

**DRAFT**  
**Metropolitan Detention Center (MDC) DWI Addiction Treatment Programs (ATP)**  
**Outcome Study Final Report UPDATED**

**Prepared for:**  
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**July 2005**

## **Introduction and Background**

The primary purpose of the DWI Addiction Treatment Programs (ATP) at the Bernalillo County Metropolitan Detention Center (MDC) is to reduce the incidence of DWI in the county by providing quality addiction treatment to DWI offenders in the Jail. The program provides addiction treatment in the MDC and is based upon the disease concept of addiction and the treatment focuses on abstinence from all mood or mind-altering chemicals, including alcohol and narcotics. Program participants include males and females and consist of 128 beds for men and 64 beds for women. Services include AA/NA in-house meetings, Moral Reconciliation Therapy (MRT), relapse prevention, DWI education for multiple offenders, gender specific issues, and HIV/AIDS/STD's education groups. Additionally, the ATP is beginning to provide transition services for individuals who release from the Jail back to the community.

In July 2003 the MDC DWI Addiction Treatment Programs through the City of Albuquerque contracted with the ISR to evaluate the program by reviewing and analyzing the client satisfaction surveys and by conducting an outcome study. Additionally, we agreed to provide some technical assistance for the program's database. A final report was provided to the program in June 2004. **This report is a follow-up to that report and primarily extends the length of time available to measure recidivism for an additional 12 months. This is done by attaching an additional 12 months of Jail booking information to the dataset constructed and used to complete the first study and report.**

Because we are primarily extending the previous study by including additional booking information for an additional period of time many of the tables are replicated from the first report (tables 1-11). This is done for the benefit of the reader, many of whom may not have read or have access to the original report.

Prior research has shown that substance abuse treatment can be effective in reducing recidivism through addressing the substance abuse problems of DWI offenders. This study takes a further look at the effectiveness of this jail-based 28-day social model treatment program for DWI offenders in the Bernalillo County Metropolitan Detention Center (MDC) by extending the period of time for measuring recidivism defined as a new booking.

This is done by comparing new bookings in the MDC of clients who completed the program with a matched comparison group of eligible individuals who for whatever reason did not enter the program. It is beyond the scope of this study to report on the issue of relapse and improvements in social indicators (e.g. employment and living arrangements).

A new booking is measured from the date of the booking that got them in the treatment program for the treatment group and from the booking date that got them into the comparison group. This allows us to report any new bookings for individuals post treatment.

The goal in conducting this updated outcome study is to add to the previous report and more completely understand the effectiveness of the DWI Addiction Treatment Programs in reducing the incidence of crime as measured by new bookings into the Bernalillo County Metropolitan Detention Center (MDC) for study group participants after they were discharged from treatment and whether they were successful or not.

This type of study is useful for a number of reasons. First, knowledge involving client success and a program can be used in an interactive manner to create a self-correcting system and to improve programs. Second, both funding sources and service providers have a vested interest in utilizing scarce resources in the most effective manner. Programs that are effective in reducing drinking and driving and future contact with the criminal justice system should be replicated. Third, outcome evaluation findings, if valid and reliable, can be used to make programs more useful to the target population.

The remainder of this report contains a brief review of the research design that focuses on how the study was conducted and a brief discussion of the data, a data analysis and discussion section and last a conclusion and recommendations section.

### **Research Design**

This study includes a sample of ATP clients between April 2002 and December 2002 who were clients and according to the program successfully completed the program. Our sample included 621 clients who entered and exited the program.

Based on available data, we attempted to match the ATP clients who completed the program to a similar group of inmates in the Jail who did not enter the program. In principle, we wanted a sample of Jail inmates who were similar in terms of the number of previous bookings into the Jail, their current offense that got them into the Jail, age, race/ethnicity, and gender that were in the Jail during the same time of the ATP clients. In other words, we wanted a comparison group of people who were otherwise eligible for ATP but for whatever reason did not participate in the program.

The comparison group was gathered using the Jail's information system. Because of the complexity associated with trying to match the large number of ATP clients individually or one-to-one we completed an aggregate match. This means we matched by category. For example, we calculated the number of ATP clients who had 1-4 previous bookings, whose current charge was a misdemeanor, who were between 25-29 years of age, who were male and who were Hispanic and then matched them to a group of Jail inmates during the same time period who were similar based upon the listed criteria. We could not have matched on a one-to-one basis because of the time and cost associated with doing it that way. Additionally, the method we used is not uncommon in situations like the one we faced. The disadvantage is the fact the match is not as precise. As you will see in the next section the match turned out to be fairly accurate.

The following criteria were used in the selection of the comparison group. All comparison group members:

- Were matched to Jail inmates who entered the Jail between April 2002 and December 2002.
- Were matched to the ATP clients by gender, age group, race/ethnicity, referring offense, and number of prior bookings in the Jail.

Very importantly, we were not able to match clients on their substance abuse problem. This occurs because the Jail does not routinely collect information on substance use by all arrestees. While this is true we do know, through the use of federal Arrestee Drug Abuse Monitoring (ADAM) program data, that approximately 70% of all arrestees in the Jail test positive for drug use. This means that some members of the comparison group do not have a substance abuse problem and so don't match on drug use. When possible, we attempted to include as similar a client as possible, although this was not always possible. This process of matching clients greatly improves the reliability of the data and hence the findings.

Once the comparison group was chosen, we matched them to any new bookings subsequent to the offense that got them into the Jail and into this study. The next section contains two parts. First, is a brief description of the ATP group that uses information that is recorded in the database maintained by program staff. This is followed by the analysis and discussion of the ATP group and comparison group.

## Data Analysis and Discussion

### DWI Addiction Treatment Programs

This section briefly describes the ATP sample using information that is contained within the ATP's database and is not collected by the Jail's information system. The sample included both individuals who successfully completed the program and individuals who did not successfully complete the program.

As noted earlier tables 1 –11 are replicated from the previous report. This is done to provide the reader context for the remainder of the report.

Table 1 – DWI Addiction Treatment Programs Completion		
	N	%
Yes	475	78.4
No	131	21.6

missing – 2

Slightly more than 75% of the ATP sample successfully completed the program.

Table 2 – Discharge Status		
	N	%
Successful Discharge	465	78.5
Administrative Discharge	32	5.4
Out of Jail	78	13.2
Other	17	2.9

missing – 16

This table further describes the discharge status of the ATP sample. Ten of those who show in the previous table as having completed successfully in this table show as administrative discharge.

Table 3 – Average Age	
	ATP
Average Age	35.7

On average study group members were almost 36 years old. The youngest person in the study was 20 years old and the oldest member was 67 years old.

Table 4 – Gender		
Gender	N	%
Male	432	71.1
Female	176	28.9

The majority of individuals were male. Almost 30% of the study group members were female.

Table 5 – Race/Ethnicity		
Race/Ethnicity	N	%
Anglo	126	20.7
Hispanic	339	55.7
American Indian	105	17.3
African American	33	5.4
Other	5	0.9

More than 50% of the individuals self identified as Hispanic, followed by Anglos (20.7%), American Indians (17.3%), African Americans (5.4%), and others (0.0%). The other groups consisted of an individual who identified as Asian and individuals who identified as multi-racial.

Table 6 – Marital Status		
	Frequency	Percent
Divorced	89	15.6
Married	133	23.3
Separated	51	8.9
Single	287	50.2
Widowed	12	2.0

missing - 37

The largest number of individuals was single, followed by those who were married and divorced.

Table 7 – Living Arrangements		
	Frequency	Percent
Alone	107	19.3
Group Home	6	1.1
Homeless	33	6.0
Other Family	157	28.4
With Spouse or Family	250	45.2

missing - 55

Almost 75% of individuals lived with a spouse or family member or other family.

Table 8 – Health Insurance		
	Frequency	Percent
No	532	87.5
Yes	76	12.5

Almost 90% of the ATP clients at the time they were in the program did not have health insurance. This is much greater than the percent of individuals in the general population.

	Frequency	Percent
<\$10,000	140	23.4
\$10,000-\$19,999	411	68.6
>\$20,000	48	8.0

missing - 9

Almost 25% of the sample had annual incomes of less than \$10,000 and only 8% had annual incomes greater than \$20,000. The majority of individuals had annual incomes between \$10,000 and \$20,000.

	Frequency	Percent
English	515	85.5
Spanish	87	14.5

missing - 6

The majority of individuals were primary English speakers. While this is true a substantive minority were primary Spanish speakers

	Frequency	Percent
303.90 Alcohol Dependence	229	39.8
304.00 Opiod Dependence	20	3.5
304.20 Cocaine Dependence	38	6.6
304.30 Cannabis Dependence	6	1.0
304.40 Amphetamine Dependence	13	2.3
304.90 Poly Substance Dependence	193	33.6
304.90 Psychoactive Dependence	1	.2
305.00 Alcohol Abuse	46	8.0
305.20 Cannabis Abuse	2	.3
305.60 Cocaine Abuse	5	.9
305.70 Amphetamine Abuse	1	.2
Early Discharge	21	3.6

missing - 33

Program staff conducted a clinical interview with inmates in the program in order to better understand their illness and potential treatment. Each inmate is assigned a diagnosis using categories from the Diagnostic and Statistical Manual IV (DSM IV). Table 8 reports the clinical diagnoses of the sample. Diagnoses are provided for dependence and abuse by type of drug.

Drug abuse is defined as the use of illicit drugs or the abuse of prescription or over-the-counter drugs for purposes other than those for which they are indicated or in a manner or in quantities other than directed. According to the DSM IV drug abuse symptoms include:

A pattern of substance use leading to significant impairment in functioning. One of the following must be present within a 12 month period: (1) recurrent use resulting in a failure to fulfill major obligations at work, school, or home; (2) recurrent use in situations which are physically hazardous (e.g., driving while intoxicated); (3) legal problems resulting from recurrent use; or (4) continued use despite significant social or interpersonal problems caused by the substance use. The symptoms do not meet the criteria for substance dependence as abuse is a part of this disorder.

Drug dependence (addiction) is compulsive use of a substance despite negative consequences that can be severe; drug abuse is simply excessive use of a drug or use of a drug for purposes for which it was not medically intended.

Physical dependence on a substance (needing a drug to function) is not necessary or sufficient to define addiction. There are some substances that don't cause addiction but do cause physical dependence (for example, some blood pressure medications) and substances that cause addiction but not classic physical dependence (cocaine withdrawal, for example, doesn't have symptoms like vomiting and chills; it is mainly characterized by depression). According to the DSM IV drug dependence symptoms include:

Substance use history that includes the following: (1) substance abuse (see below); (2) continuation of use despite related problems; (3) increase in tolerance (more of the drug is needed to achieve the same effect); and (4) withdrawal symptoms

Dependence is a more serious diagnosis than abuse.

The vast majority of individuals were diagnosed as drug or alcohol dependent (87%), The largest number and percent of individuals were diagnosed as either alcohol dependent (39.8%) or poly substance dependent (33.6%). These two categories accounted for almost 75% of the ATP group. Opioid, cocaine, amphetamine, and psychoactive dependent individuals accounted for the remaining dependent individuals. Only 13% of the ATP study group individuals were categorized as abusers. Twenty-one



individuals were not given a diagnosis because they apparently discharged from the program prior to the completion of the clinical interview that leads to the diagnosis.

### Program Length

On average inmates spent 25.7 days in the program, which is near the programs design length of 28 days. Most frequently inmates spend 27 or 28 days in the program. In the sample one inmate spent 392 days in the program. In a conversation with program staff we were told this occasionally occurs.

In general, individuals progress through drug addiction treatment at varying speeds, so there is no predetermined length of treatment. Those who complete treatment achieve the best outcomes, but even those who drop out may receive some benefit.

For individuals with many serious problems (e.g., multiple drug addictions, criminal involvement, mental health disorders, and low employment), research suggests that outcomes are better for those who receive treatment for 90 days or more. In a DATOS study, treatment outcomes were compared for cocaine addicts with six or seven categories of problems and who remained in treatment at least 90 days. In the year following treatment, only 15 percent of those with over 90 days in Therapeutic Community treatment had returned to weekly cocaine use, compared to 29 percent of those who received over 90 days of outpatient drug-free treatment and 38 percent of those receiving over 3 weeks of inpatient treatment.

### Summary

On average clients in the DWI Addiction Treatment Programs completed the program successfully and spent an average of just under 26 days in the program. On average clients were male; almost 36 years old; they were Hispanic, Anglo, or American Indian (in that order); were single or married; lived with family; had an annual income less than \$20000; had no health insurance; and were drug dependent. This last is very important for the success of the program because drug dependency is difficult to treat. The largest number and percent of individuals were diagnosed as either alcohol dependent (39.8%) or poly substance dependent (33.6%). These two categories accounted for almost 75% of the ATP group.

## DWI Addiction Treatment Programs and Comparison Group Analysis

This section contains new and revised information and is different than the first report. Because the matching process was automated the number of individuals we were able to match to the Jail's information system and collect booking information is slightly different than the earlier report.

	Frequency	Percent
Treatment	608	52.0
Comparison	562	48.0
Total	1170	100.0

Table 12 documents the size of the ATP group and the comparison group. A total of 1170 individuals were included in the study with the treatment group being slightly larger containing 4% (46) more individuals than the comparison group.

	All	ATP	Comparison
Average Age	35.8	35.7	35.9

Missing - 49

The average age of each group was nearly identical. On average study group members were almost 36 years old. The youngest person in the study was 20 years old and the oldest member was 67 years old.

Gender	ATP		Comparison	
	N	%	N	%
Male	432	71.1	415	73.8
Female	176	28.9	147	26.2

The majority of individuals in both groups were male. Almost 30% of the study group members were female.

Race/Ethnicity	ATP		Comparison	
	N	%	N	%
Anglo	126	20.7	119	21.2
Hispanic	339	55.7	310	55.1
American Indian	105	17.3	105	18.7

African American	33	5.4	23	4.1
Other	5	0.9	5	0.9

A small majority of the ATP group (55.7%) and comparison group (55.1%) were Hispanic. Anglos and American Indians followed this. There were relatively few African Americans and Others. The Other group consisted of Asians, those who identified as multi-racial, and those who identified as Other.

Table 16 – Average Number of Previous Bookings since January 2000			
	All	ATP	Comparison
Average Number of Previous Bookings	3.9	4.7	3.1

On average ATP group members had 4.7 prior bookings compared to 3.1 bookings for the comparison. The number of previous bookings ranged between 0 and 44. ATP groups members had, on average, 1.6 more bookings than the ATP group.

Table 17 – Current Charge Type				
	ATP		Comparison	
	N	%	N	%
Felony	56	9.2	46	8.2
Misdemeanor	161	26.5	137	24.4
Petty Misdemeanor	111	18.3	109	19.4
Warrant	280	46.1	270	48.0

The largest number and percent of individuals in both the ATP group and comparison group were in the Jail because of a warrant. We cannot provide information on the type of warrant because the Jail's information system does not record this piece of information. New charges for a misdemeanor were the next most common charge type followed by petty misdemeanors and felony charges. Tables 18-20 report only on new bookings (felonies, misdemeanors, and petty misdemeanors); they do not include warrants.

#### Summary of ATP and Comparison Group

In total, the ATP group and the comparison group appear to be similar. The study contains similar numbers of cases and approximately an equal number of males and females, individuals by race/ethnicity, a similar average age, and a similar number of

cases by current charge type. The groups do vary by the number of previous bookings. Comparison group members have fewer previous bookings than the ATP group.

New Booking	Treatment		Comparison	
	N	%	N	%
No	340	55.9	315	56.0
Yes	268	44.1	247	44.0

This table measures recidivism as a new booking into the Jail on a new charge. In this study we only report on bookings on new charges and do not include warrants. We do this because we are interested in recidivism measured as a new crime. Frequently, an arrest on warrants is a result of a bench warrant for failure to comply with conditions of release, failure to appear at a court hear, and/or failure to pay a fee or fine imposed by the court. Warrants do not represent new crimes but a violation of conditions imposed by judges. A separate analysis of arrest on warrants could be completed.

A slightly smaller percentage of treatment group members had a new booking in the time period studied when compared to comparison group members. During this time period 44% of the comparison group and 44.1% of the ATP group had a booking on a new charge. This difference of .1% was not statistically significant.

In addition, to bookings on new charges 117 ATP group members were arrested on a warrant only and 121 comparison group members were arrested on a warrant only. A future study could explore the bookings on warrants more closely.

Number of Times	Treatment		Comparison	
	N	%	N	%
No Bookings	340	55.9	315	56.1
One Booking	155	25.5	126	22.4
More than One Booking	113	18.6	121	21.5

This table reports the number of times individuals in each group received a new booking. When compared to the ATP group (18.6%) a slightly larger number and

percent of comparison group members (21.5%) were booked into the Jail more than once.

	All	ATP	Comparison
Average Number of Days	214.9	216.1	213.7

The difference between comparison group members and ATP group members on the average number of days to a new booking was slightly more than 2 days. This is a very small difference.

In total the ATP group and the comparison groups appear to perform similarly. Both recidivate at a similar rate, have a similar number of new bookings, and have a similar average numbers of days to a new booking.

## Conclusion

The DWI Addiction Treatment Programs is a 28-day program. Research has shown that treatment outcomes are best for those who receive treatment for a minimum of 90 days. While recent major adaptations that include shorter lengths of stay are being tested this program is considerably less than what research has shown to be most effective. This poses a challenge because remaining in treatment for an adequate period of time is critical for treatment effectiveness. Further, research has shown that those in treatment should be segregated from the general population and that treatment gains can be lost if inmates are returned to the general population after treatment (NIDA, July 2000). According to NIDA (July 2000) relapse and recidivism can be reduced if treatment is continued after returning to the community.

In the previous report looking at a shorter period of time for new crimes ATP group members did better than comparison group members. Fewer ATP group members had a subsequent booking, they were subsequently booked into the Jail less frequently and they took on average 18% longer in days to pick up a new booking. This report looks at a longer period of time and finds that study group members are similar in terms of recidivism measured as a new booking.

These findings are important. These findings must be placed into context with the fact that this program is only 28-days. A longer program could be expected to produce better results. Additionally, the population served by this program is particularly serious when their DSM IV diagnosis, previous booking history and economic situation are considered. It also should be clear that recovery from drug addiction can be a long-term process and often requires multiple episodes of treatment. Relapse often occurs after a successful treatment episode. This is complicated by the many needs of this population.

More research should be considered that reviews the most effective short-term treatment programs and specifically those that are jail-based and focus on the particular

needs and problems of this population. Efforts should also be made to provide help following discharge from this program either in the Jail or community. Changes to the program model and aftercare could help further reduce recidivism. Participation in self-help support groups following treatment can be useful in maintaining abstinence. We also recommend tracking this group for a longer period of time in order to gauge how the treatment group differs from the control group in the long term. If possible the program length should be extended beyond the current 28-days. Finally, this study only considered recidivism (new bookings) and did not consider the issue of relapse or improvements in social indicators (e.g. employment, living arrangements). It would be beneficial to include these factors in a future study.