

HIDTA Technical Report 1997

RESEARCH RESULTS

The HIDTA protocol was designed for hardcore substance abusing offenders who are likely to be in the community. The sample for this study consists of offenders that entered the HIDTA treatment protocol after January, 1997. A comparison of the offender characteristics reveals a relatively homogeneous population of offenders across twelve jurisdictions regardless of whether the offender resides in a rural or urban jurisdiction in Maryland or Virginia, or in the urban areas of Baltimore City, MD, Washington, DC, or Alexandria City, VA.

The evaluation of the program in each jurisdiction has shown the effectiveness of the seamless system. The average HIDTA client has 10 prior arrests and 5 prior convictions, is male, and is 28 to 33 years old. Over 40 percent self report daily drug use. On average, 20 percent of the offenders are re-arrested in a six month period prior to participating in the HIDTA treatment. Yet, with HIDTA, only 11 percent were re-arrested after involvement in treatment (or release from jail), which is a 50 percent reduction in probability of re-arrest. Re-arrest rates were gathered by monitoring clients with at least 6 months in the community who had also been placed in treatment programs. Table 1, below, shows the results of offenders involved in HIDTA treatment for a six month period of time.

Table 1

Comparison Of Base Rate With HIDTA Treatment Experiment
(6 Month Follow-Up)
(1997 Sample)

SITE	BASE RATE		
	Prior to HIDTA	After HIDTA	% Difference
Alexandria City	27%	8%	-72%
Arlington County	23%	3%	-74%
Fairfax/Falls Church	43%	17%	-60%
Loudoun	24%	5%	-79%
Prince William	49%	11%	-79%
District of Columbia	13%	9%	-31%
Baltimore City	22%	5%	-77%
Baltimore County	32%	3%	-91%
Charles	41%	9%	-78%
Howard	35%	11%	-68%
Montgomery	19%	0%	-100%
Prince George's	19%	6%	-68%
Overall	22%	11.1%	-50%

Base Rate reflects the pre-HIDTA arrest rate. The base rate indicates the percentage of offenders arrested during a six month period based on the pre-HIDTA involvement.

HIDTA reflects the rearrest rate within a six month period of time after involvement in treatment and in the community.

Table 2**How Did the Client Do in HIDTA Treatment?**

SITE	% Complete Phase 1 or Still Active	% Continuum of Care	Mean Length of Stay In Tx
Alexandria City	64	52	168
Arlington County	88	48	270
Fairfax/Falls Church	88	78	158
Loudoun	72	65	197
Prince William	64	67	315
District of Columbia	86	77	87
Baltimore City	80	55	122
Baltimore County	86	82	131
Charles	88	90	189
Howard	81	80	269
Montgomery	78	55	193
Prince George's	69	45	126
Overall	81	65	146

The Seamless system works to keep clients in Treatment, which has been known to improve outcomes and reduce criminal behavior.

Table 3:**Characteristics of the 1997 HIDTA Sample****Demographic Characteristics**

Mean Age	33.8 yrs
% Male	74
% African American	70
% Caucasian	16
% Employed at Time of Rest	21.2

Criminal History Characteristics

Mean Number of Adults Arrests	10
Mean Number of Convictions	4.8
Instant Arrest Offense	
% Property Crime	15.8
% CDS Possession	18.7
% PWID CDS	15.1
% CDS Distribution	9.7
% VOP	9.3
% Assault/Battery	3.5

Instant Offense: The majority of offenders are involved in the seamless system as a result of a drug charge. Nearly 45 percent had a drug charge with half of the charges for possession with intent to distribute or distribution. Most of the offenders are low-level dealers who support their addiction habit through some type of drug dealing. Some of the offenders are involved in HIDTA as a result of prior failure on probation (10 percent for VOP).

Legal Status: In this sample, 54.2 percent of the samples are on probation status, 37.8 percent are on parole, and the remaining is involved in pretrial release. The District of Columbia is the only jurisdictions where the offenders are on pretrial status; however, at the conclusion of the pretrial status there are sentenced to probation.

Substance Abuse: The primary drug of choice for the offender population is crack/cocaine except in Baltimore City, Maryland where heroin is the predominate drug of choice. Nearly 42 percent self-report daily or multiple times a day use of drugs. As expected, the using habits of these offenders reflect a dependency on drugs and impairment in everyday functioning. Their preferred mode of use is oral intake.

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The following results are based on the 1998 cohort of offenders who entered HIDTA treatment in calendar year 1998. (It should be anted that this cohort is influenced and funded through two HIDTA grant years, fiscal year 1998, (January through December 1998) and Calendar year 1999 (January through December 1999).

This cohort of offenders also averaged 10 prior arrests and five prior convictions, was made and is 32 to 37 years old. 42 percent self report daily or multiple times a day use of drugs.

In this sample, the average rearrest rate for a new offense was 16 percent although there was significant variation across the region, ranging from 6 to 32 percent.

Table 4: Comparison of Actual Rearrest Rate at 6 and 12 Month Follow-Up Periods

SITE	6 Month Arrest for New Crime	12 Month Arrest for New Crime
Alexandria City	8%	16%
Arlington County	3%	16%
Fairfax/Falls Church	17%	32%
Loudoun	5%	10%
Prince William	11%	24%
District of Columbia	10%	22%
Baltimore City	5%	13%

Baltimore County	3%	30%
Charles	9%	20%
Howard	11%	**
Montgomery	0%	6%
Prince George's	6%	11%
Overall	11%	16%

** Due to FBI records, no records were provided in this sample. The records are on order.

Offenders who are rearrested tend to be arrested for drug offenses including possession and distribution with intent to distribution. Other common rearrest offenses are property crimes (e.g. theft, larceny, and shoplifting), robbery, assault and technical violations.

Table 5 below illustrates that the average rearrest rate was 16 percent, compared to the expected 52 percent rearrest rate. This is a 70 percent reduction from the base rate. This is critically important because it illustrates that the HIDTA intervention affected the pattern of frequency of the offender offending in the different jurisdictions. It also illustrates that sustained effects of HIDTA initiative, supporting the strength and utility of the HIDTA approach. It also illustrates the importance of treatment duration. The average offender is reported to have participated in 208 days of treatment or over six months in treatment; this is consistent with researchers that suggest longer duration in treatment as a tool to reduce criminal behavior and substance abuse.

Table 5: Comparison of Base Rate with Participation in the W/B HIDTA Protocol*

SITE	Base Rate (Prior to HIDTA Treatment)	Rate After HIDTA Treatment	Recidivism Reduction
Alexandria City	47%	16%	-67%
Arlington County	55%	16%	-55%
Fairfax/Falls Church	50%	32%	-33%
Loudoun	50%	10%	-80%
Prince William	65%	24%	-63%
District of Columbia	40%	22%	45%
Baltimore City	60%	13%	-78%
Baltimore County	62%	30%	-52%
Charles	71%	20%	-72%
Howard	33%	**	**
Montgomery	60%	6%	-90%
Prince George's	49%	11%	77%
Overall	53%	16%	-70%

* Records were only received for 1,027 offenders due to Y2K issues at the FBI, with the exception of Howard County, each other site had a representative sample of offenders.

Table 5 illustrates key performance measures regarding the treatment component of the program. Since each jurisdiction has a different planned treatment continuum, the patterns of length of stay vary differently. It should be noted that the completion rates for the first phase of treatment are higher than those reported in DATOS where 40 percent of the clients completed similar types of treatment (Simpson, et al 1997). The average successful completion rate is 64 percent that is better than expected based on treatment literature. Comparing this cohort to the 1997 sample, we found similar results—high completion rate and continuum of care rates.

The HIDTA approach, which involves focuses on treatment duration also, retains the average offender in treatment longer than expected based on the industry norms. That is, the average outpatient program is generally 90 to 120 days. As shown in Table 5, the HIDTA protocol has served to increase the retention in treatment with an average of 208 days on treatment.

Table 6: Treatment Duration& Completion of First Phase of Treatment

SITE	% Still Active	% Complete	% Successfully Complete*	Mean Length Stay in Treatment
Alexandria City	55	45	54	232
Arlington County	53	47	72	215
Fairfax/Falls Church	58	42	70	218
Loudoun	28	72	60	172
Prince William	62	38	63	265
District of Columbia	58	42	64	213
Baltimore City	54	46	61	195
Baltimore County	62	38	66	244
Charles	52	48	62	211
Howard	56	44	50	199
Montgomery	53	47	55	259
Prince George's	47	53	74	188
Overall	55	45	64	208

* Note that successful completion refers to the completion of the expected duration of treatment. Often criminal justice clients, due to their status, may not complete due to change in legal status, movement across the legal spectrum, etc. Many offenders transition into other levels of service regardless of whether they complete the duration of a particular time frame in a given program. This varies depending on the jurisdictions and continuum of care available in that jurisdiction.

The HIDTA protocol has two main features that impact the duration in treatment. First, the protocol is designed to step up or down treatment based on progress. Even through an offender may not complete the expected duration of the treatment. The protocol overall serves to assist with transitioning issues. This is critical in adjusting the treatment protocol to the offender's progress as well as the offender's legal status. For offenders in jail, often release is discretionary and may not correspond with the completion of the treatment program. In the community, often offenders

will be required to attend treatment in jail or a special residential facility. These decisions may not consider the participation in the treatment program. Second, the issue regarding duration is that the continuum concept is designed to increase overall length of participation in the treatment programs for the benefit of stabilizing the offender and addressing recovery issues. Treatment duration is considered to be past predictor of success-regardless of modality of program. The protocol works to maximize access to services.

Drug Testing of Offenders

The HIDTA protocol targets the criminally active substance abuser under the control of the criminal justice system. The protocol involves drug testing the offender while the offender is actively involved in treatment. Drug testing provides an objective measure of whether the offender is continuing to abuse drugs while involved in treatment.

Table 7: Drug Testing Protocol (1998)

Drug Testing Frequency SITES	
Random	Arlington County, VA Alexandria City, VA
3 Times Per Month	Fairfax/Falls Church, VA Howard County, MD
Weekly	Baltimore County, MD Prince William County, VA Loudoun County, VA
Twice Per Week	Montgomery County, MD Prince George's County, MD Charles County, MD Baltimore City, MD

At intake to treatment, approximately 65 percent of the offenders do not test positive for illicit drugs (does not include alcohol). This is primarily due to the fact that the offenders are under legal control that serves to suppress their use of illicit drugs. Of the 35 percent that test positive for an illicit substance, the drugs of choice in the HIDTA region based on drug test results are: cocaine/crack (11 percent), marijuana (6 percent), and heroin (5 percent). It should be noted that these drugs of choice are slightly different than the self-reported drug of choice where the addicts tend to emphasize their use of cocaine/crack, heroin, and then marijuana.

Table 8: Drug Testing Results for Various Jurisdictions

SITE	Average % Positive During Treatment	Average Number of Days Between Testing
Alexandria City	.18	20
Arlington County	.20	13
Fairfax/Falls Church	.19	46

Loudoun	.20	21
Prince William	.13	14
District of Columbia	.21	29
Baltimore City	.22	49
Baltimore County	.25	32
Charles	.07	70
Howard	.15	63
Montgomery	.15	**
Prince George's	.05	26
Overall	.18	37

** Data were not available for Montgomery County in terms of number of days between testing.

Overall, the HIDTA sites are experiencing low rates of testing positive during the treatment period. The test positives can be for any illicit drug (e.g. marijuana, cocaine/crack, etc.). In fact, the drug of choice during treatment tends to be marijuana.

Table 8 also illustrates the impact of the funding for testing on the frequency of testing. Most of the jurisdictions were unable to maintain their projected testing protocol due to the changes in the availability of funds for drug testing. The impact is felt on the average percentage of offenders that test positive during the treatment regime. Research has shown that a more constant and consistent pattern of testing offenders results in the reduced test positive rates.

Overall the testing illustrates that treatment contributes to a significant reduction in the test positive rate. The estimate of offenders testing positive at intake is 35 percent. These results illustrate that treatment contributes to 49 percent decline in the test positive rate-from 35 to 18 percent. It should also be noted that many offenders are more likely to continue to test positive for marijuana than other illicit drugs such as cocaine and heroin. The change in drug of choice also contributes to reduced non-drug use criminal behavior because the literature is less clear about the marijuana-crime nexus (as compared to the cocaine/crack/heroin nexus).

Conclusions

The research examining the impact of treatment on rearrest rates for a hard core cohort of substance abusing offenders, has found that offenders participating in the HIDTA protocol have a high rate of offending with 52 percent expected to be rearrested in a 12-month period. The average offender has 10 prior arrests and nearly 5 prior convictions, which is indicative of their substance-abusing behavior. The majority of the offenders are arrested for drug related charges or property crimes, again attesting to their involvement in criminal activity to support their habits. For most of these offenders, the involvement in crime is for over a decade.

The key question is does treatment reduce rearrest rate among hard-core offenders? Based on this research and those of others (Simpson, et al, 1997; Anglin & Hser,

1990; Lipton , 1995; Inciardi, et al, 1996), the research supports the use of treatment as a crime control and containment policy. The main finding that the treatment intervention affected the offending frequency rate of the offenders with a 70 percent reduction adds to a growing body of literature about the effectiveness of treatment. Treatment affects the rate of offending for the hard-core substance abusing population that participates in the W/B HIDTA treatment protocol. The reduced consumption of drugs, as evidenced by a nearly 50 percent reduction in drug test positive rate, adds to further support of the efficacy of the coerced treatment model as a crime control technique.

The contribution of the W/B HIDTA project is that these results are based on the implementation of systematic case management approaches in the various jurisdictions. Providing quality treatment is important, particularly using the more effective models such as cognitive behavior models, relapse prevention, and skill development. However, the needed systemic processes are needed to ensure that the treatment is reinforced by the supporting such as the supervision agencies, the Judiciary, prosecutors, and defenders. The systemic case management model, referred to as seamless system, operationalizes the coerced treatment model. The ability to achieve these results is based on the nature of the treatment services provided and the integration with the criminal justice system to achieve a coerced treatment model. The critical components include assessment, placement criteria to place the offender in the appropriate treatment program, transition to another level of care based on progress, drug testing, and the use of responses to non-compliance with treatment conditions. The end result is increased duration in treatment, for an average of 208 days.