

Washington/Baltimore
High Intensity Drug Treatment Area

Technical Report

The Effect of W/B HIDTA-Funded Substance Abuse Treatment on
Arrest Rates of Criminals Entering Treatment in calendar year 2001

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Executive Summary

Overview

The Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) was funded by the White House Office of National Drug Control Policy in order to address the serious public safety threats arising from the distribution of illegal drugs. The purpose of this study was to use existing information to examine the effect of W/B HIDTA-funded substance abuse treatment on the arrest rates of criminals who entered treatment during calendar year 2001. The study looked first at the demographic characteristics, substance abuse patterns, and criminal histories of the treatment participants to determine whether the funded substance abuse treatment programs were serving the hard core, substance-abusing criminals for whom they were intended. The study also examined variables related to the provision of substance abuse treatment, such as length of time in treatment, program completion rates, and rate of drug use detected through drug testing. Finally, the study compared offenders' arrest rates before and after entering treatment to determine whether the W/B HIDTA-funded substance abuse treatment programs have helped reduce crime in the Washington/Baltimore area.

Method

During calendar year 2001 a total of 1,014 offenders in the Washington/Baltimore HIDTA region entered a HIDTA-funded drug treatment program in one of the 12 participating local jurisdictions. All analyses for this study were based on data collected on these 1,014 individuals. Data for one jurisdiction, Montgomery County, was not included in this Report.

Arrest data were examined for two one-year periods. Pre-treatment arrests were recorded for the year preceding admittance into HIDTA treatment. The relevant time period for post-treatment arrests was either one year from date of admittance into HIDTA treatment or one year from the date that the treated individual was returned to the community, whichever was later. For this current report, the period of one year from date of admittance into HIDTA treatment was

used for the calculation of post-treatment arrests. There were not enough data provided at the time of this report to account for the post-treatment arrests, which occurred after the client returned to the community.

Data on the 2001 W/B HIDTA cohort were obtained from two sources. The first was a dataset provided by the W/B HIDTA that contained demographic characteristics, substance abuse history, and treatment information that were gathered from client records in the HIDTA Automated Tracking System (HATS).¹ These sources also contain criminal history information collected from the offenders by HIDTA-funded treatment staff. Criminal history data include self-reported number of arrests prior to treatment and type of instant offense, which prompted their entrance into HIDTA treatment. A new dataset was created and is referred to as the W/B HIDTA dataset in this document.

Arrest records were also obtained for each subject from the National Crime Information Center (NCIC).² These FBI records contained criminal histories for all subjects in the study beginning with the first adult arrest through a follow-up period of one year after the subjects entered HIDTA-funded treatment. The number of arrests and types of criminal charges recorded in the NCIC records for the year just before treatment and during the one-year follow-up period constitute the critical measures of program outcome for this study.

All research data coding and analysis occurred at the W/B HIDTA office in Greenbelt, MD. No data identifying individuals for this report ever left the HIDTA site. All data reported in this report are aggregated data only. No names are linked to any reported data.

¹ HATS Users Guide, [HATS and Consents Overview: HATS System Overview, version 3.01](#). Internal document that is a software database used by HIDTA. Previously known as HIDTA Automated Treatment Tracking System (HATS), now renamed as HIDTA Automated Tracking System (HATS).

² Federal Bureau of Investigation (FBI) Information System. [A New Record for NCIC Transactions](#), FBI press release, March 23, 2002, www.fas.org.

In approaching this task, the W/B HIDTA and the Institute for Behavior and Health, Inc. submitted an application to the University of Maryland's Institutional Review Board for approval to conduct this evaluation. This application was approved on December 17, 2002.

Results

The results of the study indicate that collectively the drug treatment programs funded by the W/B HIDTA are reducing drug use and crime among a group of long-term, repeat offenders. The group of individuals who entered HIDTA-funded treatment in 2001, like their cohorts in previous years, was composed of long-term criminals with an average age of around 35 years who have serious drug problems, limited education, and a weak attachment to the labor force. These are precisely the types of individuals that the drug treatment programs are designed to serve.

The pre- and post-treatment comparisons of arrest rates clearly indicate that the programs produced the desired effects within the target population. After offenders entered treatment, there was a nearly 50 percent reduction from the previous year in the number of arrests. The effect was most pronounced for property crimes, where a 67% reduction was found. Participation in all other types of crime, including drug offenses and violent crime, were down 32- 42%. These results are consistent with the findings from previous cohort studies of this population conducted in 1997-1998 and 2000, which also found about a 50 percent reduction in arrests. The major difference this year was that arrests on drug charges was only reduced 41% for the 2001 cohort, compared to a 63% reduction for drug-related crimes among the 2000 cohort.

One finding that should be explored further in future research is the difference in success rates for jail-based treatment programs compared to residential and outpatient programs. The jail-based programs reduced arrests for participants by 67% over the first year follow-up period, compared to 24% for the other programs. It is unclear from the current data whether the jail-based programs are serving a different type of offender—their pre-treatment arrest rates, for

example, were nearly double that of the other groups—or whether there may be programmatic or other factors at work that influence treatment success.

I. Introduction

In order to address the serious public safety threats arising from the distribution of illegal drugs, the White House Office of National Drug Control Policy designated the Washington/Baltimore area a High Intensity Drug Trafficking Area (HIDTA). Established in 1994, the W/B HIDTA is one of 28 HIDTA sites in the United States. This region includes the cities of Baltimore and Washington, as well as surrounding cities and counties. All have experienced substantial problems with illegal drug use and drug-related crime, especially involving cocaine and heroin.

The W/B HIDTA efforts were focused on: 1) reducing the number of drug and firearms trafficking organizations through intelligence-driven law enforcement operations, 2) assisting local governments in implementing effective drug treatment programs for hard-core offenders, 3) promoting innovative prevention programs involving partnerships between law enforcement agencies, community organizations, and local government, and 4) reducing the levels of drug-related violence and crime within the W/B HIDTA region.

The W/B HIDTA Treatment/Criminal Justice Initiative

The W/B HIDTA was one of only two HIDTAs in the country that funded substance abuse treatment of criminal offenders. Substance abuse treatment programs linked to the criminal justice system were funded in 12 jurisdictions within the Washington/Baltimore region to enhance existing treatment programs, extend the levels of care for substance abuse within the criminal justice system, and apply drug testing and progressive sanctions for continued illegal drug use. To achieve the W/B HIDTA crime control goal, all 12 substance abuse treatment programs were based on scientific principles of effective interventions that included the following:

- Clinical assessments to determine appropriate placement in treatment services;
- Cognitive behavioral treatment, social restructuring, and contingency management interventions;
- Compliance-gaining strategies to encourage the offender's completion of treatment and compliance with supervision requirements;
- Procedural justice concepts to deter drug use and criminal behavior;
- Drug testing to monitor program compliance; and
- Treatment interventions that last a minimum of six months and provide a continuum of care comprising at least two levels.

Although all W/B HIDTA jurisdictions adhered to the principles listed above, there was no single, uniform W/B HIDTA substance abuse treatment program that was used across all 12 jurisdictions. Each jurisdiction created a unique substance abuse treatment program designed both to meet the needs of the population served and to integrate that treatment program seamlessly with other local substance abuse services. Establishing an integrated, local system of care was critical to achieving long-term results. Consequently, the criminal justice system in each jurisdiction combined treatment and supervision to achieve their goals.

The W/B HIDTA Treatment/Criminal Justice initiative was an important effort that provides a variety of substance abuse treatments within the criminal justice system (DuPont, 2002). Because of its unique approach, there is interest in assessing the performance and impact of local substance abuse treatment programs funded as part of the W/B HIDTA initiative.

Washington/Baltimore HIDTA Sites

The twelve jurisdictions participating in the W/B HIDTA substance abuse treatment intervention were as follows: Alexandria City, Arlington County, Fairfax County, Loudoun County, and Prince William County in Virginia; Baltimore City, Baltimore County, Charles County, Howard County, Montgomery County, and Prince George's County in Maryland; and

Washington, D.C. Each jurisdiction used W/B HIDTA funds to provide drug treatment services either directly or through contracts with local substance abuse service providers. In all, scores of public, private, and non-profit providers delivered services in the twelve jurisdictions.

Each jurisdiction developed one or more model substance abuse treatment programs for offenders involving a minimum of six months treatment and at least two levels of care. These programs have been described elsewhere (Taxman, 1998). The twelve sites can be grouped by four different continuum-of-care models as follows: (a) Residential/Outpatient, (b) Intensive Care Facility/Outpatient, (c) Intensive Outpatient/Outpatient, and (d) Jail-Based Treatment/Outpatient (Taxman, Kubu, DeStefano, 1999). All approaches could also include detoxification and inpatient care. In each model the offender began treatment in a controlled or relatively structured treatment environment and then moved into one or more outpatient treatment phases. Program staff determined the pace and timing of progress according to individual readiness.

Treatment Modalities for W/B HIDTA Jurisdictions

Jurisdiction	Treatment Modality Description
Arlington County	Jail-based Treatment
Alexandria City	Phase I – Intensive Outpatient Phase II – Outpatient arranged according to need Additional time spent on probation in the community
Baltimore City	Regimented Offender Treatment Center Re-entry Aftercare Center
Baltimore County	Residential Intensive Outpatient Outpatient
Charles County	Jail-based Treatment (Residential) Outpatient
Washington, DC	Detox Residential Transitional Outpatient
Fairfax County	Jail-based Treatment Residential Outpatient
Howard County	Phase I – Jail-based Treatment Phase II – work Release Phase III – Outpatient/aftercare

Loudoun County	Outpatient
Montgomery County	Residential Intensive Outpatient Outpatient
Prince Georges County	Phase I – Jail-based Treatment Phase II – Day Reporting Center Phase III – Health Department
Prince William County	Residential Intensive Outpatient Outpatient Aftercare

All W/B HIDTA substance abuse treatment interventions included drug testing and graduated sanctions. The frequency of drug testing varied within site by provider and for individual offenders. Some tested monthly, some weekly, and some twice a week. Others conducted tests at random intervals. Each jurisdiction employed graduated sanctions to promote effective responses when participants fail to comply with the conditions of treatment and release. Individuals in treatment received increasingly severe sanctions for each additional infraction, ranging from verbal warnings and increased supervision to incarceration and judicial action. As with the frequency of testing, the type of sanction used varied from site to site (Taxman and Cronin, 2000).

Purpose of the Study

The purpose of this study was to use existing information to examine the effect of W/B HIDTA-funded substance abuse treatment on the arrest rates of criminals who entered treatment during calendar year 2001. The study first looked at the demographic characteristics, substance abuse patterns, and criminal histories of the treatment participants to determine whether the local programs served the hard core, substance-abusing criminals for whom they were intended. It also examined variables related to the provision of treatment, such as length of time in treatment, program completion rates, and rate of drug use detected through testing. Finally, the study compared offenders' arrest rates before and after entering treatment as a means of determining

whether the W/B HIDTA-funded programs helped reduce crime in the Washington/Baltimore area. The research hypothesis was that arrest rates for drug-related and other serious crimes would be significantly lower during the year after treatment began than in the year before.

II. Literature Review

Researchers estimate that well over half of all cocaine and heroin is purchased by individuals formally under the control of the criminal justice system—either on pretrial release, probation or parole. Some 50-80 percent of arrestees in major cities tested positive for drugs at the time of arrest. The Bureau of Justice Statistics estimates that 150,000 state inmates are released each year without receiving needed drug treatment, thus making the criminal justice system perhaps the most important natural ally of the drug treatment system.

White House National Drug Control Strategy 2002 (pp. 15-16).

One of the most robust findings of substance abuse research over the past three decades has been the close linkage of serious crime and illegal drug use, a topic explored in detail in the landmark 1990 book, Drugs and Crime, edited by Michael Torny and James Q. Wilson. This book, sponsored by the National Institute on Justice, was begun in 1987 when the crack cocaine epidemic was first devastating American cities. In this book, Professor Wilson wrote, “I believe that every contributor to this volume agrees that significant reductions in drug abuse will come only from reducing the demand for those drugs” (p. 534).

The bottom line from three decades of research on drugs and crime is that people in the criminal justice system are among the most intensive of all illegal drug users and that their illegal drug use intensifies their criminal behavior. Conversely when they are not using illegal drugs, their criminal behavior is markedly reduced (Lurigio, 2000).

The large body of drug treatment research shows that treatment works to curb both illegal drug use and crime, and coercion is central to successful engagement and retention in treating

drug abusers. For example, a review of the impact of legal pressure on treatment retention in a sample of 2,605 clients in 18 residential treatment programs concluded that those clients who entered treatment with moderate to high levels of pressure from legal authorities were more likely to remain in treatment (Hiller et al., 1998). In another analysis of this issue, Farabee concluded from a review of the published literature on coercion in substance abuse treatment that coercion not only increased the likelihood of offenders remaining in treatment but that coercion also increased the likelihood that offenders would enter substance abuse treatment earlier in their careers (Farabee, Prendergast, & Anglin, 1998).

The 2002 National Drug Control Strategy emphasized the importance of coercion in noting that nearly 4 million Americans who were not in a substance abuse treatment program in the year 2000 met the DSM IV diagnostic criteria for either drug “dependence” or the only slightly less severe “abuse” categories. These were people whom health experts define as in need of drug abuse treatment. Of this total, less than 400,000 even thought of getting treatment for this problem during that year. As the National Drug Control Strategy noted, “If there were any question about the role of coercion in getting people into treatment, these findings should answer it” (p. 15).

A book published in 2002, Treatment of Drug Offenders – Policies and Issues, reviewed the most recent data in this area of research and practice. The criminal justice system holds approximately 4 million substance abusers at any time which is more than four times the number of substance abusers who are in all forms of drug treatment combined (about 800,000) (DuPont, 2002).

With respect to the W/B HIDTA-funded substance abuse treatment programs, an evaluation was conducted on a cohort of offenders entering treatment in the last six months of 1997 and the first six months of 1998 (Taxman & Cronin, 2000). In the report on this cohort the rate of arrest during the offenders’ criminal careers, from their first adult arrest until their entry

into one of the HIDTA treatments (called their base rate), was compared to the rate of arrest for this sample in the 12 months after entering a HIDTA treatment program. The authors found a 70% reduction in arrests for non-technical violations in the year after HIDTA treatment, compared to base rates. The authors of this report found a 49% reduction in the rate of positive urine test results from the start of a W/B HIDTA-funded substance abuse treatment program compared to the rates during later phases of treatment.

The findings from the 1997/1998 W/B HIDTA substance abuse treatment cohort were consistent with the findings reported in the 2002 National Drug Control Strategy where, one year following discharge from drug treatment, the use of the primary drug of choice dropped 48%; arrests dropped 64%; self-reported illegal activity dropped 48%; and the number of health visits related to substance use declined by more than 50% (National Drug Control Strategy, White House, 2002, p. 17).

III. Method

In approaching this task, the W/B HIDTA and the Institute for Behavior and Health, Inc. submitted an application to the University of Maryland's Institutional Review Board for approval to conduct an evaluation of the 12 W/B HIDTA sites using available data from the calendar year 2001. This application was approved on December 17, 2002.

Full criminal histories from National Crime Information Center (NCIC) reports on all criminals who entered one of the twelve HIDTA programs during the 2001 calendar year were coded by arrest and date of arrest. These data were aggregated into a spreadsheet with no individual identifying information attached. All research data coding and analysis occurred at the W/B HIDTA office in Greenbelt, MD. No data identifying individuals for this report ever left the HIDTA site. All data reported in this report are aggregated data only. No names are linked to any reported data.

Data on the 2001 W/B HIDTA cohort were obtained from two sources. The first was a dataset provided by the W/B HIDTA that contained demographic characteristics, substance abuse history, and treatment information that were gathered from client records in HATS. The respective jurisdictions provided data to HIDTA in pre-printed forms, handwritten forms, and other assorted material. HIDTA personnel then created a new dataset that included data from the HIDTA Automated Tracking System (HATS).³ These sources also contain criminal history information collected from the offenders by HIDTA-funded treatment staff. Criminal history data include self-reported number of arrests prior to treatment and type of instant offense, which prompted their entrance into HIDTA treatment. The new dataset is referred to as the W/B HIDTA dataset in this document.

Arrest records were also obtained for each subject from the National Crime Information Center (NCIC).⁴ These FBI records contained criminal histories for all subjects in the study beginning with the first adult arrest through a follow-up period of one year after the subjects entered HIDTA-funded treatment. The number of arrests and types of criminal charges recorded in the NCIC records for the year just before treatment and during the one-year follow-up period constitute the critical measures of program outcome for this study.

Arrest data were examined for two one-year periods. Pre-treatment arrests were recorded for the year preceding admittance into HIDTA treatment. The relevant time period for post-treatment arrests was either one year from date of admittance into HIDTA treatment or one year from the date that the treated individual was returned to the community, whichever was later. For this current report, the period of one year from date of admittance into HIDTA treatment was used for the calculation of post-treatment arrests. There were not enough data provided at the

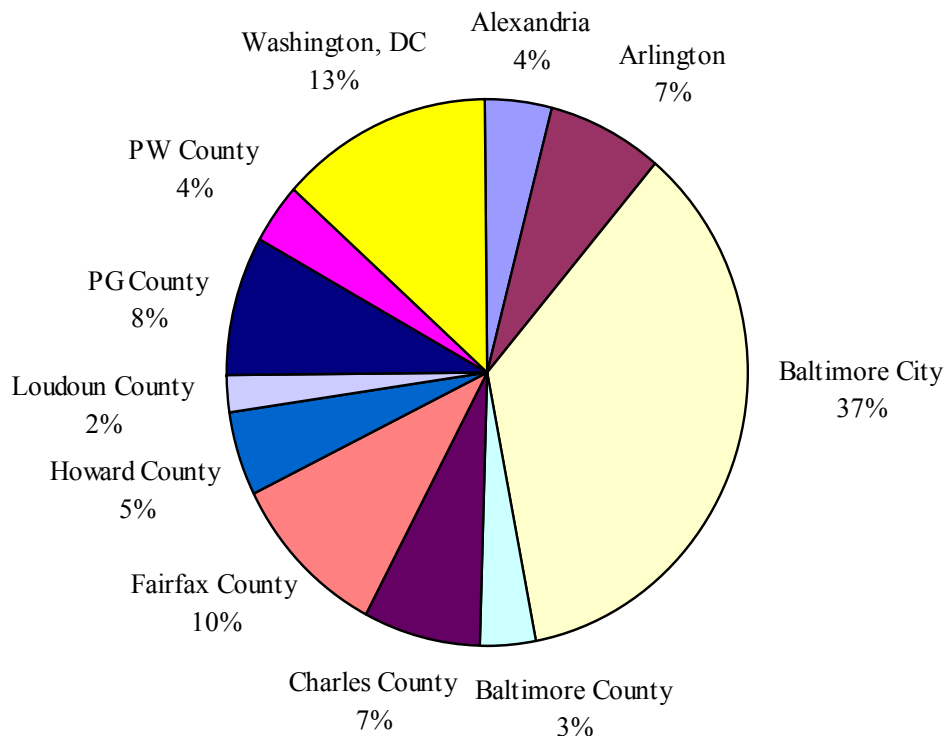
³ HATTS Users Guide, HATTS and Consents Overview; HATS System Overview, version 3.01. Internal document that is a software database used by HIDTA. Previously known as HIDTA Automated Treatment Tracking System (HATTS), now renamed as HIDTA Automated Tacking System (HATS).

time of this report to account for the post-treatment arrests which occurred after the client returned to the community.

The W/B HIDTA dataset was analyzed using SPSS statistical software. Examination of the data records revealed several problems regarding missing data. Although all jurisdictions gather and report information on basic demographics and phases of treatment for the clients they serve, the various jurisdictions do not consistently report all client information such as criminal history, pre-treatment drug use pattern, and results of drug testing while in treatment. The study used all available data to complete the originally proposed analyses: frequency distributions of demographic, drug use, and other variables; cross tabulations by jurisdiction on these variables; and before-and-after comparisons of arrest rates. A detailed description of the study methodology, discussing data issues and how they were resolved, appears in Appendix A.

IV. Findings

Figure 1. 2001 Cohort for HIDTA Treatment



⁴ Federal Bureau of Investigation (FBI) Information System. A New Record for NCIC Transactions, FBI press release, March 23, 2002, www.fas.org.

Table 1. Total Cohort for 2001 W/B HIDTA Study

Jurisdiction	Total 2001 Cohort	
	Number of Subjects	Percent of Subjects
Alexandria	43	4.2
Arlington	73	7.2
Baltimore City	366	36.1
Baltimore County	34	3.4
Charles County	75	7.4
Fairfax/Falls Church	98	9.7
Howard County	53	5.2
Loudoun County	22	2.2
Prince George's County	87	8.6
Prince William County	36	3.6
Washington, DC	127	12.5
TOTAL	1,014	100%

Source: W/B HIDTA dataset

Note: Data was not available for Montgomery County

Characteristics of the 2001 Cohort

Age, Gender, and Race. As presented in Table 2, the average age of offenders beginning HIDTA-funded treatment in 2001 was 35.3 years. Participants ranged in age from 18 to 69 years. The overwhelming majority of participants were male (79.4%) and African Americans constituted the largest racial/ethnic group (77.3%). Average age and racial distribution were similar for men and women in the study.

Table 2. Gender, Race, and Age of the 2001 W/B HIDTA Sample

Demographic		Percent of Subjects (N = 1, 014)
Gender	Male	79.4%
	Female	20.6%
Race	African American	77.3%
	Caucasian	21.3%
	American Indian	0.3%
	Asian/Pacific Islander	0.1%
	Other	0.1%
	Unknown	0.9%
Age	Mean Age	35.3 years

Source: W/B HIDTA dataset

Note: Demographic data not available for Montgomery County

Education and Employment. Information was available in most jurisdictions on the educational level and employment status for offenders entering HIDTA-funded treatment in 2001. Table 3 indicates that on average they had completed just over 11 years of school. Nearly half (45.6%) had not completed high school, and only 9.4 percent had more than a high school education. Table 4, which summarizes the available employment data, shows that only about a third of the subjects (33.1%) were employed either full-time or part-time when they entered treatment. Of the remaining subjects, 36.8% were unemployed and 29.9% were either incarcerated or institutionalized at the start of treatment.

Table 3. Educational Attainment of the 2001 W/B HIDTA Sample

Educational Attainment	Percent of Subjects (N = 745)
Highest Education Level Completed	
Did Not Graduate from High School	45.6%
Graduated from High School	45.0%
Some College Completed	9.3%
College Degree and Beyond	0.1%
Mean Years of Education	11 years

Source: W/B HIDTA dataset

Note: Education status was unknown for 269 of the 1,014 subjects.

Table 4. Employment Status of the 2001 W/B HIDTA Sample

Employment Status	Percent of Subjects (N = 378)
Employed (Full Time)	25.9%
Employed (Part Time)	7.1%
Unemployed	36.8%
Incarcerated	15.9%
Institutionalized	14.0%
Disabled	0.2%

Source: W/B HIDTA dataset

Note: Employment status was not known for 636 of the 1,014 subjects.

Appendix B, Data by Jurisdiction, contains a breakdown of the demographic data for each of the eleven jurisdictions in this study. It also presents available data on substance abuse patterns and criminal history by jurisdiction.

Comparison to Samples from Previous Years. Demographically, the subjects in the 2001 sample were similar to those who entered treatment in 1997, 1998, and 2000 (Taxman and Cronin, 2000; DuPont et al., 2002). Table 5 indicates that each year the treatment population was predominantly male and African American, averaging around 35 years of age, with low rates of employment.

Table 5. Demographic Comparisons of W/B HIDTA Samples

Demographic	W/B HIDTA Samples			
	1997	1998	2000	2001
Mean Age	33.8 years	36.0 years	34.0 years	35.3 years
Male	74.0%	80.0%	82.1%	79.4%
African American	70.0%	62.0%	60.4%	77.3%
Caucasian	16.0%	27.0%	31.2%	21.3%
Employed	21.2%	25.0%	31.6%	33.1%

Sources: W/B HIDTA dataset for 2001 data; DuPont et al. (2002) for 2000 data; Taxman & Cronin (2000) for 1997-98 data.

Substance Abuse and Criminal History of the 2001 Sample

Substance Abuse. Tables 6 through 8 below summarize the self-reported substance abuse behavior of individuals when they entered HIDTA-funded treatment programs in 2001. Nearly half (47.0%) reported using drugs daily or multiple times a day, and two-thirds used drugs at least once a week. More than a quarter of the subjects (28.8%) had not used drugs for at least a month when they began treatment, but these were primarily individuals who were incarcerated or institutionalized. In terms of drug of choice and mode of consumption, drug use patterns for the 2001W/B HIDTA sample were similar to the patterns found in the 2000 study. Heroin was the primary drug of choice, followed by crack/cocaine, and marijuana/hashish. Most subjects in both studies ingested drugs by smoking or inhalation.

Table 6. Frequency of Drug Use Prior to Entering Treatment

Frequency of Drug Use Prior To Treatment	Percent of Subjects (N=451)
Daily or more than daily	47.0%
1-6 times per week	19.6%
1-3 times per month	4.6%
No usage in past month	28.8%
Total	100%

Source: W/B HIDTA dataset

Note: Drug use data not available for 563 of the 1,014 subjects.

Table 7. Primary Drug of Choice Prior to Entering Treatment

Drug of Choice	Percentage of Subjects (N = 901)
Heroin	38.7%
Crack/Cocaine	25.4%
Marijuana/Hashish	21.2%
PCP	2.1%
Alcohol	7.1%
Other	5.4%
Total	100%

Source: W/B HIDTA dataset

Note: Drug use data not available for 113 of the 1,014 subjects.

Table 8. Primary Mode of Drug Consumption Prior to Treatment

Mode of Consumption	Percent of Subjects (N = 811)
Smoking	41.8%
Inhalation	24.3%
Injection	21.7%
Oral	9.7%
Other	2.5%
TOTAL	100%

Source: W/B HIDTA dataset

Note: Drug use data not available for 203 of the 1,014 subjects

Criminal History. Table 9 provides data on the Instant Arrest Offense, which was the offense that resulted in the subjects being referred to HIDTA-funded treatment programs in 2001. The table indicates that 44.2% of the subjects entered treatment due to a drug arrest, which was a slightly smaller percentage than in previous studies — 49.4% in the 1997-1998 study and 48.3% for the 2000 cohort.

Table 9. Instant Arrest Offense Resulting in Placement in Drug Treatment

Instant Arrest Offense	Percent of Subjects (n = 1,014)
Drug Charges:	44.2%
Distribution	12.2%
Misc. Drug	5.3%
Possession	19.0%
PWID	7.7%
Crimes with No Drug Charges Attached:	55.8%
Violent	11.4%
Property	26.2%
Public Order	5.0%
Technical	7.2%
Other	6.0%
Total	100%

Source: W/B HIDTA dataset

Note: Instant Arrest data not available for Montgomery County

In summary, data on the individuals who entered HIDTA-funded treatment in 2001 showed that this population, like the cohorts in previous years, was composed of repeat offenders with serious drug problems, limited education, and very little attachment to the labor force.

Without a strong intervention—such as the W/B HIDTA treatment protocol that combined coerced treatment, testing and supervision, and graduated sanctions—it is likely that these individuals would continue to commit frequent crimes to support their drug habits and/or be involved in violent acts on others.

Drug Treatment Program Assessment. The W/B HIDTA approach to drug treatment was designed to increase duration of treatment, which is considered to be the best predictor of success regardless of treatment modality (Taxman and Cronin, 2000). The continuum of care model used in the Washington/Baltimore region provided a range of treatment modalities that enabled participants to step up or step down substance abuse treatment as needed. This had the effect of increasing the overall length of participation in treatment programs. In addition, performing drug tests while offenders were in treatment helped identify those who relapsed to illegal drug use so that they could be mandated to participate in more stringent and intensive treatment activities. This study used data from the W/B HIDTA dataset to examine the duration of treatment and the use of drug testing and sanctions while offenders were in substance abuse treatment.

Duration of Treatment and Completion Rates. All of the W/B HIDTA sites divided HIDTA-funded treatment into multiple phases. Treatment usually began with intensive treatment in a residential facility, jail, or group home (Phase I) followed by subsequent treatment phases in one or more outpatient programs. Table 10 shows that 50.3% of offenders entering a W/B HIDTA-funded drug treatment program in 2001 were recorded in the HATS database as having successfully completed Phase I of treatment. This level of success is well below the 64% success rate reported for the 1997-1998 cohort and the 77% rate for the 2000 cohort. This finding may be largely the result of poor record keeping by some jurisdictions.

Table 10. Successful Completion of Phase I of Treatment

Jurisdiction	Start Phase I	Successful Completions	
		N	Percent
Alexandria	43	15	31.9%
Arlington County	73	65	90.3%
Baltimore City	366	300	82.0%
Baltimore County	34	27	75.0%
Charles County	75	8	10.7%
Fairfax County	98	5	5.1%
Howard County	53	12	22.6%
Loudoun County	22	18	81.8%
Prince George’s Co.	87	0	0.0%
Prince William Co.	36	22	61.1%
Washington, DC	127	41	32.3%
Overall	1,014	513	50.3%

Source: W/B HIDTA dataset

Notes: Data not available on success in subsequent phases. Data was not available for Montgomery County

The recorded success rate in Phase I of treatment ranged from 90.3% in Arlington County to 0.0% in Prince George’s County. Because the jurisdictions did not consistently report start and end dates and termination status for subjects in subsequent phases of treatment, it was not possible to compute estimates of the percentage who successfully completed later phases. Nor was it possible to calculate the duration of treatment for individual subjects as was done for the 2000 cohort.

Drug Testing During Treatment. Examination of data from the W/B HIDTA dataset on drug testing during treatment revealed that this information was not available in a reliable and useable format for most jurisdictions. No urine test information was reported for Baltimore City, Charles County, Prince George’s County, or Washington, DC. The records of the 359 offenders in the remaining jurisdictions showed that 196 of them (54.6%) had been tested for drugs. The rest of the records had one or more inconsistencies that made the data unusable. These included positive tests reported for periods when the offender was not in treatment, a greater number of

positive results than drug tests taken, and missing information on test dates and type of drug identified. As a result of these data problems, no analyses could be conducted on the use of drug testing with this study sample.

Use of Sanctions. There were similar problems with the data on the use of graduated sanctions to control negative behaviors such as failure to participate in treatment, positive drug tests, parole violations, and unauthorized absences. Only 381 of the 1,014 subjects in this study (27%) were reported as having engaged in one or more behaviors that would merit a sanction, and over half of these reports (150) came from just one jurisdiction, Baltimore City. Missing data made it difficult to accurately determine which sanctions were applied to a particular offense or to estimate whether sanctions were applied promptly.

However, from the data that were available on the use of sanctions, it appears that the severity of the sanctions was increased when an offender violated a second or third time. As shown in Table 11, the most commonly reported problems were failure to appear and positive urine test results. Table 12 indicates that in the first instance of these types of problems, the most common solutions were reprimands and supervisor meetings (62%), stricter treatment requirements (18%), and arrest or other criminal justice solution (10%). For subsequent infractions, the use of these sanctions changed as follows: reprimands and supervisor meetings were only used about 22% of the time, stricter treatment requirements were implemented about a third of the time, and arrest or other criminal justice solution was used about twice as often (18 - 20%).

Table 11. Behaviors Prompting Sanctions

Behavior	First (n = 381)	Second (n = 381)	Third (n = 381)
AWOL	0	0.26%	0
Arrest	0	0.26%	0
Failure to Appear	5.25%	3.93%	3.14%
Negative Behavior	2.62%	1.04%	0
Positive Urine	14.17%	7.87%	5.51%
Supervision Violation	0	0	0
Treatment/Jail Violation	6.04%	3.67%	0.52%
Rule Violation	10.23%	5.77%	0
Other	2.36%	0.78%	0.26%
None	59.31%	76.37%	90.55%
TOTAL	100%	100%	100%

Source: W/B HIDTA dataset

Notes: Treatment data not available for Montgomery, Howard and Prince George's Counties.

Table 12. Response to Behaviors

Response	First (n = 381)	Second (n = 381)	Third (n = 381)
Increase/Change Requirements	2.62%	2.09%	1.57%
Arrest/Court Action	2.36%	0.52%	0
Jail/Other CJ Prog.	0	0	0
Reprimands/Meetings	6.03%	4.98%	3.93%
Restrictions	0	0	0.52%
Treatment	2.88%	2.62%	1.83%
Transfer/Referral			
Warning	7.87%	2.09%	0
Counselor contact	0.26%	0	0.52%
Contact parole officer	6.29%	1.83%	1.31%
Other	11.54%	8.92%	0.26%
None	60.10%	76.90%	90.02%
TOTAL	100%	100%	100%

Source: W/B HIDTA dataset

Notes: Treatment data not available for Montgomery County.

Recidivism

The critical question for this study and for the W/B HIDTA program was whether offenders who participated in drug treatment committed fewer crimes, as measured by their arrest rates. The results presented in Table 13 indicate that offenders who participated in W/B

HIDTA-funded drug treatment programs in 2001 were less likely to commit crimes during a one-year follow-up period than they were in the year prior to treatment. The overall arrest rate for this cohort was reduced by almost half (47.3%). This finding is consistent with the results of the 2000 cohort study, which found a 51.3% reduction in arrests for the year following treatment.

Table 13. Number of Arrests for the 2001 Cohort a Year Before and After Treatment Enrollment

Jurisdiction	Subjects	Number of arrests in the year before Treatment Enrollment	Number of arrests in the year after Treatment Enrollment	% Change in Arrests
Alexandria	43	26	39	+50.0
Arlington County	73	68	24	-64.7
Baltimore City	366	326	240	-26.4
Baltimore County	34	29	15	-48.3
Charles County	75	129	50	-61.2
Fairfax County	98	139	50	-64.0
Howard County	53	140	31	-77.9
Loudoun County	22	7	15	+114.3
Prince George's Co.	87	140	51	-63.6
Prince William Co.	36	32	11	-65.6
Washington, DC	127	92	69	-25.0
Total	1,014	1,128	595	-47.3%

Source: NCIC arrest records

Notes: Data was not available for Montgomery County.

All sites except for two of the smaller ones, Alexandria and Loudoun County, experienced a reduction in criminal arrests. This ranged from about a 25% reduction in the urban jurisdictions of Baltimore and Washington to a 78% reduction in suburban Howard County. The two jurisdictions that experienced an increase in the number of arrests had the fewest number of arrests prior to treatment; therefore, the slight increase in arrests during the follow-up period created a large percentage gain since the base number of arrests (the denominator in the rate calculation) was so small.

A better way to understand the results for each site is to compute the average number of arrests per client per year. Table 14 shows the average number of arrests per subject before and after treatment for the eleven jurisdictions. Across all sites, there was an average of 1.1 arrests per subject in the year before treatment. This before-treatment rate is the same as was found in the previous two HIDTA cohort studies. After treatment began, the overall average number of arrests was 0.58 arrests per subject across all sites, a reduction of 0.53 arrests per subject per year.

Table 14. Average Number of Arrests Per Subject Per Year for the 2001 Cohort a Year Before and After Treatment Enrollment

Jurisdiction	Average arrests per subject in the year before Treatment Enrollment	Average arrests per subject in the year after Treatment Enrollment	Average change in arrests per subject
Alexandria	.60	.91	+.31
Arlington County	.93	.33	-.60
Baltimore City	.89	.66	-.23
Baltimore County	.85	.44	-.41
Charles County	1.72	.66	-1.06
Fairfax County	1.42	.51	-.91
Howard County	2.64	.58	-2.06
Loudoun County	.32	.68	+.36
Prince George’s Co.	1.61	.59	-1.02
Prince William Co.	.89	.31	-.58
Washington, DC	.72	.54	-.18
Average for All Sites	1.11	.58	-.53

Source: NCIC arrest records

Notes: Data was not available for Montgomery County.

Table 14 shows that the per-subject arrest rate varied greatly across sites, both before and after treatment. In the pre-treatment period, the range was from 0.32 arrests per subject in Loudoun County to 2.64 in Howard County. In the follow-up period, the range of differences is considerably smaller: from 0.31 arrests per subject in Prince William County to .91 in Alexandria. This indicates that all sites have achieved an average arrest rate following treatment that is well below the overall base rate of 1.1 arrests per subject per year.

Further examination of the arrest data in Table 14 revealed that the five jail-based programs—those in Arlington, Baltimore, Charles, Fairfax, Howard, and Prince William Counties—had the biggest changes in arrest rates. In the year before treatment, the 386 subjects in these sites had an average of 1.60 arrests each. In the follow-up year, they averaged 0.53 arrests, a 67% reduction. In contrast, the 628 subjects in the other six sites—which were primarily residential and outpatient programs—had only about half as many arrests per person in the pre-treatment year (0.82 each). After enrolling in treatment, their annual arrest rate declined to 0.62 arrests each, a 24% reduction.

These findings suggest that jail-based programs really are serving the career criminal and that they are having a significant impact on arrests in the year after treatment begins. Unfortunately, because so much program treatment information is missing in HATS, it is not possible to tell how much of the year the subjects were incarcerated.

Table 15, which summarizes the frequency of all arrest charges by type of offense before and after treatment, provides further evidence of the effectiveness of the W/B HIDTA drug treatment programs in reducing crime in the region. When arrested, a criminal is often charged with more than one crime—for example, both burglary and possession of drugs. Table 15 shows the sum of all charges brought against the 2001 cohort members when they were arrested during the study period. On average, subjects were charged with 1.76 crimes per arrest in the pre-treatment period (1,983 charges/1,128 arrests) and with 1.70 crimes per arrest in the follow-up period (1,013 charges/595 arrests).

Table 15. Frequency of Charges by Offense Before and After Treatment

Offense Type	Pre-Treatment	One-Year Follow-up	Absolute Change	Percent Change
Violent Crimes	137	93	-44	-32.1%
Property Crimes	620	201	-419	-67.6%
Public Order	102	59	-43	-42.2%
Technical	398	237	-161	-40.5%
Other	41	16	-25	-61.0%
Drug Crimes	685	407	-278	-40.6%
TOTAL	1,983	1,013	-970	-48.9%

Source: NCIC arrest records

Notes: Data was not available for Montgomery County.

Table 15 indicates that after treatment began the total number of charges per year brought against the subjects was cut nearly in half, a 48.9% reduction. Moreover, this number represents a total of 970 fewer crimes committed in the community than would have been expected without treatment. The greatest reductions were in criminal charges for property crimes including burglary, grand larceny, and auto theft, which were down by 67.6%. Drug-related and other non-violent crimes were down more than 40%. Charges for violent crimes were reduced by 32%.

V. Conclusions

The results of the study indicate that collectively the drug treatment programs funded by the W/B HIDTA are reducing drug use and crime among a group of long-term, repeat offenders. The group of individuals who entered HIDTA-funded treatment in 2001, like their cohorts in previous years, was composed of long-term criminals with an average age of around 35 years who have serious drug problems, limited education, and a weak attachment to the labor force. These are precisely the types of individuals that the drug treatment programs are designed to serve.

The pre- and post-treatment comparisons of arrest rates clearly indicate that the programs produced the desired effects within the target population. After offenders entered treatment, there was a nearly 50 percent reduction from the previous year in the number of arrests. The effect was

most pronounced for property crimes, where a 67% reduction was found. Participation in all other types of crime, including drug offenses and violent crime, were down 32- 42%. These results are consistent with the findings from previous cohort studies of this population conducted in 1997-1998 and 2000, which also found about a 50 percent reduction in arrests. The major difference this year was that arrests on drug charges was only reduced 41% for the 2001 cohort, compared to a 63% reduction for drug-related crimes among the 2000 cohort.

One finding that should be explored further in future research is the difference in success rates for jail-based treatment programs compared to residential and outpatient programs. The jail-based programs reduced arrests for participants by 67% over the first year follow-up period, compared to 24% for the other programs. It is unclear from the current data whether the jail-based programs are serving a different type of offender—their pre-treatment arrest rates, for example, were nearly double that of the other groups—or whether there may be programmatic or other factors at work that influence treatment success.

Limitations

A primary limitation of this study was with missing data. It was found that client records in the W/B HIDTA dataset were often incomplete or inconsistent. At times whole categories of data, such as employment, mode of consumption, and frequency of use, were not available for particular jurisdictions. Many of the analyses on these types of data were conducted using information for less than half of the sample (about 400 records). In these cases, it may not be possible to draw reliable conclusions about subjects in a particular jurisdiction.

Despite the amount of missing data in certain categories, it was still possible to conclude that the study results were valid when compared to information gathered in previous W/B HIDTA studies.

VI. References

- Chaiken, J.M. & Chaiken, M.R. (1990). Drugs and Predatory Crime. In M. Tonry & J.Q. Wilson (Eds.), *Drugs and Crime* (pp.203-239). Chicago, IL: The University of Chicago Press.
- DuPont, R.L. (2002). Clinical Approaches for Drug Offenders. In C.G. Leukefeld, F. Tims, & D. Farabee (Eds.), *Treatment of Drug Offenders – Policies and Issues* (pp. 57-68). New York, NY: Springer Publishing Company.
- Farabee, D., Prendergast, M., & Anglin, M.D. (1998). The effectiveness of coerced treatment for drug-abusing offenders. *Federal Probation*, 62(1), 3-10.
- Fiorentine, R., Hillhouse, M.P., & Anglin, M.D. (2002). Drug-Use Careers. In C.G. Leukefeld, F. Tims, & D. Farabee (Eds.), *Treatment of Drug Offenders – Policies and Issues* (pp. 273-282). New York, NY: Springer Publishing Company.
- Fletcher, B.W., Tims, F.M., & Brown, B.S. (1997). The Drug Abuse Treatment Outcome Study (DATOS): Treatment evaluation research in the United States. *Psychology of Addictive Behaviors*, 11, 216-229.
- Hiller, M.D., Knight, K., Broome, K.M., & Simpson, D.D. (1998). Legal pressure and treatment retention in a national sample of long-term residential programs. *American Association for Correctional Psychology*, 25(4), 463-481.
- Lurigio, A.J. (2000). Drug treatment availability and effectiveness – studies of the general and criminal justice populations. *American Association for Correctional Psychology*, 27(4), 495-528.
- Taxman, F.S. (1998). *Reducing Recidivism Through A Seamless System of Care: Components of Effective Treatment, Supervision, and Transition Services in the Community*. College Park, MD: University of Maryland, College Park.
- Taxman, F.S. & Cronin, J. (2000). *Technical Report on Treatment As Crime Control: Update on 1997 Sample and 1998 Cohort*. College Park, MD: University of Maryland, College Park.
- Tonry, M. & Wilson, J.Q. (Eds.) (1990). *Drugs and Crime*. Chicago, IL: The Chicago Press.
- White House. (2002). *National Drug Control Strategy*. Washington, D.C.: Government Printing Office.

Appendix A

Detailed Methodology

Data Sources
Coding of Arrest Data
Calculation of Arrest Rates
Missing Data

Data Sources

Data on the 2001 W/B HIDTA cohort were obtained from two primary sources. The first was an electronic dataset developed by the W/B HIDTA that contained demographic characteristics, substance abuse history, and treatment information gathered from client records. These records also included some criminal history information, such as number of arrests prior to treatment and age of first adult arrest, as reported by clients to treatment staff or derived from local police records. The jurisdictions provided much of this information to HIDTA on pre-printed forms, handwritten forms, and other paper documents rather than electronically. HIDTA staff also used client data from the HIDTA Automated Tracking System (HATS) to develop the W/B HIDTA dataset used in this study.

The second primary dataset consisted of arrest records obtained from the National Crime Information Center (NCIC). These records contained criminal histories as reported to the Federal Bureau of Investigations (FBI) for all subjects in the study, beginning with the first adult arrest through a follow-up period of one year after the subjects entered HIDTA-funded treatment. The number of arrests and type of criminal charges recorded in the NCIC records for the year just before treatment and during the one-year follow-up period constituted the critical measures of program outcome for this study.

The evaluators combined information from the W/B HIDTA dataset and the NCIC arrest records into a master data file for analysis using SPSS statistical software.

Coding of Arrest Data

NCIC arrest records were provided by the W/B HIDTA Watch Center. They were provided to the IBH staff in alphabetical order. The NCIC arrest records were also separated by Jurisdiction. The arrest records were then verified against FBI identification numbers and by client rosters, (excel spreadsheets) provided by the W/B HIDTA staff. Client's names were

checked against names listed on the roster, and further checked against social security numbers as well as date of birth. Aliases were noted. The information gathered included: the date and charge of the instant offense (the crime that led the client to be placed into HIDTA treatment); the total number of prior arrests (365 days prior to the date of admittance into HIDTA treatment); and, the total number of post arrests (365 days after the date of admittance into HIDTA treatment). The total number of arrest events for each client was calculated. It was possible to have more than one charge on an arrest date (arrest event). Charges associated to those individual arrest events were coded according to the *Crime Categories For HIDTA Evaluation* (Appendix C), and indicated in red pen.

Instant offenses were provided by each jurisdiction and were included in the W/B HIDTA dataset. The date and charge of the instant offense was noted for each client. Pre-arrests (arrest events) were highlighted in blue, and the associated charges for each arrest event were highlighted in yellow. The total number of pre-arrests was noted on the cover page of the client's NCIC arrest record in blue highlighter and blue pen. The total number of post arrests was counted from 365 days after the date of admittance into HIDTA treatment. Post-arrests (arrest events) were highlighted with green, and the charges associated with each arrest event were highlighted in yellow. The total number of post arrests was noted on the cover page of the client's NCIC arrest record sheet in green highlighter and black pen.

Discrepancies in the codes assigned were discussed and resolved and the number of discrepancies per site was counted. The date and type of offense were then entered into an Excel spreadsheet. These data were double-checked to ensure that there were no errors in data entry. These data were aggregated with no individual identifying information attached. All research data coding and analysis occurred at the W/B HIDTA office in Greenbelt, MD. No data

identifying individuals for this report ever left the HIDTA site. All data reported in this report were aggregated data only. No names were linked to any reported data.

Design of the Crime Classification chart was based on the Uniformed Crime Report and ranked by order of importance. Primary Crimes (Violent, Property, Public Order, Technical and Other) were categorized by type of offense and given a primary code. Drug crimes were given a secondary code and were grouped by type of drug crime.

Appendix C, Crime Classifications, presents the classification scheme in detail.

Calculation of Arrest Rates

The research design used a pretest/posttest comparison that evaluates the effect of treatment on reducing crime by participants. Arrest rates were compared for periods before and after onset of W/B HIDTA-funded treatment within and between sites/jurisdictions to examine effectiveness in reducing re-arrest rates overall as well as technical, violent and/or drug offenses specifically.

The method of calculating the arrest rate involved using the following formula:

$$\frac{(\text{Number of Arrests Post} - \text{Number of Arrests Prior})(100)}{\text{Number of Arrests Prior to Treatment}}$$

Calculation of the **total** % change in arrest: $-47.3\% = \frac{(595 - 1128)(100)}{1128}$

Missing Data

Examination of the data records revealed several problems regarding missing data in the HIDTA and HATS databases. Although all jurisdictions gathered and reported information on basic demographics and phases of treatment for the clients they served, the various jurisdictions did not consistently and completely report all client information to HIDTA. These areas of inconsistency included demographic information, criminal history, pre-treatment drug use pattern, and results of drug testing while in treatment. For instance, HATS and program criminal

history data were not available for the subjects from Montgomery County. Missing data in these areas created limitations on the ability to analyze data completely.

Appendix B

Data by Jurisdiction

Table B.1 Demographic Data by Jurisdiction

	Alexandria (n = 43)	Arlington County (n = 73)	Baltimore City (n = 366)	Baltimore County (n=34)	Charles County (n = 75)	Fairfax County (n=98)	Howard County (n = 53)	Loudoun County (n = 22)	Prince George's County (n = 87)	Prince William County (n = 36)	Washington DC (n = 127)
Age:											
Mean Years	35.05	36.78	36.37	32.29	35.52	34.99	31.38	32.23	29.86	30.64	38.75
Gender:											
Male	87.2%	68.1%	79.0%	64.7%	60.0%	82.7%	92.5%	77.3%	89.7%	75.0%	87.6%
Female	12.8%	31.9%	21.0%	35.3%	40.0%	17.3%	7.5%	22.7%	10.3%	25.0%	12.4%
Race:											
American Indian	0	0	0.3%	0	0	1.0%	1.9%	0	0	0	0
Asian Pacific	2.3%	0	0	0	0	0	0	0	0	0	0
African American	93.0%	65.3%	96.7%	26.5%	53.3%	52.0%	34.0%	45.5%	93.1%	41.7%	92.0
Caucasian	4.7%	34.7%	3.0%	73.5%	45.3%	46.9%	64.2%	54.5%	6.9%	58.3%	0.7
Other	0	0	0	0	1.3%	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	7.3
Education:											
Mean years	--	12.19	10.90	11.41	11.59	--	11.19	11.77	11.17	10.97	--
% Unknown	100.0%	0	0	0	0	100.0%	0	0	0	0	100.0%
Employment:											
Employed (F/T)	46.5%	0	0	20.6%	5.3%	39.8%	0	54.5%	0	44.4%	0.7%
Employed (P/T)	20.9%	0	0	0	4.0%	3.1%	0	27.3%	0	13.9%	0
Unemployed	27.9%	100.0%	0	79.4%	9.3%	57.1%	0	18.2%	0	41.7%	13.1%
Incarcerated	0	0	0	0	78.7%	0	0	0	0	0	0
Inc./Work Release	0	0	0	0	1.3%	0	0	0	0	0	0
Institutionalized	0	0	0	0	0	0	100.0%	0	0	0	0
Disabled	0	0	0	0	1.3%	0	0	0	0	0	0
Unknown	2.3%	0	100.0%	0	0	0	0	0	100.0%	0	82.5%
Other	2.3%	0	0	0	0	0	0	0	0	0	3.6%

Table B2: Offender Drug Behavior at Program Intake by Jurisdiction

	Alexandria (n =43)	Arlington County (n =73)	Baltimore City (n =366)	Baltimore County (n=34)	Charles County (n=75)	Fairfax County (n=98)	Howard County (n =53)	Loudoun County (n =22)	Prince George's County (n =87)	Prince William County (n = 36)	Washington DC (n =127)
Previous treatment:											
Yes	53.5%	27.8%	64.2%	70.6%	40.0%	85.3%	81.1%	100.0%	36.8%	88.9%	5.1%
No	46.5%	72.2%	35.8%	29.4%	60.0%	14.7%	18.9%	0	63.2%	11.1%	69.3%
Unknown	0	0	0	0	0	0	0	0	0	0	25.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Drug of Choice:*											
Alcohol	9.3%	16.7%	0	2.9%	49.3%	2.0%	11.3%	0	0	0	2.2%
Crack/cocaine	46.5%	27.8%	11.7%	14.7%	32.0%	41.2%	24.5%	54.5%	42.5%	33.3%	4.4%
Heroin	9.3%	20.8%	69.9%	76.5%	5.3%	8.8%	34.0%	4.5%	4.6%	13.9%	5.8%
Marijuana/Hash	32.6%	9.7%	17.5%	5.9%	10.7%	20.6%	28.3%	27.3%	39.1%	41.7%	1.5%
PCP	0	2.8%	0	0	1.3%	1.0%	0	4.5%	13.8%	2.8%	1.5%
Other	0	22.2%	0.5%	0	1.3%	26.5%	1.9%	9.1%	0	5.6%	0
Unknown	2.3	0	0.3%	0	0	0	0	0	0	2.8%	84.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Mode of consumption:											
Injection	2.3%	18.1%	26.5%	55.9%	4.0%	23.5%	18.9%	4.5%	0	11.1%	1.5%
Smoking	74.4%	40.3%	28.1%	17.6%	41.3%	63.7%	49.1%	81.8%	0	80.6%	2.2%
Oral	9.3%	19.4%	0.3%	2.9%	52.0%	8.8%	13.2%	9.1%	0	0	2.2%
Inhalation	11.6%	4.2%	45.1%	23.5%	2.7%	3.9%	18.9%	4.5%	0	2.8%	0
Other	0	18.1%	0	0	0	0	0	0	0	2.8%	5.1%
Unknown	2.3%	0	0	0	0	0	0	0	100.0%	0	89.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Frequency of use:											
Daily	18.6%	87.5%	0	79.4%	4.0%	72.5%	0	90.9%	0	36.1%	4.4%
3-6x week	4.7%	11.1%	0	17.6%	8.0%	3.9%	0	0	0	41.7%	0
2-3x week	0	0	0	0	0	6.9%	0	0	0	0	0
1-2x week	16.3%	1.4%	0	2.9%	6.7%	16.7%	0	9.1%	0	22.2%	0
1-3x monthly²⁰²	20.9%	0	0	0	16.0%	0	0	0	0	0	0
None in past month	37.2%	0	0	0	65.3%	0	100.0%	0	0	0	9.5%
Other	0	0	0	0	0	0	0	0	0	0	0
Unknown	2.3%	0	100.0%	0	0	0	0	0	100.0%	0	86.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Drug use data not available for Charles and Montgomery Counties. *all drug type categories include combinations of other drugs listed with the primary drug. Crack/cocaine includes crack/cocaine, crack/cocaine and marijuana/hash; crack/cocaine, marijuana/hash, and PCP, crack/cocaine and PCP. Heroin includes heroin, heroin and crack/cocaine; heroin, crack/cocaine, and marijuana/hash; heroin, crack/cocaine, marijuana/hash and PCP; heroin and marijuana/hash. Marijuana/hash includes marijuana/hash, and marijuana/hash and PCP. Other includes benzodiazepines, other amphetamines, other hallucinogens, other opiates, and other.

Appendix C

Crime Categories For HIDTA Evaluation

*Based on the Uniformed Crime Report.
Ranked by order of importance.*

VIOLENT *Primary Code = 1*

<i>Primary Crimes</i>	<i>Primary Code Number</i>	<i>Secondary Code Number</i>
Assault	1	.01
A & B	1	.02
Domestic Assault	1	.03
Aggravated Stalking	1	.04
Sexual Assault or Battery (Rape)	1	.05
Robbery	1	.06
Cruelty to Children	1	.07
Elderly Abuse	1	.08
Extortion	1	.09
Hate Motivated Crime	1	.10
Lascivious Conduct	1	.11
L & L with Child	1	.12
Kidnap	1	.13
Murder	1	.14
Malicious Wounding	1	.15
Manslaughter	1	.16
Sodomy	1	.17
Stalking	1	.18
Failure to Register as SO	1	.19
Sex Offense 3 rd Degree	1	.20
Sex Offense 4 th Degree	1	.21
Attempted Murder	1	.22

PROPERTY *Primary Code = 2*

<i>Primary Crimes</i>	<i>Primary Code Number</i>	<i>Secondary Code Number</i>
Arson	2	.01
Burglary	2	.02
Commerce	2	.03
Concealed Merchandise	2	.04
Criminal Mischief	2	.05
Destruction of Property	2	.06
Fraud/Forgery	2	.07
Fail to Perform	2	.08
Fake ID	2	.09
Obtain \$ False Pretenses	2	.10
Bad Check	2	.11
Embezzlement	2	.12
Environmental Offense	2	.13
Counterfeiting	2	.14
Larceny	2	.15
Income Tax Violation	2	.16
License/Business Violation	2	.17
Shoplifting	2	.18
Stolen Property	2	.19
Theft	2	.20
Trespass	2	.21
UUMV	2	.22
Unlawful Mischief	2	.23
Welfare Fraud	2	.24

Entering Property w/ Intent to Damage	2	.25
Breaking & Entering	2	.26
Failure to Return Property	2	.27
Tampering with Vehicle	2	.28
Alteration of Serial #'s	2	.29

DRUG CRIMES *Primary Code = 0*
Any Crime Above in Addition to Any Drug Crime Below

<i>Drugs</i>	<i>Primary Code Number</i>	<i>Code Number</i>
Distribution (Selling) (Manufacturing)	0	.001
Misc. Drug	0	.002
Possession	0	.003
PWID	0	.004
PWIU	0	.005
Trafficking	0	.006
Transporting	0	.007
Use	0	.008
Conspiracy to Distribute	0	.009

PUBLIC ORDER *Primary Code = 3*

<i>Primary Crimes</i>	<i>Primary Code Number</i>	<i>Secondary Code Number</i>
Cruelty to Animals	3	.01
Cont. to Delinquency Of Minor	3	.02
Disorderly Conduct	3	.03
Dist. Peace	3	.04
DWI/DUI	3	.05
Driving without License	3	.06
Election Violation	3	.07
Explosives	3	.08
False Alarms	3	.09
Fish and Game Violation	3	.10
Gambling	3	.11
Graffiti	3	.12
Handicap Pkg. Violation	3	.13
Harassment	3	.14
Illegal Dumping	3	.15
Lewdness	3	.16
Loose Animal	3	.17
Municipal Ordinance	3	.18
L.E. Obstruction (Fail to obey Law Officer)	3	.19
Resisting Arrest	3	.20
False Info to Police	3	.21
Pornography	3	.22
Prostitution	3	.23
Reckless Endangering	3	.24
Stalking	3	.25
Statutory Rape	3	.26
Threats	3	.27
Truancy	3	.28
Weapon Offenses	3	.29

Possession of Open Container	3	.30
Other Traffic Charge	3	.31
Profane, Threatening Language over Public Airways	3	.32
Indecent Exposure	3	.33
Hit & Run	3	.34
Carjacking	3	.35
Public Drunkenness	3	.36
No Permit	3	.37
Uttering	3	.38
Unlawful Use of Livestock	3	.39

TECHNICAL *Primary Code = 4*

<i>Primary Crimes</i>	<i>Primary Code Number</i>	<i>Secondary Code Number</i>
Bribery	4	.01
Fail. To Pay Child Support	4	.02
Contempt	4	.03
Custodial Interference	4	.04
Deportation Proceedings	4	.05
Escape	4	.06
FTA	4	.07
Fugitive from Justice	4	.08
Health Regulations	4	.09
Perjury	4	.10
Revocation of Suspended Sentence	4	.11
Summons	4	.12
Temp. Rest. Order Violation	4	.13
Violation of Abuse Prevention Order	4	.14
Violations of Conditions of Release	4	.15
VOP	4	.16
Bench Warrant	4	.17
Felon in Possession	4	.18
Operating after Suspension	4	.19
False Imprisonment	4	.20
Violate Protective Order	4	.21
CTC Failure	4	.22

OTHER *Primary Code = 5*

<i>Primary Crimes</i>	<i>Primary Code Number</i>	<i>Secondary Code Number</i>
Accessory	5	.01
Attempts	5	.02
Blocking Traffic	5	.03
Conspiracy	5	.04
Habitual Offender	5	.05
Possession of Cellular Phone	5	.06
Contribute to Cond of Bail/Bond Hearing	5	.07
Credit Card Lost/retain	5	.08
Bail Reform Act	5	.09
Possession of Burglary Tools	5	.10
Unregistered Auto	5	.11
Destruction of Evidence	5	.12
Fail DAP	5	.13

Carnal Knowledge	5	.14
Sale for profit/other	5	.15
Other Offenses	5	.16

Coding Explanation and Examples

*This summation formula can be done with MS Excel

<i>Primary Code</i>	<i>Secondary Code</i>	<i>Drug Code</i>	<i>Total</i>
1	.01	.003	1.013
2	.18	.007	2.187

1.013 Violent / Assault / Possession
2.187 Property / Shoplifting / Transporting

Appendix D

Arrest Data by Jurisdiction

Table D1. Total Arrests (Primary Crimes & Total Drug Crimes) per Jurisdiction (Percents)

Jurisdiction	Alexandria	Arlington County	Baltimore City	Baltimore County	Charles County	Fairfax County	Howard County	Loudoun County	Prince George's County	Prince William County	Washington DC
Instant Arrests	(n =43)	(n =73)	(n =366)	(n=34)	(n=75)	(n=98)	(n =53)	(n =22)	(n =87)	(n = 36)	(n =127)
Violent Crimes	9.3	4.1	1.1	8.8	9.3	7.1	11.3	0	13.8	16.7	12.6
Property Crimes	9.3	49.3	1.1	41.2	16	38.8	37.7	0	12.6	30.6	5.5
Public Order	2.3	1.4	0.3	2.9	13.3	6.1	3.8	0	1.1	5.6	3.9
Technical	2.3	0	0.3	5.9	0	4.1	15.1	77.3	8.0	2.8	1.6
Other	39.5	6.8	0.3	0	0	8.2	0	0	0	2.8	3.9
Drug Crimes (all)	37.2	38.4	14.5	26.5	14.7	28.6	30.2	22.7	64.4	41.7	21.3
Unknown	0	0	82.5	14.7	46.7	7.1	1.9	0	0	0	51.2
Pre	(n= 45)	(n= 136)	(n=326)	(n= 75)	(n=282)	(n= 139)	(n=140)	(n =7)	(n=274)	(n= 47)	(n= 92)
Violent Crimes	2.2	3.7	2.5	1.3	8.9	7.3	12.7	0	8.8	10.6	17.5
Property Crimes	35.6	43.4	9.2	54.7	45.7	48.3	45.9	42.9	18.6	48.9	22.7
Public Order	2.2	5.1	1.5	1.3	8.9	7.8	5.7	14.3	8.8	2.1	4.1
Technical	22.2	22.1	23.6	8.0	17.7	22.3	19.7	14.3	19.0	10.6	18.6
Other	0	4.4	1.7	1.3	1.8	2.9	.8	0	2.9	2.1	2.1
Drug Crimes (all)	37.8	21.3	61.5	33.3	17.0	13.4	15.2	28.6	42.0	25.5	35.1
Post	(n=53)	(n= 52)	(n=240)	(n= 43)	(n=80)	(n= 50)	(n= 31)	(n=16)	(n=92)	(n=12)	(n= 69)
Violent Crimes	7.5	5.8	5.9	14.0	13.8	5.6	9.1	6.3	19.6	16.7	16.4
Property Crimes	24.5	28.8	9.5	41.9	37.5	38.0	56.8	25	12.0	25	13.7
Public Order	7.5	13.5	2.1	2.3	15.0	9.9	0	6.3	15.2	0	4.1
Technical	41.5	13.5	20.0	9.3	21.3	35.2	20.5	56.3	27.2	33.3	27.4
Other	5.7	7.7	.2	2.3	5.0	0	0	6.3	1.1	0	1.4
Drug Crimes (all)	13.2	30.8	62.3	30.2	7.5	11.3	13.6	0	25.0	25	3.7

Table D2. Instant Offense Drug Crimes Only (Percents)

Jurisdiction	Alexandria	Arlington County	Baltimore City	Baltimore County	Charles County	Fairfax County	Howard County	Loudoun County	Prince George's County	Prince William County	Washington DC
Distribution (Selling Manufacturing)	64.7	21.4	15.1	22.2	27.3	21.4	25	0	32.1	13.3	48.1
Miscellaneous Drugs	5.9	60.7	15.1	0	9.1	7.1	0	0	0	20.0	0
Possession	29.4	17.9	24.5	77.8	45.5	57.1	68.8	80	46.4	60.0	48.1
PWID	0	0	43.4	0	18.2	14.3	6.3	20	21.4	6.7	3.7
PWIU	0	0	0	0	0	0	0	0	0	0	0
Trafficking	0	0	0	0	0	0	0	0	0	0	0
Transporting	0	0	1.9	0	0	0	0	0	0	0	0
Use	0	0	0	0	0	0	0	0	0	0	0
Conspiracy to Distribute	0	0	0	0	0	0	0	0	0	0	0

Table D3. Pre Offense Drug Crimes Only (Percents)

Jurisdiction	Alexandria	Arlington County	Baltimore City	Baltimore County	Charles County	Fairfax County	Howard County	Loudoun County	Prince George's County	Prince William County	Washington DC
Distribution (Selling Manufacturing)	8.9	4.4	10.0	1.3	3.9	1.7			7.7	8.3	26.5
Miscellaneous Drugs	0	2.9	2.3	9.3	3.5	.4	4.5	0	2.9	0	5.9
Possession	15.6	11.8	12.3	22.7	11.3	8.4	9.0	100	17.5	83.3	38.2
PWID	0	2.2	21.7	0	.7	0	1.6	0	16.1	8.3	29.4
PWIU	0	0	0	0	0	0	0	0	0	0	0
Trafficking	2.2	0	0	0	0	2.1	0	0	.4	0	0
Transporting	0	0	0	0	0	0	0	0	0	0	0
Use	0	0	0	0	0	0	0	0	0	0	0
Conspiracy to Distribute	0	0	3.4	0	.4	0	0	0	.8	0	0

Table D4. Post Offense Drug Crimes Only (Percents)

Jurisdiction	Alexandria	Arlington County	Baltimore City	Baltimore County	Charles County	Fairfax County	Howard County	Loudoun County	Prince George's County	Prince William County	Washington DC
Distribution (Selling Manufacturing)	5.7	0	9.9	2.3	2.5	5.6	0	0	6.5	0	14.8
Miscellaneous Drugs	0	0	.8	14.0	1.3	.	0	0	2.2	0	11.1
Possession	13.2	3.8	16.6	14.0	3.8	7.0	13.6	0	12.0	100	22.2
PWID	1.9	3.8	11.4	0	2.5	0	0	0	5.4	0	44.4
PWIU	0	0	0	0	0	0	0	0	0	0	0
Trafficking	0	0	0	0	0	0	0	0	0	0	0
Transporting	0	0	0	0	0	0	0	0	0	0	0
Use	0	0	0	0	0	0	0	0	0	0	7.4
Conspiracy to Distribute	0	0	.4	0	0	0	0	0	0	0	0