Metropolitan Detention Center (MDC) DWI Addiction Treatment Programs (ATP) Outcome Study for DWI Offenders

Prepared for:
The DWI Addiction Treatment Programs (ATP)
Metropolitan Detention Center

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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 mandate includes a focus on arrestees with a current charge of DWI or a previous history of DWI. 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 the programs consists of 128 beds for men and 64 beds for women. Services include AA/NA in-house meetings, Moral Reconation 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 their client satisfaction surveys and by conducting an outcome study. Since that time, two outcome study reports have been provided by the ISR to the MDC ATP. This report is a follow-up to those reports. **Previous reports have examined all program participants; this study examines only those offenders whose referring offense was a charge for DWI.**

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 looking exclusively at DWI offenders.

This is done by comparing new bookings in the MDC of DWI clients who were in 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 reports 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, who specifically are charged with DWI, 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

The original dataset was constructed in approximately March 2004 and included a sample of all individuals served by the program between April 2002 and December 2002 (approximately 1050 individuals were admitted to the program) and a matched comparison group of individuals who were not in the program but otherwise eligible. Previous to this report the ISR completed two others (June 2004 and June 2005). The first report reported on recidivism of ATP group members compared to comparison group members. Recidivism was defined as a new booking into the Jail and tracked recidivism through mid-March 2004. This means study group members were exposed for a maximum of approximately 24 months. Individuals admitted into the program in April 2002 were tracked slightly less than 24 months, through mid-March 2004 where individuals admitted in late December 2002 were tracked slightly more than 14 months through mid-march 2004. The second study expanded on the first study by extending the length of time available to measure recidivism by an additional 14 months, through mid-May 2005. This was accomplished by attaching an additional 14 months of Jail booking information to the dataset used to complete the first study and report.

This study includes all the ATP clients charged with a DWI offense between April 2002 and December 2002 and who according to the program exited the program, successfully or not. The ATP sample includes 99 clients with a DWI offense who entered and exited the program. Similarly, the comparison group comprises all 72 of the comparison group clients in the dataset with DWI offense.

Table 1 provides a count of ATP (treatment) group members and comparison group members in the larger dataset and the count and the percentage of those with DWI charges that are included in this study. Slightly more than 15% of the ATP study group members had a charge of DWI for the offense that got them into the program compared to almost 13% of the comparison group.

Because the program is designed to serve DWI offenders we expected to find a much larger percentage of program participants with a current charge of DWI. For several reasons that are beyond the scope of this report this did not happen. This is an important issued for a number of reasons and should become part of a larger discussion regarding the goal of the ATP program and its target population.

While few program participants have a current charge of DWI, during the intake process into the program potential clients are asked to self-report previous DWI arrests and convictions. In the programs database approximately 52% of clients self report a previous DWI arrest and 5.1% of these individuals self-report a previous DWI conviction. This information is not verified by program staff. After reviewing this information and briefly discussing the quality and reliability of this information with program staff we did not consider it reliable and so it was not included in our study. Further, we could not have created a comparison group because we lack self-reported DWI information for everyone in the Jail.

Table 1 – Total Study and DWI Offenders			
	Total Count	DWI Count	Percent DWI
Treatment	608	99	16.3
Comparison	562	72	12.8
Total	1170	171	14.6

Using the available dataset, we were not able to directly match the ATP clients, charged with DWI, who completed the program to a similar group of inmates in the Jail charged with DWI who did not enter the program. We had to use the existing dataset that was not specifically designed for the current study. 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. We wanted a comparison group of people who were otherwise eligible for ATP but for whatever reason did not participate in the program. In the end result, as discussed later, this did not happen.

Both the treatment and comparison groups were obtained from the previously collected data that was 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 (for a review of the sampling method used, see previous reports). For this study, all offenders whose current charge was a DWI were used as the data set. The match is not as precise as the data from previous reports.

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.

Table 2 – DWI Addiction Treatment Programs Completion		
	N	%
Yes	82	83.7
No	17	16.3

Slightly more than 80% of the ATP sample successfully completed the program.

Table 3 – Discharge Status		
	N	%
Successful Discharge	82	83.7
Administrative Discharge	7	7.1
Out of Jail	6	6.1

missing – 4

This table further describes the discharge status of the ATP sample. Participants not completing the program were listed as administrative discharges or they had been released from the Jail prior to completing the program.

Table 4 – Demographics		
Variable	Count	Percent
Sex		
Female	17	17.2
Male	82	82.8
Ethnicity		
Anglo	16	16.2
Hispanic	61	61.6
American Indian	19	19.2
African American	2	2.0
Undecided	1	1.0
Marital Status		
Divorced	14	14.3
Married	18	18.4
Separated	7	7.1
Single	46	46.9
Widowed	4	4.1
Living Arrangements		
Alone	14	14.3
Group Home	1	1.0
Homeless	6	6.1
Other Family	28	28.6
Spouse or Family	45	45.9
Health Insurance		
No	88	89.8
Yes	10	10.2
Annual Income		
<$10,000	56	57.1
$10,000-$19,999	30	30.6
>$20,000	12	12.2
Primary Language Spoken		
English	79	80.6
Spanish	19	19.4
Average Age	37.2	

On average study group members were almost 37 years old. The youngest person in the study was 21 years old and the oldest member was 66 years old. The majority of individuals were male. Almost 20% of ATP participants were female. Slightly more than 60% of the individuals self identified as Hispanic, followed by American Indians (19.2%), Anglos (16.2%), African Americans (2%), and Undecided (1.0%). The largest number of individuals were single, followed by those who were married and divorced. Almost 75% of individuals lived with a spouse or family member or other family. 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. Approximately 57% of the sample had annual incomes of less than $10,000, and only 12.2% had annual incomes greater than $20,000. The majority of individuals were primary English speakers. While this is true a substantive minority were primary Spanish speakers

Table 5 – Substance Abuse Diagnosis

	N	%
303.90 Alcohol Dependence	47	48.0
304.00 Opiod Dependence	1	1.0
304.20 Cocaine Dependence	1	1.0
304.90 Poly Substance Dependence	34	34.7
305.00 Alcohol Abuse	11	11.2
Early Discharge	3	3.1

missing - 1

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 (50%), The largest number and percent of individuals were diagnosed as either alcohol dependent (48%) or poly substance dependent (34.7%). These two categories accounted for almost 83% of the ATP group. Opioid and cocaine dependent individuals accounted for the remaining dependent individuals. Only 11% of the ATP study group individuals were categorized as abusers. Three 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 26 days in the program, which is near the programs design length of 28 days. Most frequently inmates spend 27 days in the program. In the sample one inmate spent 56 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 federal National Institute of Drug Abuse (NIDA) national evaluation of treatment effectiveness (DATOS), 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 26 days in the program. On average clients were male; 37 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 $10,000 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 (48%) or poly substance dependent (34.7%). These two categories accounted for almost 82.7% of the ATP group.

DWI Addiction Treatment Programs and Comparison Group Analysis

This section contains information comparing DWI offenders who participated in the ATP program with DWI offenders who did not participate in the ATP program. The comparison group is smaller than the ATP group.

Table 6 – Sample Size

	N	%
Treatment	99	57.9
Comparison	72	42.1
Total	171	100.0

Table 6 documents the size of the ATP group and the comparison group. A total of 171 individuals were included in the analysis with the treatment group being larger containing 15.8% (27) more individuals than the comparison group.

Table 7 – Average Age

	All	ATP	Comparison
Average Age	37.25	37.2	37.4

missing - 5

The average age of each group was nearly identical. On average, analyzed individuals were 37 years old. The youngest person in the study was 20 years old and the oldest member was 66 years old.

Table 8 – Gender

Gender	ATP		Comparison	
	N	%	N	%
Male	82	82.8	57	79.2
Female	17	17.2	15	20.8

The majority of individuals in both groups were male.

Table 8 – Race/Ethnicity

Race/Ethnicity	ATP		Comparison	
	N	%	N	%
Anglo	16	16.2	13	18.1
Hispanic	61	61.6	46	63.9
American Indian	19	19.2	12	16.7
African American	2	2.0	1	1.4
Undecided	1	1.0	0	0.0

A majority of the ATP group (61.6%) and comparison group (63.9%) were Hispanic. Anglos and American Indians followed this. There were 2 African Americans and 1 Undecided.

Table 9 – Average Number of Previous Bookings since January 2000

	All	ATP	Comparison
Average Number of Previous Bookings	1.8	2.8	0.4

On average ATP group members had 2.8 prior bookings compared to 0.4 bookings for the comparison group. The number of previous bookings ranged between 0 and 15. ATP group members had, on average, 2.4 more bookings than the comparison group. This is a large difference and indicates the ATP group, as measured by the previous number of bookings in the MDC, had more serious criminal histories. Because we used information from the existing original dataset we could not control for this difference.

Table 10 – Current Charge Type

	ATP		Comparison	
	N	%	N	%
Felony	2	2.0	3	4.2
Misdemeanor	97	98.0	69	95.8

Almost all the ATP group members and comparison group members were in the Jail on misdemeanor DWIs. Very few study group members were in the Jail on felony DWI charges.

Summary of ATP and Comparison Group

In total, the ATP group and the comparison group were similar across most variables. Importantly, ATP group members had almost 3 previous bookings into the MDC compared to 0.5 for the comparison group. 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 vary by the number of previous bookings and charge type.

Table 11 - Recidivism Measured as a New Booking into the Jail

New Booking	ATP		Comparison	
	N	%	N	%
No	54	54.5	55	76.4
Yes	45	45.5	17	23.6

This table measures recidivism as a new booking into the Jail on a new charge. Almost 46% of ATP study group members had a new booking during the study period compared to almost 24% of the comparison group.

Table 12 – The Number of New Bookings Measured as One or More than One

Number of Times	ATP		Comparison	
	N	%	N	%
No Bookings	54	54.5	55	76.4
One Booking	24	24.3	12	16.7
More than One Booking	21	21.2	5	6.9

This table reports the number of times individuals in each group received a new booking. When compared to the comparison group (6.9%) a larger number and percent of ATP study group members (21.2%) were booked into the Jail more than once.

Table 13 – Average Number of Days to a New Booking

	All	ATP	Comparison
Average Number of Days	141	137	145

The difference between comparison group members and ATP group members on the average number of days to a new booking was approximately 8 days. This is a small difference.

Conclusion

The above findings are not drastically different from the two previous reports that utilized the entire dataset. This report focuses on program participants charged with DWI and measures recidivism for a maximum of approximately 36 months and a minimum of 28 months. At the time of the writing of this report ATP staff were planning changes to the program that included a stronger aftercare component and an increased focus on science based practices. Currently, 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 and who receive aftercare services. 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.

These finding are important. These findings must be placed into context with the fact that this program is only 28-days. As noted in earlier reports, the population served by this program is particularly serious when their DSM IV diagnosis, previous booking history and economic situation are considered. Further, when criminal history is considered in this study the ATP group is a much more serious group of offenders than the comparison group. 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.

Similar to the last two reports we note that additional 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 aftercare services following discharge from this program either in the Jail or community. Changes to the program model and aftercare could help in further reducing recidivism. Participation in self-help support groups following treatment can be useful in maintaining abstinence. 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.