

**Drug Use, Addiction and the
Criminal Justice Population in Bernalillo County**

**Prepared for:
Bernalillo County, New Mexico and
The Albuquerque Partnership**

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Background and Overview

This report documents the extent of drug use among the criminal justice involved population in Bernalillo County and the availability of substance abuse treatment services for this population. This report specifically focuses on criminal justice involved individuals who come into contact with the Bernalillo County Metropolitan Detention Center (MDC) and to a lesser extent the Bernalillo County Juvenile Detention Center (JDC). As background and to provide context the report also includes a brief review of the Bernalillo County substance abuse treatment system focusing on treatment needs and gaps. To complete this report several data sources were utilized. Data sources include information provided by the Bernalillo County Metropolitan Detention Center (MDC) and the Bernalillo County Juvenile Detention Center (JDC). A brief review of relevant substance abuse treatment literature was completed as well as a review of existing documents that report treatment needs and gaps in Bernalillo County and substance abuse treatment providers located in Bernalillo County.

According to the federal Uniform Crime Reports (UCR), which compiles the amount and rate of crime offenses for the nation, states, and individual agencies, in 2004 violent crime in the U.S. had declined 24% from 1995 and property crime in the U.S. had declined 14.4% from 1995. At the local level, crime in some cities has continued to decline, while other cities have experienced increases. UCR data for 2004 indicates that violent crime decreased in Albuquerque (-5.4%) and property crime decreased (-.3%) from 2003 (FBI, 2005). The National Crime Victimization Survey (NCVS) is the nation's primary source of information on criminal victimization. Each year, data are obtained from a nationally representative sample of 42,000 households comprising nearly 76,000 persons on the frequency, characteristics and consequences of criminal victimization in the United States. Findings from the NCVS show similar trends as the UCR.

Jail populations nationally and in New Mexico continue to grow while crime rates continue to fall. At midyear 2004, local jails nationally were estimated to be operating at 94% of their rated capacity (BJS, 2005) and jails in New Mexico were estimated to be at 96% of capacity (NMSC, 2005).

The Bernalillo County Metropolitan Detention Center (MDC) is the 50th largest jail in the U.S. and at midyear 2004 the MDC was at 104% of its rated capacity of 2,048 inmates. At midyear 2004, 20 of the nations 50 largest jails operated over their rated capacity (ISR, 2005). The MDC population is continuing to grow and in March 2006 the average daily population was 2,238 (109% of rated capacity). Under current conditions, the jail population will continue to grow. The Bernalillo County Juvenile Detention Center (JDC) has a rated capacity of 78 juveniles and in March 2006 had an average daily population of 66 juveniles and was at 85% of capacity. Since July 2002 the JDC has remained below its' rated capacity.

Crime and Drug Use

The link between crime and drug use is well documented and includes a number of dimensions. First, some crimes violate laws prohibiting the possession, use, manufacture, or distribution of illegal drugs. Second, some crimes are linked to drugs because users are motivated by their need for money to support their continued drug use. Third, some crimes are linked to a drug using lifestyle. Likelihood of involvement in criminal activity is increased because users are exposed

to more situations that encourage crime and users may participate more frequently in a deviant lifestyle (NIJ, 1994). Drug users in the general population are more likely than non-users to commit crime (NIJ, 1994).

Arrestees frequently test positive for recent drug use (Zhang, 2004). From 1998 through 2003 the National Institute of Justice (NIJ), Arrestee Drug Abuse Monitoring (ADAM) Program measured drug use among arrestees by calculating the percentage of individuals with positive urine tests for drug use. Data collected from male arrestees in 2003 in 39 sites showed that the percentage testing positive for any drug ranged from 52% to 86% across the cities. Positive drug tests for females arrested ranged from 63% to 87%. Further, incarcerated jail and prison inmates, when asked often report they were under the influence of drugs and/or alcohol when they committed the offense that resulted in their sentence.

In the MDC in 2003, 75% of male arrestees and 74% of female arrestees who participated in the ADAM program tested positive for any drug. Further, of those testing positive it was estimated that 41% of males and 44% of females were at risk for drug dependence.

There is considerable uncertainty about the degree to which drug use causes crime or the degree to which criminal involvement causes drug use, and so while drugs and crimes are linked the relationship is unclear and the relationship should be interpreted cautiously. Most crimes result from a variety of factors (e.g. personal, situational, and/or economic) and so even when drugs are a cause, they are likely to be only one factor among many. Also, what is meant by "drug-related" varies from study to study. Some studies interpret the mere presence of drugs as indicating a causal link while other studies interpret the relationship more narrowly. Reports by offenders about their drug use may exaggerate or minimize the relevance of drugs. Further, drug-use measures, such as urinalysis identifies only very recent drug use (NIJ, 1994).

Drug Use Costs

The economic cost of drug abuse in 2002 was estimated at \$180.9 billion. This amount represents the use of resources to address health and crime consequences, as well as the loss of potential productivity from disability, death and withdrawal from the legitimate workforce (ONDCP, 2004).

According to the ONDCP report (2004), the costs of drug abuse have increased an average of 5.3% per year from 1992 through 2002. This rate is slightly above the 5.1% annual growth in the gross domestic product for the entire economy. The most rapid increases in drug abuse costs have been in criminal justice efforts, particularly increased rates of incarceration for drug offenses and drug-related offenses and increased spending on law enforcement and adjudication. There appear to have been more moderate increases in costs associated with health consequences and treatment and prevention initiatives.

Treatment Works

According to a recent federal Center for Substance Abuse Treatment (CSAT) Treatment Improvement Protocol (TIP) publication (2005) there has been strong, consistent empirical evidence over the past few decades that has shown that substance abuse treatment reduces crime.

For many people who need alcohol and drug treatment, contact with the criminal justice system is their first opportunity for treatment. This may be the first opportunity to be diagnosed with a substance abuse problem and legal incentives may be useful in motivating individuals to begin treatment. For other offenders, arrest and jail is part of a recurring cycle of drug abuse and crime. These individuals may require more intensive treatment including case management.

The above finding is supported by a systematic and extensive search of published and unpublished literature on the benefits and costs of substance abuse treatment by the Treatment Research Institute at the University of Pennsylvania (2005). The authors of the report consistently found that substance abuse treatment, especially when it incorporates evidence-based practice, results in clinically significant reductions in alcohol and drug use, crime and improvement in health and social function for many treated individuals.

Studies of offender populations have shown that cessation of and continued abstinence from drug use is linked to reduced rates of re-offending and re-arrest. Because most users of illegal drugs do not commit crimes, reducing the number of casual and sporadic users of illegal drugs is unlikely to greatly reduce crime. For this reason, it might be worthwhile for criminal justice programs to focus their limited resources on preventing addicted high-rate offenders from continuing to abuse drugs. Research suggests that addicted offenders commit fewer crimes during periods of non-use. Further, research on serious, violent juvenile offenders identifies substance use as a risk factor for delinquency and future adult criminality. In 1998, 29% of eighth graders and 54% of twelfth graders had used an illicit drug at some time in their life (CSAT, 2005).

There is limited research on effective evidence-based Jail substance abuse treatment programs. A recent review of evidence-based corrections programs by the Washington State Institute for Public Policy (Aos, 2006) with a proven ability to affect crime rates found five adult jail based programs with a demonstrated ability to reduce crime. One of these studies by Peters, et al (1993) found that inmates participating in a six-week jail treatment program remained statistically significantly longer in the community until rearrest, had fewer arrests and spent less time in jail compared to a group of untreated inmates. A study of a six-month modified therapeutic community (Knight, Simpson and Heller, 2003) found that the program had a limited impact on recidivism. Another study, funded by the National Institute of Justice (1997) found lower infraction rates for program participants who were housed in separate living units and a smaller percentage of program participants were reconvicted within the one-year followup period. Further, this study noted the importance of “integrated postcustody services” and that formal aftercare was limited. The authors noted that other studies have found aftercare programs preserve or extend treatment effects.

MDC and JDC Trends and Discussion

This section describes recent MDC and JDC jail trends using data from the Jail’s information system. Information for the MDC is presented first followed by information on the JDC. Following this is a general discussion of MDC and JDC trends.

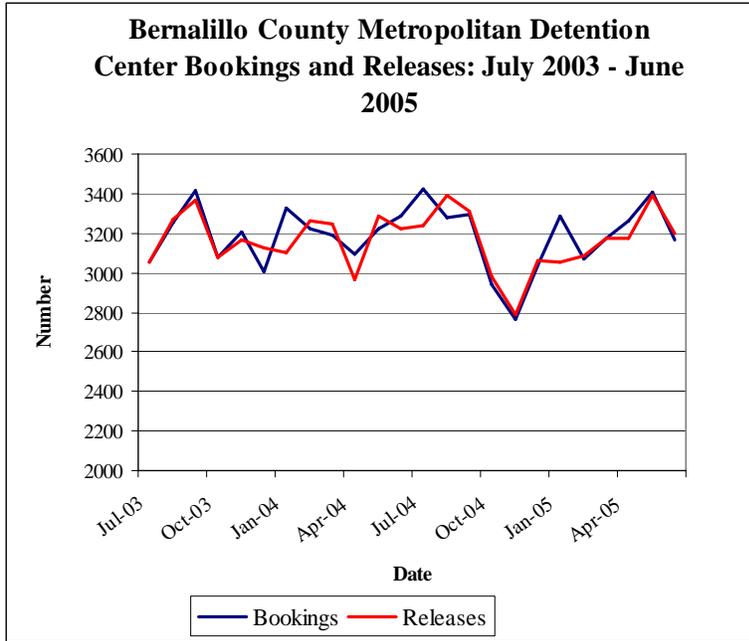


Figure 1

Figure 1 documents MDC bookings and releases for the period July 2003 through June 2005. During this time period bookings and releases ranged from a low of 2,760 bookings and 2,786 releases to a high of 3,425 bookings and 3,393 releases. The number of releases by month closely approximates the number of bookings by month and both measures have remained relatively stable over time.

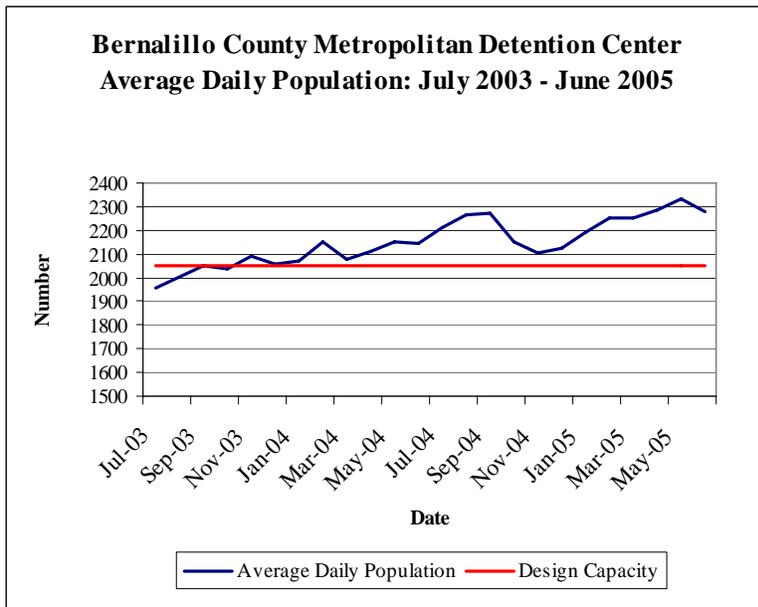


Figure 2

This figure documents the monthly average daily population in the Jail from July 2003 through June 2005. Between July 2003 and June 2005 the average daily population in the MDC varied between 1959 and 2,336 individuals. The average daily population has steadily increased since July 2003 and for every month since November 2003 the MDC's average daily population has been above its design capacity.

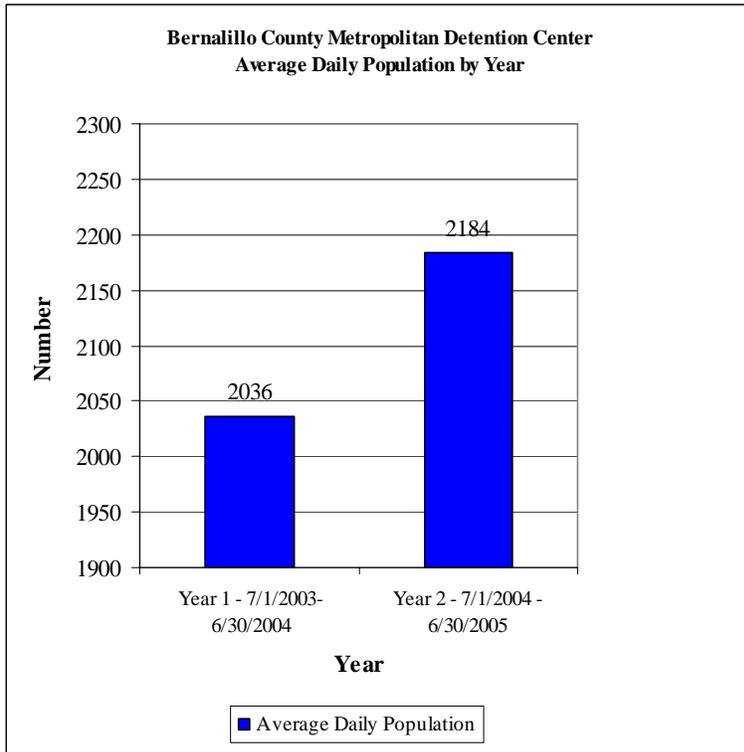


Figure 3

Figure 3 reports the average daily population for two time periods. During the first time period (July 2003 – June 2004) the average daily population in the Jail was 2,036 and was at 99.4% of capacity. In the second time period (July 2004 – June 2005) the average daily population was 2,184 and was at 106.6% of capacity. Between the two time periods the Jail's average daily population increased 7.2%.

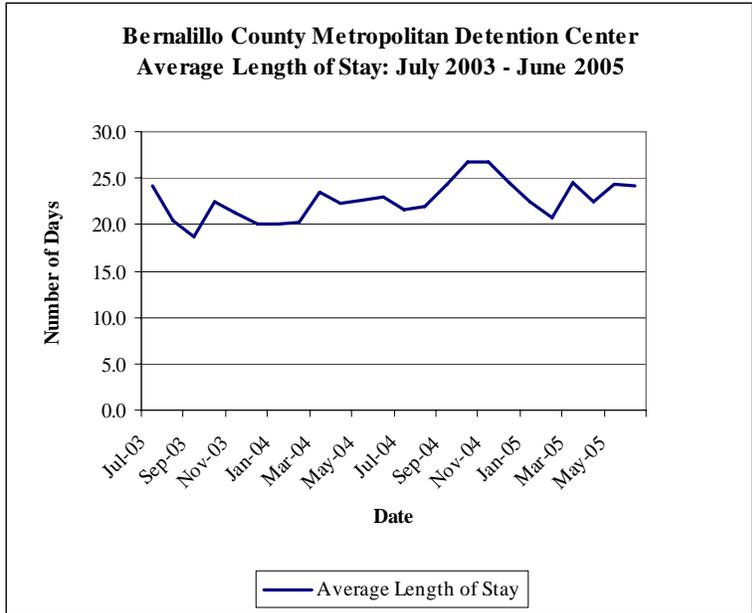


Figure 4

This figure reports the average length of stay of individuals released from the Jail by month. Between July 2003 and June 2005 the average monthly length of stay of arrestees released from the Jail varied between 18.6 days and 26.8 days. Since July 2003 the average monthly length of stay of releases has increased. This indicates that arrestees booked into the Jail have been spending more days in the facility between the date they are booked and the date they are released.

Table 1 - Arrestees Booked into the Metropolitan Detention Center: January 2000 – December 2005

| Year | Number of Persons | Number of Bookings | Range of Bookings | Average Number of Bookings | Average Number of Bookings for Individuals with Two or More Bookings | Percent of Individuals with One Booking | Percent of Individuals with Two Bookings or More |
|-----------|-------------------|--------------------|-------------------|----------------------------|--|---|--|
| 2000 | 25986 | 37904 | 1 – 20 | 1.5 | 2.7 | 72.3 | 27.6 |
| 2001 | 25393 | 36466 | 1 – 27 | 1.4 | 2.6 | 73.4 | 26.6 |
| 2002 | 27947 | 40654 | 1 – 19 | 1.5 | 2.7 | 72.6 | 27.4 |
| 2003 | 27309 | 38875 | 1 – 16 | 1.4 | 2.6 | 73.4 | 26.6 |
| 2004 | 26916 | 38075 | 1 – 11 | 1.4 | 2.6 | 73.8 | 26.2 |
| 2005 | 27148 | 38444 | 1 – 11 | 1.4 | 2.6 | 73.2 | 26.8 |
| 2000-2005 | 93832 | 230337 | 1 – 68 | 2.5 | 4.2 | 54.2 | 45.8 |

Table 1 documents recidivism information at the MDC measured as the number of times individuals have been booked into the MDC by year from 2000 through 2005 and total bookings for all six years. In calendar 2000 25,986 different individuals were booked 37,904 times for an

average of 1.5 bookings for each individual. Individuals were booked a range of 1 time to 20 times in calendar 2000. For individuals booked two or more times on average they were booked 2.7 times. In calendar 2000 72.3% of individuals were booked one time and 27.6% of individuals were booked two or more times.

In the six year period from January 2000 through December 2005 93,832 individuals were booked 230,337 times (range 1 – 68) for an average of 2.5 times. Between January 2000 and December 2005 almost 46% of booked individuals were booked an average 4.2 times

Juvenile Detention Center Trends

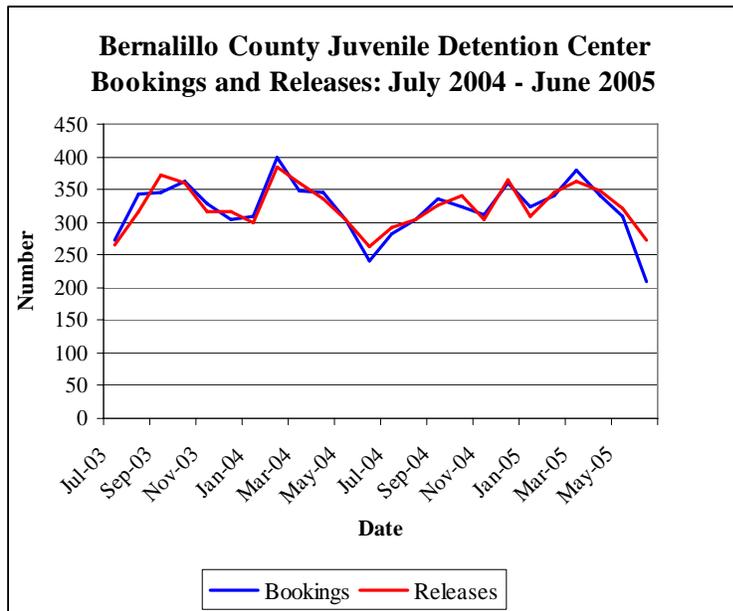


Figure 5

Figure 5 documents JDC bookings and releases for the period July 2003 through June 2005. During this time period bookings and releases ranged from a low of 208 bookings and 264 releases to a high of 398 bookings and 384 releases. The number of releases by month closely approximates the number of bookings by month and the trend during the two-year study period was relatively flat.

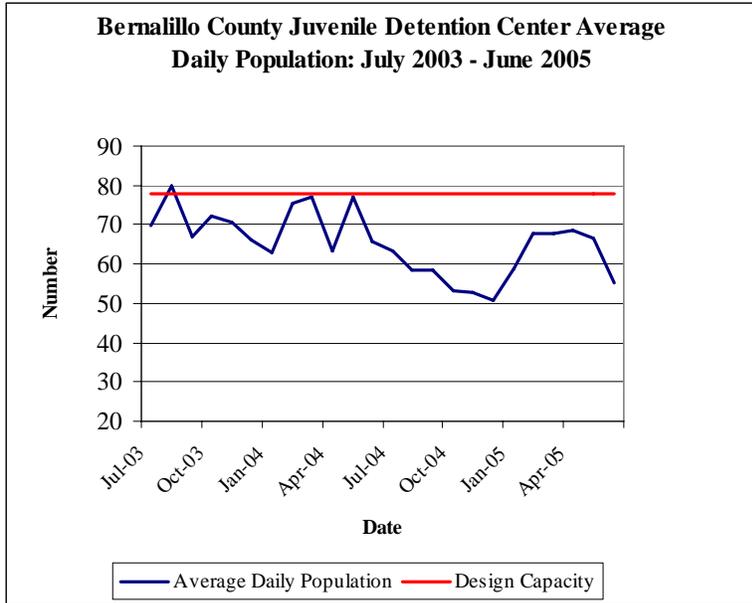


Figure 6

The average daily population in the Bernalillo County Juvenile Detention Center was below its' design capacity of 78 beds for all but one month in the two-year study period. In the two-year period the detention center's average daily population was as low as 50.8 juveniles and during the two-year period experienced an overall decrease.

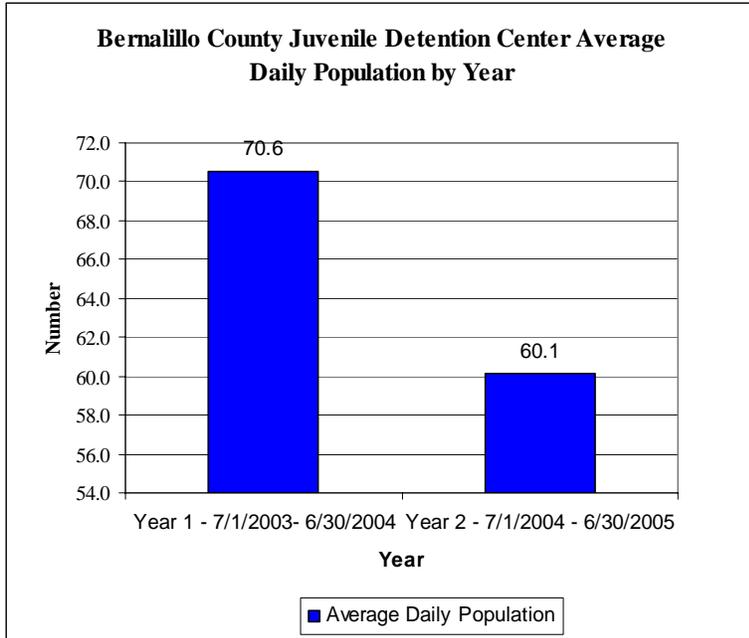


Figure 7

The average daily population in the JDC was greater in the first time period compared to the second time period. This is the exact opposite of the trend experienced by the MDC. During the first time period (July 2003 – June 2004) the average daily population in the JDC was 70.6 and was at 90.5% of capacity. In the second time period (July 2004 – June 2005) the average daily population was 60.1 and was at 77.1% of capacity. Between the two time periods the JDC’s average daily population decreased 13.4%.

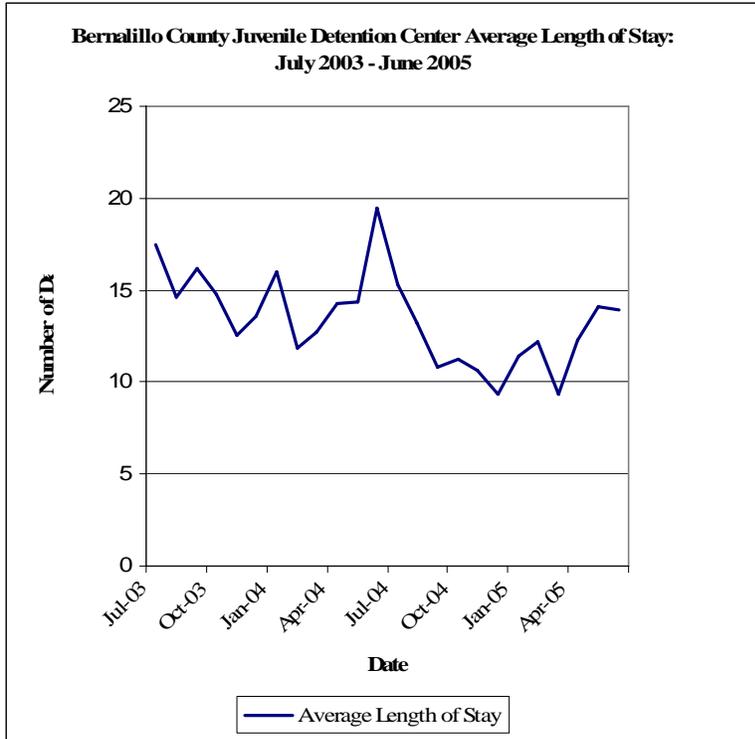


Figure 8

This figure reports the average length of stay of individuals released from the JDC by month. The average length of stay in the Juvenile Detention Center experienced an overall decrease in the two-year study period dropping from 17.5 days in July 2003 to 14 days in June 2005.

Table 2 - Juveniles Booked into the Juvenile Detention Center: July 2003 – June 2005

| Year | Number of Persons | Number of Bookings | Range of Bookings | Average Number of Bookings | Average Number of Bookings for Individuals with Two or More Bookings | Percent of Individuals with One Booking | Percent of Individuals with Two Bookings or More |
|-----------------------|-------------------|--------------------|-------------------|----------------------------|--|---|--|
| July 2003 – June 2004 | 2894 | 4024 | 1-12 | 1.4 | 2.6 | 75.4 | 24.6 |
| July 2004 – June 2005 | 2757 | 3891 | 1-16 | 1.4 | 2.8 | 77.3 | 22.7 |

Table 2 reports recidivism into the JDC by documenting the number of bookings into the JDC, the number of juveniles booked into the JDC, and the average number of bookings for two time

periods. In both time periods individuals were booked an average 1.4 times and approximately 25% of individuals were booked two or more times.

MDC and JDC Trends Discussion

Between July 2003 and June 2005 the MDC experienced considerable growth, growing from an average daily population of 1,959 in July 2003 to an average daily population of 2,279 in June 2005; a population increase of 16.3%. For every month since September 2003 the Jail's population has been above its rated capacity of 2048 beds (Figure 2). During this same time period crime rates in Bernalillo County remained relatively stable resulting in relatively stable monthly bookings and releases (Figure 1). While booking rates remained relatively stable the monthly average length of stay increased steadily. Table 1 shows that across the last 6 calendar years approximately 26%-27% of individuals were booked two or more times a year.

During the same time period the JDC saw a decrease in its' monthly average length of stay and average daily population. This is perhaps best shown by Figure 7. Similar to the MDC bookings and releases from the JDC were stable. Recidivism measured as multiple bookings for a given time period were also similar for the MDC and JDC. Of importance is the scope and size of the two populations. The MDC's capacity is approximately 26 times greater than the JDC and the MDC's bookings and releases and average daily population are proportionally much greater.

The data presented above includes similar bookings and releases, average daily population, average length of stay figures, and recidivism figures measures as multiple bookings for the MDC and JDC. While the MDC experienced considerable growth during the two-year period in its' average daily population and monthly average length of stay the JDC experienced a general decline in the monthly average length of stay of and the average daily population. Each facility experienced a flat bookings and releases trend for the reporting period. These differences deserve further study and attention.

An in-depth review and discussion of differences between the MDC and JDC is beyond the scope of this report. Broadly, the juvenile and adult systems operate very differently. New Mexico, as most states, has its own distinct juvenile justice system that is separate from the adult justice system. The underlying beliefs, policies and procedure and laws are different. The underlying rationale of the juvenile justice system is that youth are developmentally different from adults and their behavior is malleable. Rehabilitation and treatment, in addition to community protection, are primary goals.

In the adult criminal justice system rehabilitation is not considered a primary goal and the system is more focused on punishment and deterrence. The adult criminal justice system operates under the assumption that criminal sanctions should be proportional to the offense. Deterrence is seen as a successful outcome of punishment.

These different underlying beliefs make comparisons problematic and comparisons between the two systems should be done cautiously. The systems, as noted earlier, are also vastly different in size and scope. The adult system deals with a much larger number of individuals. An in-depth review of the two systems might provide some useful information that could help in better

understanding differences and similarities and could lead to policy changes that might improve the efficiency of the two systems.

Substance Abuse Treatment Need

The need for treatment and recovery services is great in New Mexico. Gaps analysis data from the 2002 Behavioral Health Needs and Gaps in New Mexico report (Technical Assistance Collaborative, Inc. and the Human Services Research Institute, 2002) showed that one in every five New Mexicans had a substance use disorder and/or mental health care need. According to the report, there was a total prevalence of substance abuse by adolescents and adults in Bernalillo County of 50,343, of which only 8.9 % was served through treatment programs. The authors of the report estimated that a “good,” publicly-funded, behavioral healthcare system should be prepared to serve 25% of prevalence, suggesting a treatment gap of 16.1% in Bernalillo County.

A recent report by Arizona State University’s Applied Behavioral Health Policy (2004) group noted that according to estimates from the National Survey on Drug Abuse New Mexico had the largest treatment gap of any state. In New Mexico, 3.5% of the population or approximately 130,000 people need drug treatment services but did not receive treatment. One of the main factors contributing to this treatment gap is the shortage of licensed and credentialed substance abuse counselors in New Mexico (ABHP, 2004)

In 2001, the alcohol-related death rate for New Mexico was more than double that of the nation (17.8 and 6.9 per 100,000, respectively). New Mexico’s drug-related death rate was twice the national rate (15.2 and 7.0 per 100,000, respectively) and the alcohol-involved crash fatality rate for New Mexico was 10.8 per 100,000 population, well above the national rate of 6.2 per 100,000. The New Mexico statewide rate for DWI arrests was 156.9 per 10,000 licensed drivers, and the rate for alcohol-involved automobile crashes was 27.8 per 10,000 licensed drivers. Suicide and homicide rates were also high. In 2001, New Mexico had a suicide rate of 18.9 per 100,000 population, or 1.8 times the national rate of 10.4 per 100,000 in 2000. The homicide rate in New Mexico from 1999-2001 (8.5 per 100,000) was 1.4 times the national rate (5.9 per 100,000). The overall rate of drug use was much higher in New Mexico than in the rest of the United States and neighboring states (Technical Assistance Collaborative, Inc. and the Human Services Research Institute, 2002).

Bernalillo County had the third highest drug-related death rate in the state (21.0 per 100,000 population). This rate represented 356 deaths over the three-year period from 1999-2001, or 44% of the state total. Bernalillo County ranked fourth in the state for its drug-related hospitalization rate and sixth in the state for its combined alcohol and drug-related hospitalization rate. Bernalillo County, had a very high drug-related death rate and at the same time a very large population, and so had the largest absolute number of people directly affected by substance abuse (Technical Assistance Collaborative, Inc. and the Human Services Research Institute, 2002).

Substance Abuse Treatment Services in the MDC and JDC

Treatment services in the MDC are limited to the DWI Addiction Treatment Programs (ATP) and limited volunteer NA/AA services. The DWI ATP is a 28 day inpatient addiction treatment

program with 128 beds for men and 64 beds for women. Currently the ATP program has a waiting list of approximately 200 individuals. Limited NA/AA services are provided by volunteers. Additionally, the City of Albuquerque provides an assessment and referral services component for arrestees who are due to be released to the community. The ATP program also has an outpatient program staffed by three licensed counselors who provide treatment services for individuals who are in the Jail's Community Custody Program (CCP).

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. As noted earlier the program consists 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.

As noted above limited NA/AA services are provided by volunteers. These services are provided by individuals who on an ad hoc basis provide NA/AA group sessions to individuals in the Jail. There is no set schedule for services provided by these volunteers.

The City of Albuquerque also provides the equivalent of one full-time assessment counselor from the Albuquerque Metropolitan Central Intake (AMCI) to assist in assessing individuals releasing from the Jail to the community. Assessed and eligible individuals upon release from the Jail to the community can begin receiving substance abuse treatment services from one of the AMCI's network of treatment providers.

Treatment services in the JDC include the Assisting Youth Using Drugs and Alcohol (AYUDA) program. The program offers counseling services, assessment, relapse prevention and individual case management. AYUDA makes referrals for those who would like to participate in programs upon release. This program has a capacity of 30 juveniles and is a six week program. In addition the JDC has three full time clinical staff. The staff consists of a LPCC, LISW and LMSW who can provide substance abuse counseling.

Substance Abuse Treatment Services Outside the Jail

Substance abuse treatment services are provided outside the Jail by numerous providers and include assessment, outpatient, intensive outpatient, detoxification, inpatient and residential services. Many of these services are provided by the City of Albuquerque and/or Bernalillo County. Additionally, the City of Albuquerque and, to a lesser extent, Bernalillo County and the state of New Mexico provides funding to many programs. Following is a brief review of treatment services available outside the Jail for criminal justice involved individuals. The review is meant to be an overview and is not a comprehensive review of substance abuse treatment services in Bernalillo County.

Bernalillo County operates the Metropolitan Assessment and Treatment Services (MATS), which currently, includes short-term detoxification and a 30 day substance abuse recovery program. Transitional housing and case management outreach services are being planned. The intent of the Bernalillo County DWI Program's MATS component is to provide a comprehensive continuum of services for male and female public inebriates that includes short-term detoxification, up to 30-day recovery treatment services and access to transitional housing options with continued outpatient treatment, case management and supportive services.

- Short Term Detoxification
- Substance Abuse Recovery Program (up to 30 days)
- Transitional Housing (4 to 6 months) and Case Management
- Community Outreach Services

The City of Albuquerque's Division of Behavioral Health within the Department of Family and Community Services is responsible for the development of a comprehensive behavioral health services system that includes substance abuse and mental health treatment services for low-income citizens of Albuquerque. The division administers a number of different contracted services that are briefly discussed below.

The City of Albuquerque contracts with the University of New Mexico Hospital to operate the Albuquerque Metropolitan Central Intake (AMCI), which is the point of entry for income eligible citizens of Albuquerque into the City's substance abuse services system. Approximately 50% of the approximately 3,000 assessments completed annually involve criminal justice involved individuals. Licensed counselors at AMCI provide substance abuse assessments for adults and adolescents and make referrals for substance abuse treatment at the most appropriate City network treatment provider.

Other services at AMCI also include off-site substance abuse assessment, medical assessments, assistance with obtaining eligibility for indigent primary health care at the University of New Mexico Hospital, and psychological evaluations for AMCI clients and psychological consultation as needed to network treatment providers for referred clients. Currently, there are approximately twenty outpatient substance abuse treatment providers that receive referrals from AMCI.

The Division of Behavioral Health operates the detoxification/sobering services program for public inebriates for the County through a contract with the County at Bernalillo County's MATS facility. The County intends to begin operating the detoxification/sobering services program in July 2006. The programs 42 detoxification beds are used for public inebriates who voluntarily receive short-term detoxification services that include brief counseling and referrals to community based programs

The Division also provides services for adolescents. This includes school based treatment program in one Albuquerque Public School (APS) middle school, which includes referrals to AMCI for assessment and referral to outpatient treatment services. Treatment services are also provided for adolescents in the Bernalillo County Juvenile Detention Center, day treatment

services for adolescents, outpatient treatment and case management services for adolescents, and prevention services and early intervention services for adolescents and their families.

The State of New Mexico's Department of Health owns and operates a 34 bed, chemical dependency treatment hospital in Bernalillo County, licensed as a specialty hospital in the State of New Mexico. The facility provides substance abuse medical detoxification and rehabilitation services to residents of New Mexico. The facility also offers time-limited outpatient services for individuals who are not at risk for withdrawal or have completed the detoxification phase of treatment and do not require inpatient services.

In addition, there are three drug courts in Bernalillo County. The Bernalillo County Metropolitan Court operates a DWI/Drug Court for misdemeanor offenders charged with DWI and has a capacity of 200 offenders. The Second Judicial District Court operates separate drug courts for adults and juveniles. The adult drug court with a capacity of 200 offenders serves felony offenders. The juvenile drug court serves juveniles charged with misdemeanors and felonies and has a capacity of 30 offenders. The treatment providers contracted to provide services to the three drug courts are included in the count of outpatient substance abuse treatment providers in Table 3.

In our review of substance abuse treatment in Bernalillo County we reviewed various sources of information to compile a list of substance abuse treatment provide agencies in Bernalillo County. Review lists included the list of Albuquerque Metropolitan Central Intake providers, the New Mexico Criminal Justice Resource Directory maintained by the New Mexico Sentencing Commission, providers list on State of New Mexico websites, providers listed on federal Websites (i.e. Center for Substance Abuse Treatment), a general internet search, and a review of providers listed in the yellow pages of the telephone book.. Table 2 lists the categories of service providers, a count of the number of providers whose primary type of treatment falls into that category and the percent of providers. It is important to note that many providers provide more than one type of service and/or certain services (e.g. education and prevention) that are not listed in Table 3 and that we chose only the primary service provided.

Table 3 - Substance Abuse Treatment Providers in Bernalillo County

| Type of Service | Count | Percent |
|----------------------|-------|---------|
| Assessment | 5 | 13.9 |
| Detoxification | 0 | 0.0 |
| Methadone | 5 | 13.9 |
| Standard outpatient | 23 | 63.9 |
| Intensive outpatient | 0 | 0.0 |
| Residential | 2 | 5.5 |
| Inpatient | 1 | 2.8 |
| Total | 36 | 100 |

Substance Abusers in the MDC

Using 2003 ADAM data that measured drug use among arrestees we created estimates of the number of arrestees in the MDC from July 2003 through June 2005 who were drug users and those who were drug dependent or at risk for drug dependence. This was accomplished by calculating the percentage of individuals with positive tests for drug use and analyzing responses to a personal interview that included a clinically based dependency screen regarding drug use experiences during the prior year that provides an indication of need for treatment and drug dependency.

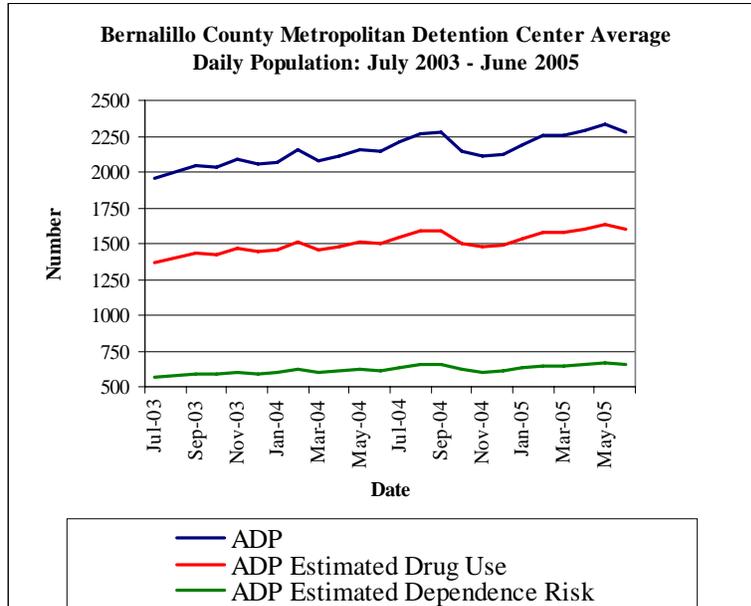


Figure 9

Figure 9 reports the MDC’s average daily population, the estimated proportion of the average daily population that uses drugs and the estimated proportion of the average daily population that is at risk for drug dependence.

In 2003 approximately 70% of the arrestees interviewed and tested at the MDC tested positive for drug use and approximately 41% of these individuals were estimated to be at risk for drug dependence.

Applying this estimate to the MDC's average daily population of 2,279 individuals in July 2005 we estimate that approximately 1,595 arrestees in the Jail on any given day would have tested positive for drug use. Further, we estimate that approximately 654 of the individuals using drugs on any give day in July 2005 were at risk for drug dependence. As noted earlier the MDC currently has treatment capacity for 128 males and 64 females in the 28-day ATP program and limited and sporadic AA/NA services. The difference between the Jail's treatment capacity and estimated population at risk for drug dependence of 462 individuals on any given day in July 2005 is very large. The Jail does not possess the substance abuse treatment capacity to serve those who are drug dependent or at risk for drug dependence. Further, the Jail currently lacks the resources and ability to accurately screen and assess this population at booking.

We do not possess similar information for the JDC and currently we do not have a method to accurately estimate the proportion of the JDC's population that uses drugs or that is drug addicted. Recently, the JDC completed a survey of female detainees that is designed to assess whether the needs of youth are being met by the facility. One of the 13 survey domains concerned drugs and alcohol. In the near future the same survey will be completed with a sample of male detainees (personal conversation with Dr. Nicol Moreland, Research Development Statistician, JDC on June 23, 2006). When these surveys are completed and the data is analyzed self-reported drug use information will be available. It may be possible to use these data to create estimates of illicit drug use in the JDC.

Serving the Need

Increases in prison and jail populations both nationally and locally have resulted in large numbers of these offenders in local communities. It is also important to note that almost all those held in local jails and prisons reenter local communities. Successfully reintegrating these offenders is a complex but important task. A study of recidivism of state prisoners released in 1994 by Langan and Levin (2002) found that three years after release from prison 67.5% had been rearrested. While this study focuses on individuals released from state prisons and not local jails it helps indicate and highlight the problem of offenders who recidivate and repeatedly come into contact with the criminal justice system. This issue for Bernalillo County is highlighted by Table 2 which shows that almost 46% of all individuals booked between January 2000 and December 2005, a period of six years, were booked an average of 4.2 times. Approximately 4,177 individuals (4.5%) were booked 10 or more times, 54 individuals were booked 25 or more times, and one individual was booked 68 times.

As indicated elsewhere in this report the substance abuse treatment need of the criminal justice involved population exceeds the capacity of the system to provide services both in the Jail and the community. There is also limited evidence regarding effective or promising Jail based substance abuse treatment programs. In general substance abuse treatment programs that have

been evaluated have found limited treatment effects. The reality is most funded substance abuse treatment programs have never been evaluated.

For a variety of reasons it may not be possible to completely close the substance abuse treatment gap in the MDC or community. While this is true, we believe the more efficient use of current resources and any resources that become available in the future can reduce the gap. First, to identify booked individuals who are drug dependent the MDC needs a system to screen all booked individuals and to search its information system for arrestees who have been booked multiple times. This could be costly and difficult. Second, because many arrestees booked into the MDC on any given day are released within 24-48 hours it would be difficult to provide substance abuse treatment services (including brief interventions) to this population, even if they could be screened. Third, and related to one and two, we lack reliable information on the size of the drug addicted criminal justice population and the scope of the problem this population presents to the criminal justice system and public safety. Fourth, we don't understand well the relationship between drug use and crime and what treatments are the most effective for whom. Fifth, the cost of providing substance abuse for drug addicted arrestees in the MDC and community may be prohibitive. Sixth, and perhaps most importantly, there is no consensus among local policy makers regarding how we should deal with drug addicted offenders, especially those that are adults.

Recommendations

1. While there is a lack of substance abuse treatment services for the criminal justice involved population in Bernalillo County existing resources could be better used and coordinated to serve this population and reduce offender's contacts with the criminal justice system. This includes better coordination among the various criminal justice agencies in Bernalillo County, better coordination among criminal justice agencies and substance abuse treatment providers in the community, and better coordination between the City and County.
2. Screening individuals for substance use and abuse at booking should be explored. It is important that the drug dependent population that remains in the Jail be identified and provided substance abuse treatment services. Individuals who have been booked multiple times into the Jail should be matched with available treatment data in the community (e.g. AMCI data) to discover which of these individuals have received substance abuse treatment and may be drug addicted.
3. Substance abuse treatment services available in the MDC and JDC should be evidenced-based and structured for Jail based populations. At the time this report was completed ATP program staff were discussing changes to the program and services with the goal of restructuring its services and being more evidence-based. This includes a stronger aftercare component that would improve the continuum of care from the Jail to the community. Research has shown the importance and benefit of corrections based treatment followed with treatment in the community.
4. How often addicted offenders come into contact with the criminal justice system, the type of contact (police courts, and corrections), reason(s) (i.e. charge or charges), and duration of their contacts should be further studied. This report documents that a large minority of the MDC's

population is comprised of drug addicted individuals and that a subset of individuals comes into contact with the police, courts and Jail often. While we do not know whether those coming into contact frequently with the MDC are drug addicted there is some reason to believe this is the case.

5. It is important to better understand what factors have driven the decreases in population at the JDC and the increases in population at the MDC. While the two systems are very different a more complete understanding of factors could lead to discussions that improve the efficiency of the adult and juvenile criminal justice systems.

6. It is important to note the current system is under-funded and cannot serve the population. Increased system capacity would be beneficial and may provide long-term benefits that could include reduced system crowding.

Conclusion

Substance abuse and drug addiction are one of many factors that are related to crime and the risk for future offending. A goal of public safety should be to reduce the risk of reoffending by offenders in the community. This may be, at least partly, accomplished by better serving the treatment needs of substance abusers with a particular focus on drug addicted offenders.

Reforming the existing criminal justice and treatment system to better identify and then provide limited substance abuse treatment resources to this population using evidence-based practices would benefit public safety and the community.

Further, because substance abuse treatment capacity is limited it would be useful to focus on the addicted population that remains in the Jail for a sufficiently long period of time and perhaps even more focused on the sentenced population, which is a more limited subset of the total population. Limited drug treatment resources should be targeted to those with the greatest need. Currently, we don't know if this is occurring at the Jail. Some consideration should be given to methods and opportunities for screening and identifying addicted persons for their first and/or subsequent bookings in the Jail so addicted offenders can be placed into treatment quickly and others referred to treatment in the community.

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