treatment of Drug Abuse: Research and Clinical Practice*, edited by Tims and Dr. Carl G. Leukefeld. The monograph includes 14 papers divided into five sections: an overview of compulsory treatment and other forms of legal coercion, a review of longterm treatment evaluation

studies, a review of efficacy studies, an analysis of the costs and potential benefits, and consensus statements of current knowledge and areas for future research.

In the monograph's concluding paper, *Compulsory Treatment: A Review of Findings*, Leukefeld and Tims state that TOPS data indicated that the criminal justice system was nearly twice as likely as any other referral source to refer young users, ages 21 to 25, to treatment programs. According to Leukefeld and Tims, the TOPS data also confirmed previous studies that found that criminal justice-referred clients often stayed in treatment longer and that, in outpatient methadone treatment under TASC (Treatment Alternatives to Street Crime) supervision, criminal justice-referred clients remained in treatment almost twice as long as non-criminal justice clients. In the 12-year study to follow up the DARP project, addicts who had been involved in the criminal justice system reported that probation, parole, and legal problems had been important incentives for entering treatment.

The monograph article, *Treatment Alternatives to Street Crime*, by L. Foster Cook and Beth Weinman, concludes that TASC, an ongoing community-based treatment program initiated in numerous states with federal funding, makes such treatment a viable alternative for drug-dependent individuals who otherwise might become more involved with the criminal justice system. To motivate the substance offender to enter and remain in treatment, TASC employs sentencing dispositions such as deferred prosecution, creative community sentencing, diversion, pretrial intervention, probation, and parole supervision under the influence of legal sanctions for probable and proven crimes. More than 40 local, independent evaluations of TASC programs from 1972 to 1982 have concluded that local TASC's effectively intervened with clients to reduce drug abuse and criminal activity, linked the criminal justice and treatment systems, and identified previously untreated drug-dependent offenders.

In a 1984 article, *Outcome of Narcotic Addict Treatment In California*, Dr. Douglas Anglin and Dr. William McGlothlin describe results of a number of studies under the California Civil Addict Program (CAP) on the effectiveness of two types of longterm treatment: civil commitment and methadone maintenance. The results from the CAP, in which courts ordered drug-dependent offenders to undergo compulsory treatment as an alternative to incarceration, were that the percentage of time spent committing crime, which was 40 percent prior to entry to CAP, decreased to 25 percent for individuals with no post-CAP supervision and to 17 percent for individuals with post-CAP supervision that included drug testing (urinalysis). The results indicate that both modalities studied effectively reduced drug use and crime and, to a lesser extent, increased employment and family responsibility and that methadone maintenance had positive outcomes for narcotic addicts who had not been responsive to other intervention strategies. A 10-year followup study by Douglas Anglin, Elizabeth Deschenes, and George Speckart corroborated earlier results showing that treatment had some effect on criminality. In the 1987 paper, *The Effects of Legal Supervision on Narcotic Addiction and Criminal Behavior*, the researchers describe results such as reduction in percentage of time involved in criminal activity and decline in daily drug use for individuals in treatment. In fact, both studies showed as much as a 50 percent reduction in daily drug usage.

James B. Eaglin's 1986 publication, *The Impact of the Federal Drug Aftercare Program*, details a federal aftercare program that employed urinalysis and a variety of drug treatment services. The study involved 1,000 drug-dependent probationers and parolees. Eaglin notes that although a high percentage of offenders had at least one positive urine sample during the period studied, most offenders in the aftercare program had no arrests or technical violations in the program's first year. Moreover, the percentage of offenders in the program who gained employment rose steadily (to 60 percent) during the period studied.

According to Dr. Jerome H. Jaffe, the most important implication of such findings may be in policymaking. As Jaffe writes in his 1983 paper, *Evaluating Drug Abuse Treatment: A Comment on the State of the Art*. "They will continue to ask, 'Does treatment work?' They may be annoyed when they are told that the question can no longer be put in such simple terms."

The reality of drug abuse treatment is that many variables are interconnected to the treatment process, and it is essential for research to take these variables into account. A multi-variate approach in research is essential to understanding the interactive effects of these variables on the treatment process and outcome. The differential effects of various kinds of treatment on various kinds of clients with various kinds of problems are not well understood. The goal of social research is to aid public policymakers in decisionmaking by ascertaining what kinds of approaches are most effective in dealing with drug-dependent offenders. For a variety of reasons, research into treatment has not yet progressed to that level of specificity.<sup>10</sup>

The lack of such research has hampered policymakers' ability to address the drug-dependent offender crisis; the need remains for multi-variate research and longterm program evaluation.

### Perceptions, Attitudes, and the Reality of Correctional Treatment

Although the effectiveness of correctional treatment, including drug treatment, has been the subject of continuous debate among scholars, researchers, and public officials, the height of criticism and calls for the rejection of correctional treatment programs came in 1974, when Robert Martinson published, *What Works? Questions and Answers About Prison Reform?* in the periodical, *The Public Interest*. Drawing from a larger survey of research, *The Effectiveness of Correctional Treatment*, co-authored by Douglas Lipton and Judith Wilks, Martinson reported the findings of 231 evaluation studies of correctional treatment programs between 1945 and 1967. Although Martinson's work does note that the failure of correctional treatment programs may have been the result of factors such as a lack of commitment, lack of therapeutic expertise in the programs themselves, or inadequate research in evaluating the success of treatment programs, he concludes that with a few exceptions, rehabilitative efforts had no appreciable effects on recidivism and asks theoretically, "Does nothing work?"

However, Martinson renounced his position that "nothing works" in his 1979 article, *New Findings, New Views: A Note of Caution on Sentencing Reform*, after completing research on more recent evaluations of treatment programs and a broader range of studies (555, versus 231 in the earlier study). In *New Findings*, Martinson states flatly, "Contrary to my previous position, some treatment programs do have an appreciable effect on recidivism. Some programs are indeed beneficial. New evidence from our current study leads me to reject my original conclusion. I have hesitated up to now, but the evidence in our survey is simply too overwhelming to ignore."

Although Martinson changed his position, his original assessment had a pervasive effect on correctional treatment and policy. As Samuel Walker notes in his 1985 publication, *Sense and Nonsense About Crime: A Policy Guide*, "The phrase, 'nothing works' became an instant cliché and exerted enormous influence on popular and professional thinking."<sup>11</sup> Moreover, the "nothing works" doctrine continues to inform commentary on American corrections; as

recently as 1987, for example, the U. S. Attorney General referred to a "substantially discredited theory of rehabilitation."<sup>12</sup>

In response to such challenges to the effectiveness of correctional treatment, criticism has been leveled at policymakers' lack of commitment to correctional treatment. As the 1977 New York Prison Advisory Board publication, *The Thin Line: Retribution or Rehabilitation?*, notes, ". . . it should not prove surprising that criminal justice rehabilitation has been less than fully successful in reducing offender recidivism. The paucity of resources devoted to this difficult task is well illustrated by the fact that the New York Department of Correctional Services spends less than two percent of its annual budget of \$130 million on educational and vocational rehabilitation."

Ellis MacDougall, a former corrections head in five states, espoused the same viewpoint in his 1976 article, *Corrections Has Not Been Tried*. "The staffing of these institutions further have ensured their failure," MacDougall states. "In many cases even the security forces were either understaffed or under-organized to achieve their objectives, and where there were treatment staffs, their caseloads and teaching loads were so large that they were doomed to failure."

When programs have been instituted, questions concerning the quality and integrity of current treatment programs have been raised. In the 1982 publication, *Reaffirming Rehabilitation*, Francis T. Cullen and Karen E. Gilbert cited four standards for correctional program effectiveness:

First, whether the intervention can be adequately conceptualized and whether that conceptualization has sufficient grounding in previous empirical evidence; second, whether service is actually delivered, whether it is sufficient in duration and intensity, and whether it is carried out as described; third, whether the personnel delivering the service are qualified, trained, and adequately supervised; and fourth, whether the treatment is actually appropriate for all those chosen to receive it.

Patricia Van Voorhis, in her article, *Correctional Effectiveness: The High Cost of Ignoring Success*, not only cites the inadequacy of correctional treatment resources but also questions the viability of future program innovation. "Program innovation is further affected by staff competence and integrity, an issue which sometimes prompts us to look in the other direction," she observes. "New developments will continue to be unlikely occurrences in those agencies staffed by personnel who never received training for work in correctional settings or who have no opportunities for in-service training. Similarly, staff and administrators who fail to remain current with the literature in their field, who neglect treatment manuals/policies, and who fail to work the required hours certainly will not be at the forefront of correctional innovation."

In response to Martinson's new advocacy of treatment, Paul Gendreau and Robert Ross conducted an extensive review of the research literature. Their 1987 work, *Revivification of Rehabilitation: Evidence From The 1980s*, concludes that demonstrated successful rehabilitation of offenders had been accomplished:

Evidence was presented that between 1973 and 1980, reductions in recidivism, sometimes as substantial as 80 percent, had been achieved in a considerable number of well-controlled studies. Effective programs were conducted in a variety of community and institutional settings involving pre-delinquents, hard-



core adolescent offenders, and recidivistic adult offenders, including criminal heroin addicts. The results of these programs were not short-lived; followup periods of at least two years were not uncommon, and several studies reported even longer followups. One such study included a 15-year followup.

Although the literature documents positive treatment outcomes for drug-dependent offenders refuting Martinson's original position that "nothing works," the literature also indicates that a misperception has existed concerning public attitudes toward treatment. The public often is portrayed as opposed to treatment for criminals and clamoring for vengeance and more stringent crime control measures.<sup>13</sup> For example, in a 1987 survey published in *Public Opinion*, 84 percent of individuals questioned said that the courts did not deal harshly enough with criminals.<sup>14</sup> In a 1985 *Michigan Prison and Jail Overcrowding Project* survey of policymakers in Michigan, only 12 percent of those surveyed said that they believed that citizens support rehabilitation as the "purpose of criminal justice."

Although such findings suggest that the American public favors punitive measures against criminals and although support for rehabilitation has declined since the 1960's, Frank Cullen and Paul Gendreau conclude in their 1988 review, *The Effectiveness of Correctional Rehabilitation*, that support for rehabilitation remains strong and that legislators and other criminal justice policymakers overemphasize the public's bent toward punishment and underestimate the public's support of rehabilitation. In support of their conclusion, Cullen and Gendreau cite results of a 1982 Harris poll survey in which 44 percent of respondents favored "rehabilitation" as the "main emphasis of prisons," as opposed to 32 percent choosing "protecting society" and 19 percent selecting "punishment." Cullen and Gendreau assert that "this is not an isolated finding; similar results have been found in a series of national and state surveys."

Because of perceived public demand for harsher sanctions for criminals, however, policymakers have failed to recognize the public's desire for a more progressive rehabilitative approach, according to the 1983 Department of Justice report, *The Correctional Crisis: Prison Populations and Public Policy*. This misperception is illustrated in a number of documented instances. For example, in the Michigan survey cited above, 66 percent of the public, rather than the 12 percent that policymakers had believed, actually supported rehabilitation as a correctional goal. Also instructive is a 1986 study commissioned by the Edna McConnell Clark Foundation that brought groups of 12 citizens from 10 metropolitan cities together for in-depth discussions on crime and corrections. The project researchers assumed that retribution would be the foremost concern among the participants and that support for rehabilitation would be virtually nonexistent. However, the Public Agenda Foundation's report on the conference, *Crime and Punishment: The Public's View*, concludes that the citizens wanted assurances of safety much more than they wanted assurances of punishment and that they wanted prisons to promote rehabilitation as a longterm means of controlling crime.

The 1988 article, *Is Rehabilitation Dead? The Myth of the Punitive Public*, by Francis Cullen, John Cullen, and John Wozniak, sums up the results of a survey of an Illinois community that revealed that although support for punitive measures was widespread, rehabilitation retained substantial legitimacy among survey respondents. Noting that data from polls conducted across the nation and in other states supported their findings, the authors conclude,

Although citizens clearly believe that the state has the legitimate right to sanction offenders on the basis of just desserts, they also believe that criminal

penalties should serve utilitarian goals. Further, the evidence indicates that among the utilitarian goals, rehabilitation is supported as much and usually more than either deterrence or incapacitation. It thus appears that the rehabilitative ideal has withstood the many attempts to discredit it and remains firmly anchored in the American value structure. The results of this analysis suggest that is a myth that the public is exclusively punitive and holds few humanistic or reformist sentiments.

In the 1987 article, *Rehabilitation In Justice: The Prisoner's Perspective*, Edna Erez's reports on results of her work involving the first study of inmates' perspectives on rehabilitation and prisoners' needs generally. Erez found that inmates viewed rehabilitation and reform as the major purpose of their prison sentences. Moreover, many inmates stated that merely being an inmate or having a need for treatment should make them eligible for or deserving of treatment; many inmates viewed rehabilitation as a state obligation rather than an option. Erez concludes that inmates' perceptions of their needs and the workings of the criminal justice system affect their rehabilitation prospects because these perceptions and expectations have a direct effect on inmates' attitudes toward and participation in rehabilitation programs. If comprehensive correctional rehabilitation programs were more readily available, Erez implies, recidivism rates would decline.

### The Need for Treatment

"A widely held belief . . . that continues to influence policy concerning treatment of drug-dependent offenders is that providing treatment is a necessary adjunct of society's overall response to that offender." Dr. Jerome H. Jaffe states in, *The Swinging Pendulum: The Treatment of Drug Abusers in America*.

Drug experts now are calling for expanded treatment of drug-dependent offenders in an effort to alleviate the burden that such offenders currently are placing on society and the criminal justice system. Paul N. Samuels, executive vice president of the Legal Action Center, a public interest organization in New York that specializes in drug abuse policies and issues, expressed such concern about the drug-dependent offender crisis in a recent *New York Times* article. "When you have a situation where you are putting all your money into law enforcement, it is a spinning door that just spins faster," he said. "I think that increasing drug treatment has to go hand in hand with drug strategies designed to fight drug abuse and crime."<sup>15</sup>

Although the overall demand for treatment always has exceeded treatment capacity, the demand for treatment never has been greater, and available services are not meeting that need. As a recent *Washington Times* article noted, "The programs are so overcrowded that abusers are being told to wait for admission--prompting them to keep using drugs, to commit crimes to support their habits, and to give up on hopes for treatment."<sup>16</sup> A Washington, D. C., TC official commented, "It is very sad for the people who get to the point where they want help but there is no space available."<sup>17</sup>

The inability to meet treatment demands is commonplace across the nation. A 42-city survey published in 1987 by the U. S. Conference of Mayors disclosed that in more than three out of four cities responding to the survey, there are waiting lists for addicts who seek admission into drug treatment facilities; the average wait in these cities is seven weeks.<sup>18</sup>

There also has been a lack of drug treatment in correctional facilities. Joan Petersilia of the RAND Corp., in a 1978 nationwide survey of prison treatment programs, *Which Inmates Participate In Prison Treatment Programs?*, found that fewer than 20 percent of five inmates needing drug rehabilitation actually had participated in drug treatment programs. A 1980 study of prison systems in California, Michigan, and Texas, reported by Petersilia and Paul Honig in *The Prison Experience of Career Criminals*, confirmed earlier findings of a widespread lack of drug treatment programs in correctional facilities.

The widespread unavailability of treatment for individuals who desire but cannot afford treatment can be viewed as a social commentary on policymaking, Jaffe concludes in *The Swinging Pendulum*:

The availability of treatment for drug-dependence is symbolic of a society's view of the human condition, of its view of the balance between personal liberty, the responsibilities of the individual to the state, of the state to its citizens, and of its willingness to seek ways to alleviate suffering. The non-availability of treatment would also be symbolic. All too often, when the benefits of the treatment effort are weighed, the policymakers forget to put the value of treatment as a symbol into the balance. The ultimate measure of the value of policies and programs is not the sum total of their effects minus their shortcomings, flaws, and abuses, but rather what alternative policies and programs might be developed, which, when weighed in some balance that is sensitive to symbols as well as costs, would be better than that which now exists.

Public attention to the treatment of drug-dependent offenders has increased markedly in recent years because of the Acquired Immune Deficiency Syndrome (AIDS) crisis among intravenous (IV) drug users, many of whom are drug-dependent offenders. Treatment efforts directed at IV drug users are important not only to protect the health of the users but also to reduce the likelihood of spreading the virus to other populations. Policymakers must recognize the urgency to reduce and stop drug use among IV drug users because needle sharing among IV drug users, which is a means of human immunodeficiency virus (HIV) transmission, is the rule rather than the exception. John A. Newmeyer's 1988 article, *Why Bleach? Development of a Strategy to Combat HIV Contagion among San Francisco Intravenous Drug Users*, states that the experiences of cities such as New York, where rates of HIV infection among IV drug abusers are already high, suggest that an HIV contagion, once established in an IV population, can reach a 50 percent level in one or two years. New York City corrections department officials have estimated that 50 percent of the nearly 100,000 individuals entering the department are IV drug users and that 25 percent of all incoming inmates may carry the human immunodeficiency virus. Since 1981, AIDS has been the leading cause of death in New York City correctional facilities.<sup>19</sup>

The 1988 *Report of The Presidential Commission on the Human Immunodeficiency Virus Epidemic* calls intravenous drug users the key to the future of the AIDS epidemic. "Intravenous and other drug abuse is a substantial carrier for infection, a major port of entry for the virus in the larger population," according to the report, and infected addicts are responsible for 70 percent of the cases in which the human immunodeficiency virus (HIV) is transmitted through heterosexual activity to the sexual partners of addicts and, as a result, to infants born infected. The commission recommended a national policy of providing "treatment on demand" for intravenous drug abusers:

Given the fact that temporarily alleviating the health effects of symptomatic HIV infection can cost as much as \$100,000 per person and that imprisonment costs an

average of \$14,500 per person per year, and even without considering the previously cited astronomical costs of drug abuse to the nation, the investment necessary to provide for intravenous drug abuse "treatment on demand" is sound public policy. Current treatment modes for intravenous drug abusers, including methadone maintenance and drug-free residential communities, reduce illicit drug use, improve employment among addicts, reduce crime rates, and improve social functioning.

The ad hoc response to the AIDS crisis also has been a call for a policy of increased treatment. For example, an Oct. 9, 1987, *New York Times* editorial entitled, *A Drug Against AIDS and Crime*, called for more treatment services because

. . . AIDS adds new urgency. It spreads rapidly through needles shared by addicts. Methadone, administered orally, reduces needle use, and the fear of AIDS motivates more and more addicts to seek methadone.

Relaxed rules could permit immediate distribution of methadone to thousands more outpatients. Relaxing federal regulations would require no new legislation, just action by the [U. S.] Food and Drug Administration (FDA). Such a revision at the federal level surely would prompt states to relax their rules as well--and so reduce waiting, crime, and AIDS.

Current FDA regulations require at least one drug counselor for every 50 addicts at methadone clinics, but many drug experts share the philosophy that it is better to treat a heroin addict with methadone and no counseling rather than not to treat that individual at all. As the administrator of New York City's Beth Israel Medical Center methadone program stated, "Methadone has been enormously successful in stopping addicts from using intravenous drugs."<sup>20</sup>

A three-year NIDA study of methadone clinics in the cities of Baltimore, New York, and Philadelphia found methadone to be an effective method of reducing IV drug use and needle sharing. Dr. John C. Ball, reporting in his 1988 article, *Reducing the Risk of AIDS through Methadone Maintenance Treatment*, on a study of 388 patients who remained in treatment for one year or more, said that 71 percent had ceased IV drug use as a result of being in treatment, while 82 percent of patients who left treatment had relapsed rapidly to IV drug use. The study found that HIV seropositivity among high-risk drug users is related to frequency of injections and needle-sharing contacts. Success of the different methadone programs varied widely, depending on patient retention rates and quality of treatment provided, according to the study. Ball concludes in his article that effective methadone programs have high patient retention rates (especially longterm rates), high rates of scheduled attendance, year-to-year stability of treatment staff, and a close, enduring, and consistent relationship between staff and patients.

The 1988 NIDA/U. S. Public Health Service report, *The Prevention of AIDS among Intravenous Drug Users, Their Sexual Partners and Children: A 5-Year National Strategy*, reports that

. . . many methadone treatment programs, attempting keep the dose of methadone as low as possible, tolerate occasional illicit intravenous drug use rather than maintain patients on higher doses that block such use. The threat of HIV transmission makes such practices unacceptable. Now, because of the threat of AIDS, treatment programs must include eliminating all illicit intravenous drug use as a primary treatment goal.

The report calls for a reassessment of treatment program goals and practices in light of the AIDS epidemic.

Despite agreement on the need for increased treatment, however, authorities have been unable to meet the demand for treatment. The shortage of clinics for addicts is a situation caused as much by neighborhood opposition as by lack of funds, the U. S. Surgeon General has concluded. The New York state coordinator of methadone treatment services agrees; he has stated that no new methadone clinic has opened in the past decade because of strong community opposition for placing clinics in their locale.<sup>21</sup>

The Citizens Commission on AIDS, a New York metropolitan area organization sponsored by 18 foundations, has called for local officials in New York City and in New Jersey to resist neighborhood opposition and help encourage a major expansion of drug clinics to end the backlog of addicts seeking treatment. At a commission news conference last fall, a drug counselor in Brooklyn who also is a former addict infected with human immunodeficiency virus (HIV) stated, "Every time we turn down somebody, we're telling that person to go back down on the street and shoot up, to get infected, or infect someone else. In my years on the street, I came in for detoxification at least 15 times. Each time, I was told to come back. Had treatment been readily available, I could have kicked my habit sooner and avoided AIDS."<sup>22</sup>

Dr. Eric D. Wish, Joyce O'Neil, and Virginia Baldau in their 1988 paper, *Lost Opportunity To Combat AIDS: Drug Abusers in the Criminal Justice System*, suggest that the criminal justice system can fulfill a critical need by identifying individuals who are likely to inject drugs so that they can be taught to limit the spread of AIDS. Needle sharing was reported by 25 to 50 percent of both male and female arrestees surveyed by the Drug Use Forecasting (DUF) system described earlier in this paper. Survey respondents frequently demonstrated a fear of AIDS and a desire to avoid infection, suggesting that criminal justice system detainees are a receptive audience for education, prevention, and treatment programs.

### The Economics of Treatment

Economic considerations, however, remain the most salient factor in the policymaking process in assessments of the benefits and drawbacks of policy decisions affecting drug-dependent offenders. The high cost of incarcerating addicted offenders and the projected need for more jail and prison bed spaces are key factors in policymakers' deliberations over whether to treat drug-dependent offenders rather than incarcerate them.

The U. S. Department of Justice, Bureau of Justice Statistics, report, *Profile of State Prison Inmates 1986*, underscores the numbers of drug-involved offenders on the already overburdened correctional system and documents longterm drug use by inmates in state prisons. More than 40 percent of the inmates reported having used drugs daily in the month before arrest, and three-fifths of the inmates reported having used drugs on a regular basis while in the community.

Longitudinal studies of drug-addicted offenders have shown that incarceration has little impact on longterm outcomes of drug abusers. George E. Vaillant's 1966 study, *A twelve-year followup of New York narcotic addicts: I. The Relation of Treatment to Outcome*, tracked the drug use of 100 New York narcotic abusers over a 12-year period using corroborated self-report outcomes. Vaillant found that only five percent of the subjects

who underwent institutionalization (voluntary hospitalization or prison sentences) for less than nine months remained drug abstinent in the following year or more. Among individuals who served prison sentences of nine months or longer without subsequent parole supervision, 15 percent maintained longterm abstinence. Among offenders who served prison sentences of nine months or longer followed by at least one year of parole supervision, 67 percent remained abstinent for one year or longer. Vaillant concludes that the punishment aspect of incarceration is itself insufficient to eliminate drug use and crime; relapse and recidivism are the rule rather than the exception following periods of incarceration. However, Vaillant suggests that the data also indicate potential benefit from longterm community supervision following periods of incarceration.

In a 1987 Research in Brief, *Making Confinement Decisions*, the U. S. Department of Justice's National Institute of Justice (NIJ) notes, "Today's criminal justice system is in a state of crisis over prison overcrowding. Even though national prison capacity has expanded, it has not kept pace with demands." While capacity in state prisons grew from an estimated 243,500 bed spaces in 1978 to 424,000 bed spaces by 1985, state prison populations swelled from 270,025 to 463,378 inmates, according to a department of justice survey, and expenditures by state correctional systems exceeded \$8 billion dollars annually. The NIJ estimates that states would need to add 1,000 bed spaces each week if existing rates of growth continue, at a cost of \$50,000 per bed space, according to a 1984 U. S. General Accounting Office report. The states' alternatives are either to build more prisons or to let convicted individuals back into the community, and the majority of such individuals are likely to be drug-dependent offenders who typically return to their drug and crime-related activities upon release.<sup>23</sup>

A specific economic and policy consideration is that of providing treatment to IV drug-dependent offenders. The New York State Department of Correctional Services alone will spend \$18.4 million on AIDS medical care in the coming year. Federal prison officials estimated in 1987 that each AIDS case resulting in death costs the Federal Bureau of Prison between \$50,000 and \$125,000.<sup>24</sup> In contrast to the high cost of AIDS medical treatment, the National Association of State and Alcohol Abuse Directors (NASADAD) in a 1987 NIDA-sponsored report, *Special Report on Meeting of Selected State Directors and Other Experts To Develop Reasonable Estimates on Drug Treatment Costs for Needle Drug Abusers*, gave the first reasonable estimates of cost of treatment for needle-using drug-dependent persons in different modalities to assist policymakers and government agencies in decisionmaking. Costs per patient treatment slot per year as of 1987 were as follows: outpatient methadone maintenance, \$3,000; outpatient drug-free, \$2,300; and non-hospital residential drug-free, \$14,600.

In *Taking Care of Business: The Economics of Crime by Heroin Users*, Bruce D. Johnson outlines five policy alternatives for addressing heroin abuser criminality that emphasize the importance of economics when policymakers must choose among alternatives to address the drug offender crisis. The five policy alternatives Johnson details include:

- 1) Incarcerating all heroin abusers. The main benefit of incarcerating all heroin abusers would be that it would help address public concern about the high criminality of heroin abusers. The major drawback to this approach would be the extremely high costs of incarceration; Johnson concludes that these costs are so high, it would probably be more cost effective to leave most heroin abusers on the street.

- 2) Incarcerating the most seriously criminal. This policy calls for the identification and incapacitation of daily heroin users who commit robbery and traffic in drugs. These persons commit the most serious crimes and generate the greatest economic consequences. The primary disadvantage of this approach is that the existing criminal justice procedures would fail to detect most such individuals.
- 3) Requiring treatment for heroin abusers. This policy would enable the system to reach a large number of treatment-avoiding, criminally-active heroin abusers and provide them with systematic treatment that could monitor their drug use and criminal behavior effectively. The major drawbacks involve large expenditures from government revenues and probable political opposition to the expansion of the existing network of drug programs.
- 4) Providing incentives to reform lifestyles. This policy would have the benefit of doing what is best for the heroin abuser by providing new financial incentives for such an individual to modify his lifestyle and reduce self-victimizing behavior. Again, the major drawbacks are financial. Sizeable investments of public revenue would be required, and there would be no assurance that many heroin abusers would adopt more conventional lifestyles. Moreover, even the most effective treatment and supervision of heroin abusers cannot resolve their many lifestyle problems, particularly economic productivity and self-victimizing behaviors. Therefore, policymakers also would have to consider providing additional resources to both treatment programs and these mandated clients to directly address their lifestyle problems.
- 5) Maintaining the status quo. This alternative is the most likely choice for policymakers, given that political support for other policy alternatives, which would require funding more treatment slots and/or increasing incarceration rates, is unlikely to develop in the near future. The major drawback is that criminality by heroin abusers would not be affected significantly. Individuals and businesses would continue to suffer substantial losses, and the illicit drug economy would remain pervasive. The most appealing feature of the status quo, however, is that it will not involve significantly more money from tax revenues. Society has adjusted to a certain level of expenditures for criminal justice and drug treatment, and the public resists major investments in new programs, even though such programs might be more effective in reducing heroin abusers' criminality than the status quo. In addition, policy initiatives to increase funding to prevent heroin abuser crimes must compete with the multiple demands for more funds for education, health, welfare, employment, as well as with forces striving to reduce taxes and deficits. Most of these groups are well organized and politically influential. Policymakers generally are unaware of how heroin abusers and their criminality affect society and are always uneasy about what to do.

Bruce Johnson, Douglas Lipton, and Eric Wish, in a 1986 report, *Facts about the Criminality of Heroin and Cocaine Abusers and Some New Alternatives to Incarceration*, prepared for the NIJ by Narcotic and Drug Research, Inc., cite the steadily increasing costs of incarceration and the dramatic growth in correctional populations as reasons to refocus fiscal and personnel resources on treatment of heroin and cocaine abusers. The report estimates that the 1986 cost per inmate was \$20,000 in federal prisons, \$24,000 in New York State prisons, and \$40,000 in New York jails. Projected costs were, respectively, \$25,000, \$30,000, and \$50,000 in 1990 and about \$44,000, \$54,000, and \$90,000 by the year 2000. At

current growth rates, annual government expenditures for corrections will more than double between 1983 and 1990, from \$8 to \$21 billion, nationally, according to the report.

In reviewing research findings from the past 10 years regarding cocaine and heroin addicted offenders, the NDRI found that the vast majority of cocaine and heroin abusers are at liberty within three months after arrest, that little evidence is available that criminal justice sanctions are as effective as drug treatment in reducing the criminality of cocaine-heroin abusers in the community, that the criminality of heroin and cocaine abusers was substantially reduced while they were in drug treatment, and that the criminal justice system must frequently and systematically supervise convicted cocaine heroin users so that they have less time for crime and drug use. "Given that society will otherwise be investing billions of dollars annually for incarcerating an additional few thousand persons, the option of mandating treatment and supervising three times as many persons for the same dollars in an effort to reduce criminality both during and after supervision will likely have a much more positive impact on the current high crime levels in American society," the NDRI report concludes.

### Summary and Conclusions

A review of the literature concerning policy toward the treatment of drug-dependent offenders has provided substantial evidence of trends that have important implications for policymakers. Foremost, policymakers have not addressed the drug-dependent offender problem effectively; recent statistics show that the problem is worsening with no foreseeable end. The lack of a coherent policy has been a significant factor in interrupting but failing to break the cycle of addiction and crime, which has been highly correlated in the literature. The shortages of jail space and treatment slots have created a "revolving door" for addicted offenders who are overwhelming a criminal justice system already overburdened beyond its limited resources.

If current rates of prison population growth continue, policymakers will face adding an estimated 1,000 prison bed spaces a week at the cost of \$25 million per year to maintain them. Although there is little evidence in the literature that incarceration and other criminal justice sanctions have any effect on drug-involved offenders many, of whom return to their drug and crime-related activities following release, the majority of evaluations of drug treatment outcomes show positive indications of reduced drug use and criminality for those individuals who remain in treatment for several months. The literature also indicates the use of compulsory treatment as a valuable tool in inducing addicted offenders into treatment.

In a time of fiscal austerity, policymakers must decide either to expand prisons with their increasingly prohibitive costs or to increase the use of cost-effective treatment modalities in conjunction with community supervision.



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