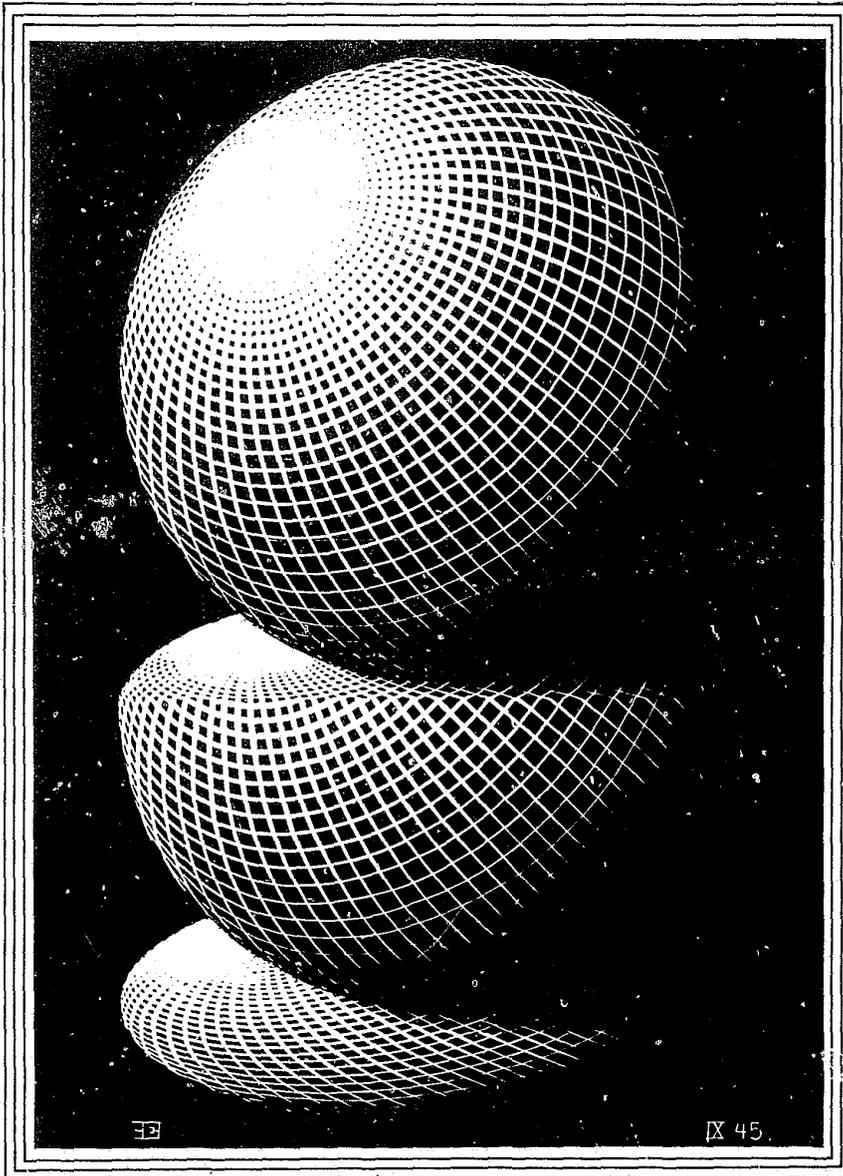


# Research Issues 18

## DRUG USERS AND THE CRIMINAL JUSTICE SYSTEM

National Institute on Drug Abuse



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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
Public Health Service  
Alcohol, Drug Abuse, and Mental Health Administration

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MAR 20 1978

**DRUG USERS AND THE  
CRIMINAL JUSTICE SYSTEM**

Edited by:

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Documentation Associates

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June 1977

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ACQUISITION

# Foreword

The issues of psychosocial drug use and abuse have generated many volumes analyzing the "problem" and suggesting "solutions." Research has been conducted in many disciplines and from many different points of view. The need to bring together and make accessible the results of these research investigations is becoming increasingly important. The Research Issues Series is intended to aid investigators by collecting, summarizing, and disseminating this large and disparate body of literature. The focus of this series is on critical problems in the field. The topic of each volume is chosen because it represents a challenging issue of current interest to the research community. As additional issues are identified, relevant research will be published as part of the series.

Many of the volumes in the series are reference summaries of major empirical research and theoretical studies of the last fifteen years. These summaries are compiled to provide the reader with the purpose, methodology, findings, and conclusions of the studies in given topic areas. Other volumes are original resource handbooks designed to assist drug researchers. These resource works vary considerably in their topics and contents, but each addresses virtually unexplored areas which have received little attention from the research world.

Dan J. Lettieri, Ph.D.  
Project Officer  
National Institute on Drug Abuse

# Preface

This is the second of two volumes presenting summaries of major research and theoretical studies exploring various aspects of the interrelationship of drug use, criminal behavior, and the law. DRUG USERS AND THE CRIMINAL JUSTICE SYSTEM consists of 67 summaries focusing on the issues of drug use, possession, or trafficking as a crime, and on the effect of the criminal justice system, the law, and law enforcement procedures on drug use and the drug user. It is a companion volume to Research Issues 17: DRUGS and CRIME, which addressed the issue of drug use and concomitant criminal behavior in terms of questions such as: What kinds of crimes are committed by what types of drug users? Is crime a necessary corollary to drug use? Do some or any drug abuse treatment modalities have an effect on criminal behavior? Have changes in the drug laws reduced drug-related criminal behavior?

DRUG USERS AND THE CRIMINAL JUSTICE SYSTEM is divided into two sections: (1) Drugs and the Law, and (2) Treatment and Rehabilitation of the Drug Offender. The scope and content of these sections are reviewed in detail in the Introduction. Within each section, study summaries are arranged alphabetically by author; all the studies from both sections are listed alphabetically on pages xi-xv. A supplementary bibliography of additional readings is included at the end of the volume. Although a few summaries from DRUGS AND CRIME have been included in this volume for convenience, the reader is encouraged to examine both volumes as many of the studies contained in these separate volumes relate to both topics.

Each summary in this volume is intended to be a faithful representation of the original document, conveying the purpose and scope of the research or study, the methods employed, and the results obtained--as well as the author's conclusions derived from those results. Each author's word usage is followed as closely as possible.

An extensive and comprehensive literature search was carried out to identify materials for inclusion in this volume. Major clearinghouses, data bases, library collections, and special bibliographies were searched. The editors also corresponded with professional organizations, institutions, and research specialists in searching for relevant materials. Current issues of newsletters and journals were scanned throughout the project. The list of bibliographic sources searched included:

Addiction Research Foundation, Bibliographies  
Dissertation Abstracts  
Index Medicus  
Index to Legal Periodicals  
Index to Periodical Articles Related to the Law  
National Clearinghouse For Drug Abuse Information  
National Criminal Justice Reference Service  
Psychological Abstracts  
Public Affairs Information Service  
Research in Education  
Social Sciences Citation Index  
Sociological Abstracts  
SPEED: The Current Index to Drug Abuse Literature

The criteria for selection of documents were drawn up by a consultant group of drug researchers working with the contractor and representatives of the National Institute on Drug Abuse. For inclusion, a study had to meet the following general criteria:

- Empirical research studies with findings pertinent to the particular topic, or major theoretical approaches to the study of that topic.

- Published between January 1960 and December 1976, preferably in the professional literature, with the exception of certain older "classics" which merited inclusion, and unpublished dissertations.
- English language, with a focus on American drug issues.

After a first review of citations and annotations, to weed out obviously irrelevant materials, the body of collected literature was subjected to two reviews: one to ensure that materials met the selection criteria, and a second, accomplished by a peer review group, to ensure that studies representative of the universe were included. Each completed abstract was subsequently reviewed to ensure that it reflected accurately and faithfully the contents of the study.

The talents and contributions of many individuals made this volume possible. Researchers who served on the peer review panel provided critical input in the selection of the articles and studies. Mr. Dan Waldorf provided special assistance in identifying the literature and reviewing the content of each abstract.

#### Peer Review Group

Gilbert Geis, Ph.D.  
Daniel Glaser, Ph.D.  
John Kramer, M.D.  
David Petersen, Ph.D.  
Dan Waldorf  
Jay Williams, Ph.D.

# Introduction

The purpose of this Introduction is to provide the reader with an understanding of some topics and issues addressed by the included literature. This is not a comprehensive review of all the issues in the field, and no conclusions are drawn from the literature. The discussion is divided into two sections which correspond to the two parts of the volume: (1) Drugs and the Law, and (2) Treatment and Rehabilitation of the Drug Offender.

## I. DRUGS AND THE LAW

This first section of the volume contains research and discussions on a wide variety of issues relating to the effect of laws on drug use and the drug user. The literature falls into three broad areas:

- Attitudes Toward Drug Laws
- Effects of Drug Laws
- Patterns of Enforcement

### Attitudes Toward Drug Laws

Surveys of attitudes toward drug laws and the legalization of drug use, particularly marihuana, are provided by Fernez (1975), Fisher et al. (1974), Hays et al. (1975), and Jaffe (1974). Fernez (1975) focuses on the attitudes of criminal justice personnel themselves, and the effects of their attitudes on the operation of the criminal justice system, a subject also addressed by Coates (1974).

### Effects of Drug Laws

Of primary interest is research on the effect of harsh drug laws, such as those passed by New York State in 1973 (Winick, 1975; Weisman, 1975), as well as on the effect of recent decriminalization in Oregon and other states (Oregon, 1974; Drug Abuse Council, 1975). McGlothlin et al. (1970) analyzes the impact of Operation Intercept, which sought to reduce the flow of marihuana into the United States in 1972. Kaplan et al. (1969) provides an overview of the social and financial costs of enforcing the laws in Los Angeles. Both Waldo (1972) and Erickson (1976) report interview data on the deterrent effect on marihuana use of penal sanctions and of the deterrence theory that threat of harm will reduce subsequent marihuana use. A major issue of concern is the general problem of the effect of labeling the drug user as a criminal (Williams, 1976).

### Patterns of Enforcement

Related issues revolve around how, and how effectively, the criminal justice system actually enforces existing drug statutes. Do any particular groups contribute disproportionately to drug arrest populations? How do drug dependents come to the attention of the police? How are they apprehended and processed? What sentencing procedures are used, and what is the effect of arrest and disposition on subsequent behavior? These issues are the central focus of Johnson and Bogomolny (1973), whose data suggest that police efforts have occurred in a context which is often independent of other agencies in the criminal justice system. Coates (1974), Cooper (1973), and Hughes (1974) also examine police procedures and police-addict interactions. Cooper (1973) shows that the courts largely invalidated the arrests resulting from New York police's accelerated narcotic arrest program in 1969 because improper police procedures were involved. On the other hand, Kaplan et al. (1969) emphasizes the role of judicial discretion in court dispositions.

Kittrie et al. (1973) identifies the juvenile drug offender and discusses the procedures of seven different jurisdictions for handling juveniles at time of arrest and during disposition; Weitzner et al. (1973) examines the relationship of manner of disposition to subsequent youthful criminal behavior. Raynes et al. (1974) identifies the factors which do or do not protect female addicts from incarceration.

Patterns of drug arrests and court dispositions are also discussed by DeFleur (1975), Petersen et al. (1975), and Grupp (1971). Readers interested in the personal characteristics of apprehended drug offenders should refer, in particular, to DeFleur (1975), Petersen and Stern (1974), and Neil (1973).

## II. TREATMENT AND REHABILITATION OF THE DRUG OFFENDER

The second section is devoted to the issues of rehabilitating and treating the drug offender through the criminal justice system. These readings fall into the following categories:

- General Readings
- Community-Based Compulsory Treatment
- Civil Commitment in California and New York
- The Halfway House
- Prison-Based Treatment
- Drug Offenders on Parole

### General Readings

These are overviews of, or introductions to, recent developments within the criminal justice system which deal with drug offenders and their treatment, and particularly, alternatives to processing drug dependent defendants through the courts and maintaining them in prison. Petersen (1974) reviews the available evidence on the effectiveness of compulsory treatment in general. Research Concepts (1973) surveys 17 drug treatment and rehabilitation programs at correctional institutions in terms of their resources for meeting addict needs; this summary also includes selected penal statistics on average length of sentence and time served between 1966 and 1970. Landsman (1974) advocates the diversion or referral of addict-defendants to treatment before incarceration; Bellassai and Segal (1972) describes two operating diversionary programs in Philadelphia and Connecticut. Meiselas and Brill (1974) provides an overview to civil commitment, focusing on New York's Narcotic Addiction Control Commission (NACC) and the Treatment Alternatives to Street Crime (TASC) program. Colbert and Kirchberg (1973) summarizes the operation of the D.C. Narcotic Treatment Administration's program to identify drug users and to assist them in obtaining rehabilitation as an alternative to incarceration.

### Community-Based Compulsory Treatment

Considerable research has dealt with community-based compulsory treatment. Many of the studies are specifically concerned with the treatment of the addict on probation or parole (Brill and Lieberman, 1969; Joseph and Dole, 1970; McCabe, Kurland, and Sullivan, 1975; Adams and McArthur, 1969). Adams and McArthur (1969) examines three different types of community experience for paroled narcotic addicts: group-oriented therapy; supervision and counseling; and non-supervised. Brill and Lieberman (1969) reports on the use of "rational authority" and aggressive casework techniques on probationaries. Parolees in a verified abstinence program are studied by McCabe et al. (1975). Several compare the outcome of drug users who entered a program under court pressure and those who entered voluntarily: Perpich, Dupont, and Brown (1973), in reference to the D.C. Narcotic Treatment Administration; Wieland and Novack (1973), dealing with TASC; and Aron and Daily (1976). Compulsory treatment at the Public Health Hospital at Lexington, Kentucky, before the instigation of the NARA civil commitment program in 1966, is examined by Vaillant (1965, 1973). Langenauer and Bowden (1971) provides an early analysis of the NARA program at Lexington.

### Civil Commitment in California and New York

California and New York were the first states to adopt civil commitment. The California Rehabilitation Center (CRC) is the most extensively studied (California Bureau of Criminal Statistics, n.d., 1976; Kramer, Bass and Berecochea, 1968; Kramer and Bass, 1969; Katz, 1971; Sing, 1969, 1971; and McGlothlin, 1976). The California Civil Addict Program calls for dismissal of criminal charges and sentences if addicts respond favorably to the program; Beckett and Thomas (1976) examines how the California courts did in fact respond to addicts who had been

granted an early successful discharge. Waldorf (1973) and the New York City Mayor's Council (1974) are examinations of the NACC program in New York.

### The Halfway House

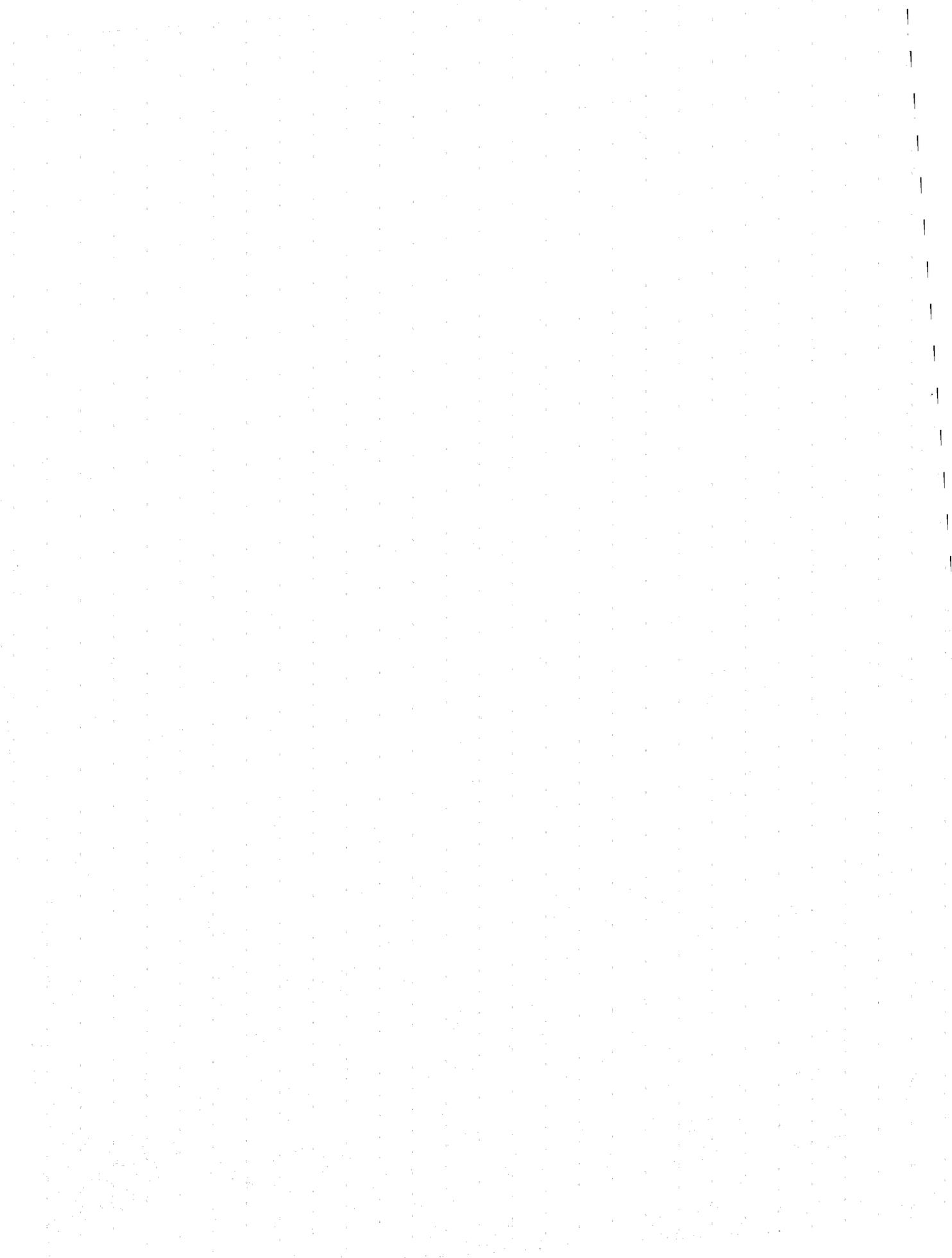
An alternative to straight parole in reducing recidivism of narcotic addicts is the community treatment center, or halfway house. One such center, Halfway House in East Los Angeles, has been extensively studied (Fisher, 1965; Miller et al., 1967; Kaplan and Meyerowitz, 1969; Geis, 1974). The Parkway Community Correction Center in East Los Angeles (Berecochea and Sing, 1972) and Southmore House in Texas (Kaplan and Meyerowitz, 1969) also have been examined.

### Prison-Based Treatment

A wide variety of treatment approaches have been implemented in correctional institutions. Lynn and Nash (1975) reports on an evaluation of seven different programs including examples of three types of treatment: therapeutic community, inmate-run counseling, and minimum-security, residential, drug-free treatment. Another program is the SNAP inmate self-help program patterned on Alcoholics Anonymous (Massachusetts Department of Correction, 1971). Methadone has been used in the rehabilitation of the drug offender while in prison (Dole et al., 1969; Dole, 1972), helping to reduce prison rioting.

### Drug Offenders on Parole

What factors relate to parole success itself? Platt and Labate (1976) focuses on the association between the postrelease circumstances of the parolee and the outcome of his parole. Considerable attention and controversy have revolved around the validity of peer evaluations (i.e., fellow prison inmates) as a means of predicting probable parole success. Inciardi (1971) and Platt and Scura (1974) examine this technique and the factors that peers choose as indicators of probable parole success.



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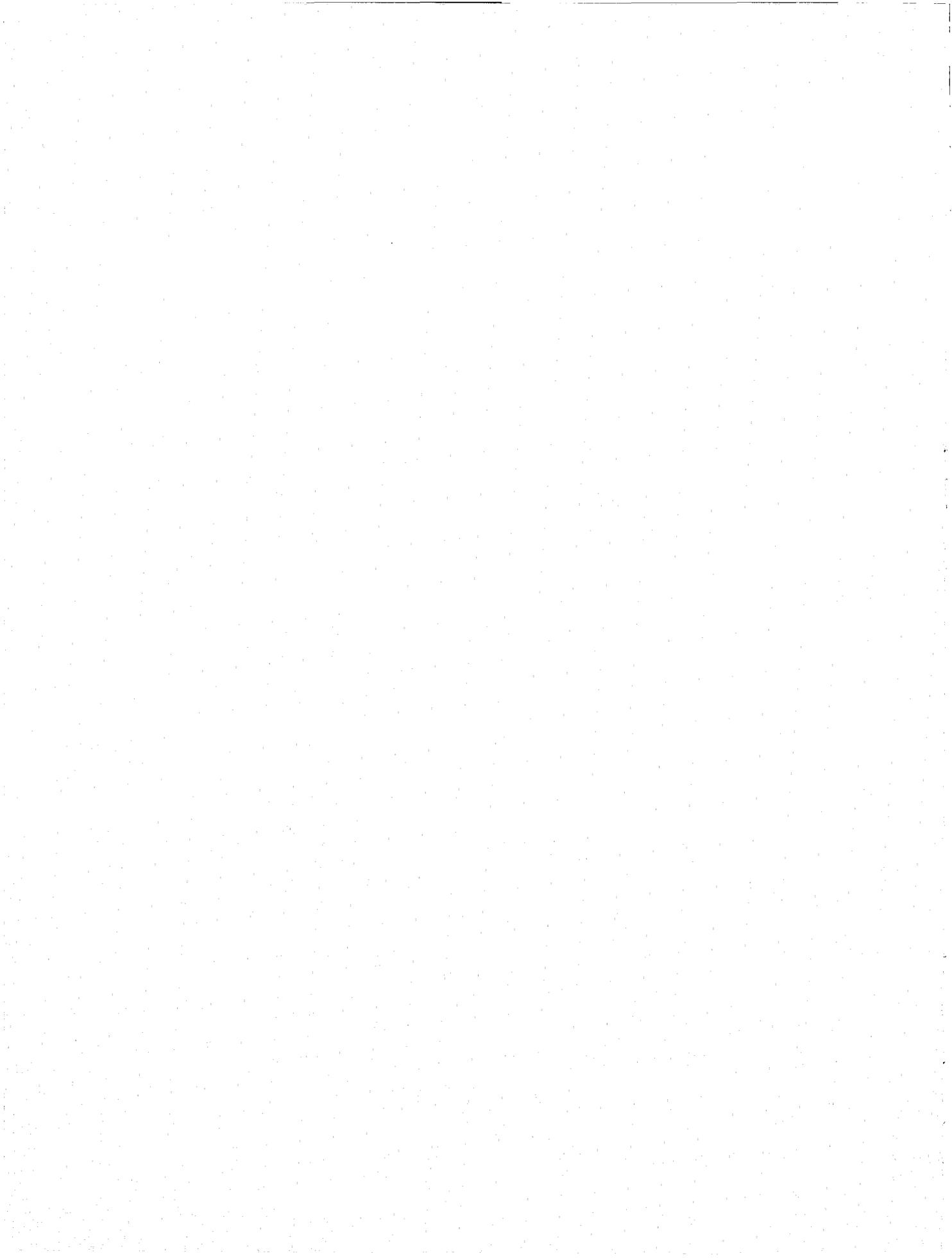
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# Drugs and the Law



Coates, Robert B., and Miller, Alden D. Patrolmen and addicts: A study of police perception and police-citizen interaction. Journal of Police Science and Administration, 2(3):308-321, 1974.

DRUG	Opiates
SAMPLE SIZE	73
SAMPLE TYPE	Police
AGE	Adults
SEX	Not Specified
ETHNICITY	25% Black; 75% White
GEOGRAPHICAL AREA	Brooklyn, New York
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Observations; Questionnaires; Official Records
DATE(S) CONDUCTED	1972 - 1973
NO. OF REFERENCES	0

#### PURPOSE

As part of a larger study on the Addiction Research and Treatment Corporation (ARTC), a methadone treatment program in Brooklyn, researchers examined the extent of interaction between police and the addict population. Because patrol officers are on the streets daily and are vitally concerned with crime in the community, researchers obtained the officers' estimates of the extent of drug-related crime in the community, their perception of addicts, and their assessments of community-based drug programs, ARTC in particular.

#### METHODOLOGY

Three data collection procedures were used to obtain police officers' perceptions and behavior: observations, informal interviews, and structured questionnaires. The sample consisted of 73 officers, 60 of whom filled out the questionnaires. Observers rode in police cars 16 hours a week for a period of 12 weeks, observing police behavior and the extent of police interaction with addicts. In addition, they informally interviewed the officers about their perceptions of addicts, drug programs, and crime. The officers filled out the questionnaires at the end of the observation period.

#### RESULTS

Observation and questionnaire data showed that interaction with addicts and arrest of addicts constituted a small proportion of all police-citizen interaction. Official precinct records concurred, showing that 57 of 892 persons arrested in the five-month observation period were self-reported addicts. Observers indicated that addicts were handled no differently from other citizens, and addiction per se did not seem to be a central issue in most addict encounters.

Despite the infrequency of addict encounters, police did perceive heroin addiction to be a major problem. On the questionnaire, 79% of the officers indicated that over half of the total crime in the community was committed by heroin addicts. Black officers (58%) were less likely than white officers (89%) to estimate that a high proportion of crime was committed by addicts. A majority of officers believed that addicts were people who became involved with heroin as a result of being "weak," and not because there was a lack of job opportunities. But these officers felt that, in spite of the weakness of the addicts, they could be cured if they wanted to be. Many of the officers believed the addicts simply didn't want to be cured.

Fifty-eight percent of the officers were opposed to methadone treatment for addicts, with white officers (64%) more likely to be opposed than black officers (42%). It was somewhat surprising that heroin maintenance received about the same amount of support from police as did methadone maintenance (19%). The majority of officers viewed the ARTC program as ineffective and antithetical to law enforcement goals because it increased crime, drug traffic, and the level of disturbance in the community. Only five percent of those answering the questionnaire said they would refer addicts to the center rather than go through arrest procedures.

Police indicated they were often frustrated in their attempts to enforce drug laws because of the constraining forces of the police department command structure and the courts. The majority of officers interviewed believed drug arrests had been given a low priority by the police department, a perception quite accurate when viewed against department policy: researchers found increasingly more effort and funds expended on breaking up the distribution network. Many of the police officers also felt that the courts tended either to refer addicts to treatment programs or to throw out cases because due process had not been observed.

#### CONCLUSIONS

Police perceptions of heroin-related issues and police assessments of ARTC are not sophisticated or expert evaluations; however, it is important to look at their perceptions because they are a powerful group and can choose to interact a great deal with addicts and ARTC. Police do not consider ARTC to be a viable alternative for dealing with addicts; this could be due to the fact that police are excluded from the center and regard this as a direct affront. In addition, police feel that departmental and court policies are not supportive of police efforts. Given these perceptions, it is perhaps understandable that police behavior seems to reflect little initiative either in referring addicts to treatment or in making heroin arrests. The combination of police, court, and ARTC actions has created an environment in which at least minimum levels of heroin addiction are tolerated. The result is the conscious or unconscious diversion of a large number of addicts from the formal criminal justice system.

Cooper, S.C. Dismissal of Narcotics Arrest Cases in the New York City Criminal Court.  
Santa Monica: Rand Corporation, 1973. 62 pp.

DRUG	Opiates
SAMPLE SIZE	917
SAMPLE TYPE	Narcotics Cases
AGE	Not Specified
SEX	Not Specified
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Official Statistics
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	0

#### PURPOSE

In 1969, the New York City Police Department initiated an accelerated narcotics arrest program, resulting in a major increase in narcotics arrests--more than 50% citywide, and more than 100% in the Bronx. However, unusually large numbers of these arrests were being invalidated in the courts. This study, performed for the Police Department, attempted to identify the true magnitude of the dismissal problem and to determine the extent to which improper police procedures were leading to these dismissals.

#### METHODOLOGY

In order to determine the magnitude of the dismissal problem, data were gathered on all cases disposed of in the criminal courts, grand juries, and the Supreme Court from August 1, 1969, through July 21, 1970. All cases were referred to as narcotics cases, since the majority of the offenses related to the possession or sale of heroin and other narcotics (including marihuana). However, some data included offenses involving other drugs as well (e.g., depressants, stimulants, and hallucinogens).

The data gathered revealed that two-thirds of all narcotics misdemeanor dispositions in the criminal court were dismissals or acquittals. As a result of this finding, it was determined to undertake a more intensive study of the dismissal situation. A total of 778 narcotics cases disposed of in November and December of 1970 by dismissal or acquittal were examined by a team of police interviewers at the time of dismissal. In addition, 139 randomly selected cases from the first ten months of 1970 were retrospectively examined. For each case, the arresting officer, the Assistant District Attorney, and, in some cases, the presiding judge were asked to state the reasons for dismissal or acquittal.

## RESULTS

The analysis of data for the period August 1, 1969, through July 31, 1970, showed that approximately 70% of all narcotics misdemeanors and one-third of all narcotics felonies were being dismissed in the courts. In 18.9% of these cases there occurred a substitution of noncriminal procedures, including admission to youthful offender treatment programs (17.7%) or a drug rehabilitation program (5.7%); placement under the supervision of the Youth Council Bureau (4.9%); commitment to a mental hospital (.3%); or admission to the Job Corps or military service (.2%).

About 57% of the dismissals stemmed from faulty police procedures, including unjustified failure of the arresting officer to appear in court when required (2%); inability of arresting officer to provide adequate evidence to connect the defendant(s) to an illegal drug (38%); improper search and seizure (12%); and no probable cause for arrest (2%).

Although the ten-month retrospective study of randomly selected cases proved to be unsatisfactory (due to a lack of available case records), the data did support the two-month study observation that the majority of all dismissals were for causes within the control of the police (57% in the two-month period, and 59% in the ten-month period).

## CONCLUSIONS

The very high rates of dismissal in narcotics cases indicate a misuse of police power in dealing with the problem of illicit drug use. The Police Department should take immediate steps to review its narcotics arrest program to eliminate cases which, even at time of arrest, are characterized by an inability to connect defendants with illegal drugs or by violations of defendants' rights. A permanent "Narcotics Arrests Review Officer" should also be appointed to operate in the courts disposing of narcotics arrests. This person would gather data about the defendants, the nature of the crimes they committed, and the factors involved in the arrest situation. Such information would be presented to police administrators to assist them in assessing the police role in the entire narcotics control program. Also, formal records of narcotics dismissal should be kept, and specialized narcotics courts should be instituted.

DeFleur, Lois B. Biasing influences on drug arrest records: Implications for deviance research. American Sociological Review, 40:88-103, February 1975.

DRUG	Multi-Drug
SAMPLE SIZE	18,000
SAMPLE TYPE	Drug Arrestees
AGE	Not Specified
SEX	Not Specified
ETHNICITY	White; Nonwhite
GEOGRAPHICAL AREA	Chicago, Illinois
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Observations; Official Records
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	26

#### PURPOSE

Repeated demonstrations have revealed that a variety of factors bias official records, and yet such records are widely used in deviance research. The critical issue relating to such use is whether biasing factors are random or systematic. The influence of such factors on drug arrest records in Chicago was examined to determine the validity and research utility of the records, as well as the accuracy of the drug use trends and social distributions revealed by such records.

#### METHODOLOGY

Data on drug arrests for the years 1942-1970 were obtained from the daily ledgers of the Narcotics Division of the Chicago Police Department; this constituted a sample of 18,000 drug-related arrests. The record of each arrest contained place of arrest, type of charge, offender's residence, age, sex, and race. Information also was obtained by observing for several months the daily enforcement activities of the Narcotics Division and by interviewing police personnel.

#### RESULTS

In the 1940's, few whites were arrested on drug charges. Most of these arrests took place on Chicago's skid row and in sections of the south side "black belt," areas that had a tradition of drug use and selling. However, by the 1960's several trends were apparent: (1) arrests of whites were no longer common in black areas of the city; (2) increased numbers of whites were

being picked up by the police on drug charges; (3) recent white arrests were primarily occurring in several areas of changing populations; and (4) for 30 years numerous white arrests occurred in two areas--the near west and the near north side.

Data on nonwhite arrests showed several trends: (1) the near south side and near west side had been areas of nonwhite (and white) arrests for at least 30 years; (2) in the 1950's, nonwhite arrests increased dramatically, and these were highly concentrated; and (3) the proportion of nonwhite arrests decreased somewhat during the 1960's and some new arrest areas developed.

Rather than gradual changes, there appeared to be abrupt changes in arrest patterns for both whites and nonwhites; the records showed that within months the volume and type of arrests shifted sharply for given categories of arrestees or areas of the city. It became obvious that these shifts were the result of changes in policies and types of enforcement activity. Observation and interview data revealed that police shared a negative attitude toward drug users. Officers indicated that many policies they had followed over the years violated the arrestees' rights or were even brutal, but such policies in their view fit the crime. Public pressure also often led police to increase their enforcement effort, particularly among blacks in the 1950's, and among young white marijuana users in the 1960's. This increased effort led to the development of a separate narcotics unit in the early 1950's with 59 officers, later expanding to a force of 65 officers in the 1960's. New laws were implemented, and many contained harsh penalties for possession and sale of drugs.

Dramatic increases in arrests in the 1950's resulted from this combination of public pressure, increased personnel, and changing enforcement policies. Likewise, the decrease in nonwhite arrests in the 1960's was based on legal and social factors. Changes in the law, particularly the enactment of laws protecting the rights of the arrestee, led to the elimination of massive arrests based on minor charges, and forced police to use search warrants to enter specific places or to purchase drugs as evidence. In addition, the growing hostility of blacks toward police made many officers avoid working in black areas, thus contributing to the decrease in nonwhite arrests. Overall, there was also a tendency not to arrest females as often as males; this occurred as long as people behaved in expected, stereotypic ways.

#### CONCLUSIONS

The various, changing biases that influenced official data were not of a random nature, but rather of a systematic nature. Thus, the biases distorted the validity of drug arrest rates as measures of drug use activity. This does not mean that all official records of every form of deviance are influenced by the same configurations of biasing factors and have problems of validity to the same degree. However, it is clear that the assumption of random influence can by no means be taken for granted. In studies that make use of official statistics, sources of systematic bias, particularly those that change over time, must be understood and their influence assessed.

Drug Abuse Council. "Survey of Marijuana Use and Attitudes: State of Oregon." Washington, D.C.: The Council, December 1, 1975. Mimeograph.

DRUG	Marihuana
SAMPLE SIZE	800
SAMPLE TYPE	General Population
AGE	Adults (18-44)
SEX	Both Sexes
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	Oregon
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1975
NO. OF REFERENCES	0

#### PURPOSE

In 1973, Oregon became the first state to abolish criminal penalties for possession of one ounce of marihuana or less and replace them with a maximum fine of \$100. Since then, five other states (Alaska, Maine, Colorado, California, and Ohio) have also made the possession of small amounts of marihuana subject only to small fines, with little or no prospect of jail sentences or criminal records. This survey, a follow-up of one taken in 1974, examined the latest public attitudes and patterns of marihuana usage in Oregon two years after criminal penalties were removed in that state.

#### METHODOLOGY

Data were derived from personal interviews conducted with over 800 adults, aged 18 or over, representing a balanced sample of the state's population.

#### RESULTS

A majority of Oregonians (58%) continued to favor the approach of the new law that makes simple possession of marihuana a civil "offense." Adults aged 18 through 44 shared a more lenient view of the survey's four legal choices ("Civil penalties, as is"; "Possession of small amounts legal"; "Sale and possession of small amounts legal"; "Stiffer penalties") regarding sale or possession, or both, of small amounts of marihuana. Only 11% of those who either had used or currently used marihuana favored stiffer penalties, compared to 48% of those who had never used marihuana.

In the year since the first survey, there were no significant differences among adults who said they had ever used marihuana (19% and 20%, respectively), or currently used it (9% and 8%,

respectively). Of those currently using marihuana, only 3% reported using it for less than one year, with an additional 8% reporting that they had used it for less than two years. All of the less-than-one-year users were between 19 and 29 years of age. Of those individuals currently using marihuana, 35% had decreased their consumption during the past two years, while only 9% had increased their consumption. There was no change among 54% of the sample.

It was again found that nonusers gave lack of interest and fear of possible health hazards (93%) rather than fear of punishment (3%) as the dominant reasons for not currently using marihuana.

Erickson, Patricia G. Deterrence and deviance: The example of cannabis prohibition. Journal of Criminal Law, Criminology and Police Science, 67(2):222-232, 1976.

DRUG	Cannabis
SAMPLE SIZE	95
SAMPLE TYPE	Drug Offenders
AGE	Adults (mean age: 19.7 years)
SEX	Both Sexes
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	Toronto, Canada
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	July, August, September 1974
NO. OF REFERENCES	24

#### PURPOSE

The central concept of deterrence is threat--the threat that "some harm, loss or pain will follow noncompliance" with the law (Zimring and Hawkins, 1973). The major elements are the threat itself (embodied in the law), the threatening agencies (generally the police and the court systems), the threatened behavior (drug abuse in this instance), and threatened consequences (usually thought of as the range of criminal penalties, but also including related effects of stigmatization).

The literature has shown that the deterrent effect of the law on cannabis use is likely to be weak because actual certainty of punishment is low, and that the deterrent effect can be enhanced by increasing the perceived certainty of punishment without increasing the perceived or actual severity. The deterrence hypothesis was tested with a sample of persons found guilty of possession of cannabis.

#### METHODOLOGY

Interviews were conducted with a sample of 95 individuals who represented all types of sentences awarded for possession of cannabis over an 11-week period in July, August, and September of 1974 in the Metro Toronto court in Toronto, Canada. Only persons with no prior convictions for any adult offense were included. The sample was composed predominantly of young single males who were heavy users of cannabis: the median age was 19.7 years; males outnumbered females 9 to 1; almost half the sample had less than a twelfth-grade education; 71.6% were employed full- or part-time. Living situation at the time of arrest varied (43.2% with one parent; 16.7% with a partner; 22.1% with a sibling, roommate or group; 17.9% alone). Of the group, 87.3% were regular users (72.6% were moderate to heavy users; 14.7% were light users), and the mean age at which cannabis was first tried was 15.8 years; the length of time between first use and court appearance averaged 5.1 years.

## RESULTS

Sample members who were fined were more likely to continue the use of cannabis than those given either a conditional discharge, which requires probation, or an absolute discharge, which provides no other penalty. Sixty-five and two-tenths percent of those fined were found to have a "high likelihood" of continued cannabis use, compared to slightly less than half of those with discharges (absolute, 51.3%; conditional, 46.9%). No differences in the expressed intention to use cannabis were found between those placed on probation and those who received an absolute discharge. About a third of each group expressed a "medium likelihood" of continuing use, and 18.8% and 12.8%, respectively, were found in the low or most-deterred category.

While the number of persons who perceived a high risk of rearrest was small (17), 76.5% of this group expressed a high likelihood of continuing cannabis use. Only 61.8% of those with a median perception of certainty of punishment, and 37.5% of those with a low perception of certainty, were found in the high likelihood of future use category. In contrast, 25% of those who perceived the lowest certainty of rearrest also had the lowest likelihood of continuing use.

"Attachment to cannabis-using norms" was operationalized in terms of frequency of use in the year preceding the time of sentence. Eighty percent of the heavy users expressed the highest likelihood of continuing use, and 63.6% of the never, experimental or occasional user group indicated the lowest likelihood. For the heavy and moderate regular user group, there was no relationship between the type of sanction and the likelihood of subsequent use (93.3% high intent for absolute discharge, 87.5% for conditional discharge, and 93.3% for fine). Within the light and irregular user group, little difference was found between those awarded either form of discharge (66.7% for absolute; 62.5% for conditional). However, those given fines in this category expressed a greater likelihood of continued use (75%).

With regard to perceived certainty, four out of twenty-four (16.7%) of the lighter user group perceived a high likelihood of rearrest, compared to 13 of 67 (19.4%) of the heavier user group. There was little difference between those aged 13 or younger and those 14 to 16 at first use in intention to continue use. But those who began at seventeen or later were less likely to continue use than their younger counterparts.

For the heavy user group, the data offered no support for either the principle of general deterrence or the sociocultural hypothesis. The vast majority of the heavier users intended to continue use, regardless of the proportion of criminalized friends (high intent was expressed by 85.7% of those with no friends charged, 95% with less than half charged, and 86.7% with half or more charged). For the lighter user group, 37.5% of those who reported no friends charged had a high intention of continued use compared to 81.3% who had some criminalized friends.

## CONCLUSIONS

The research has shown that more severe penalties and higher perceived certainty of punishment do not have the effect of reducing the likelihood of subsequent cannabis use among a sample of persons who have been officially criminalized for the offense of simple possession. There are several implications of this. First, since deterrence hypotheses are not borne out when tested by data on the crime of cannabis use, perhaps they do not apply to other forms of drug use either, or to victimless crimes. Second, availability of a substance should not be equated with its legality. And third, there is an array of costs thought to be attached to reliance on the criminal sanction against cannabis, including criminal records for young persons, the associated social and legal stigma, inculcation of disrespect for authority, distrust of the police, and a drain of the resources of enforcement. Although some would argue that decriminalization for cannabis should await the valid, scientific elucidation of long-range physical effects, it should also be asked whether the application of criminal law to this form of drug-taking behavior has sufficient justification if its deterrent efficacy cannot be demonstrated empirically.

Fernez, Frederick J. Attitudes of certain criminal justice personnel toward drug laws and drug offenders. Journal of Police Science and Administration, 3(3):354-362, September 1975.

DRUG	Multi-Drug
SAMPLE SIZE	281
SAMPLE TYPE	Police Officers; Police Recruits; Probation Officers; Assistant District Attorneys
AGE	Early Adult (22-34)
SEX	Male (93% +)
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	Suffolk County, New York
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaire
DATE(S) CONDUCTED	1971
NO. OF REFERENCES	0

#### PURPOSE

The effects of occupational socialization upon the attitudes of criminal justice personnel toward drug laws and drug offenders were examined in a sample of policemen and criminal justice personnel from Suffolk County, New York. Special emphasis was directed toward the values, attitudes, and beliefs of police officers through the varying stages of their police careers.

#### METHODOLOGY

A self-administered questionnaire was filled out by 85 police recruits, 140 police officers, 50 assistant district attorneys, and 30 probation officers in Suffolk County. Police recruits were measured twice--upon entering the training academy, and at graduation three months later. Three major areas addressed in the questionnaire included: (1) attitudes toward criminal justice and criminal justice agencies, (2) attitudes toward police enforcement of drug laws, and (3) attitudes toward the issue of drug use as a criminal or medical problem. All respondents were provided with five-point rating scales with which to register their opinions (agree-disagree, true-false, and descriptive).

Changes in attitude by recruits were analyzed against a background of police officer attitudes. In addition, responses by police officers were compared against those made by assistant district attorneys and probation officers. Statistical analysis was accomplished with a T-distribution.

## RESULTS

Posttraining police recruits moved significantly toward police officer attitudes in the following areas: (1) police are overzealous in their enforcement of drug laws (disagreed); (2) courts are allowed too much discretionary power in disposition and sentencing procedures involving narcotics offenders (agreed); (3) New York State drug laws are not effective (agreed); (4) addicts should be imprisoned all or most of the time (agreed); (5) addicts should not be handled as a medical problem (agreed); (6) giving or offering a drug is just as serious as the actual sale of the drug (agreed for all drug groups except marihuana); and (7) Narcotics Addiction Control Agency civil and criminal commitment certification should be extended to users of non-narcotic drugs (disagreed). Only in three areas did posttraining recruits differ significantly from officers: (1) police recruits were more inclined than police officers to feel that the label "addict" is harmful to the offender; (2) police were significantly less likely than recruits to rate four of five drug-related crimes as most serious; (3) recruits felt less objective in their dealings with drug users than did the police officers.

Officers and police recruits after training held "harder" attitudes than those held by other criminal justice personnel. That is, while there were general tendencies toward agreement among all the respondents, there was a significant divergence of opinion with regard to some specific areas. Probation officers were more likely to see police as overzealous in their enforcement of drug laws; probation officers and assistant district attorneys were less likely to feel the courts had too much discretionary power; police were more likely to see drugs as a major contributor to crime and violence than did probation officers and assistant district attorneys.

## CONCLUSIONS

The data show that recruits change their attitudes toward drug laws, usage, and penalties to conform more with police officer attitudes. While the study indicates changes in recruit attitude, it does not deal with the differences between recruits and community at the time of recruitment and selection. Consideration should be given to recruit/officer/community differences in attitudes, and to the implications which these changes in recruit attitudes may have for the community enforcement system.

The data show that police officer and recruit attitudes tend to be harsher than those of other elements of the system. As a result of this, disagreement and conflict among the various components of the justice system occur. This conflict could lead to frustration, confusion, and fragmentation in the total justice delivery system.

Fisher, Gary; Steckler, Allan; Strantz, Irma; and Nabholz, Emily. The legalization of marihuana: Views of several American populations of users and non-users. Journal of Psychedelic Drugs, 6(3):333-349, July-September 1974.

DRUG	Marihuana
SAMPLE SIZE	2,728
SAMPLE TYPE	General Population
AGE	Adolescents; Adults (12-78)
SEX	Both Sexes
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	Cross-Sectional
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Questionnaires
DATE(S) CONDUCTED	1969 - 1970
NO. OF REFERENCES	7

PURPOSE

In order to shed further light on the marihuana issue and to aid in the formulation of national political and social policy, views and opinions of individuals representing various American populations of users and nonusers of marihuana were obtained regarding current marihuana laws.

METHODOLOGY

Data were collected in 1969-1970 from five larger studies concerned with marihuana. There were 2,728 subjects, male and female, representing all age groups from adolescence to old age, all socioeconomic levels, and various occupations. Data were obtained largely from urban West Coast communities, with some information gathered in the rural Midwest and South. Altogether there were 13 samples of subjects, divided into five drug use categories: (1) trial users (1 to 3 times); past users (used before, but not currently); (3) occasional users (less than once a week); (4) regular users (from one to six days per week); and (5) daily users (at least once every day). Information was obtained through interviews or mail-out questionnaires. Topics of interest were: (1) recommended disposition of users; (2) type of legal control desired; (3) justifications for legalizing and not legalizing marihuana; (4) effect of legalization on marihuana use; (5) belief about future legalization and widespread use of drugs; and (6) belief about future revolutionary effects of marihuana on culture.

RESULTS

As use of marihuana increased, there was an increase in a more liberal position taken toward disposition of marihuana users. Nonusers held the least liberal position and daily users the most liberal position. No users elected for marihuana use to be considered illegal, and of 657

nonusing subjects from six samples, only 5.3% would elect for users to be considered and treated as criminals. In a study of four groups from one West Coast urban community, the most punitive attitude towards disposition of users was taken by judicial and legislative officials (24.7% said users should be considered criminals), followed by nonusers (12.5%), whereas no users or community leaders took this position. The majority of current users felt users should be left entirely alone; the majority of past users, trial users, and all nonusers felt users should be educated about the harmful effects of marihuana but that use should not be considered illegal. The majority of users favored legalization, and the majority of nonusers favored some legal control, although many felt there should be a reduction in penalties for use.

The two best reasons given for legalizing marihuana by all four groups from one community (users, nonusers, community leaders, and officials) were that the dangers of marihuana did not warrant the classification of its use as a crime and that it would put users in contact with criminals. Among users, nonusers, and officials in one community, the two best reasons for not legalizing were that not enough research had been done on long-term effects and that marihuana use leads to harder drugs.

The great majority of nonusers did not plan to use marihuana if it were legalized; 3% of trial users would plan to use, and 14% of past users would plan to use. The majority of current users said the legalization of marihuana would not affect their use. As use among subjects increased, there was an increase in the belief that marihuana would become legalized. Whether or not marihuana would be legalized, the majority of all groups from all samples believed marihuana use would become more widespread. Also, as marihuana use in subjects increased, there was an increase in the belief that marihuana would have a positive effect on societal values; nonusers felt marihuana would have a negative effect.

Grupp, Stanley E. Prior criminal record and adult marihuana arrest dispositions. Journal of Criminal Law, Criminology and Police Science, 62(1):74-79, March 1971.

#### PURPOSE

The extent of criminal involvement by persons who use marihuana has historically produced emotionally charged discussions. Although some of the traditional stereotypes of the marihuana smoker are breaking down, there is still a prevalence of reports linking marihuana and criminal behavior. Some researchers, however, claim that a large percentage of marihuana offenders have clean records as far as the criminal law is concerned. A curious aspect of the attention given this matter in the literature is the lack of consideration of the objective information that is available. Although currently available information does not permit detailed inquiry into the exact nature of the prior criminal records of the marihuana arrest population, it is possible to find data relevant to the general seriousness of the prior criminal record and to look at police-court disposition data in relation to this prior record. Data of this type provide an index not only of how the adult marihuana arrestee is viewed by the disposition process, but also of the effect of prior criminal records on the disposition pattern. Using the statistical reports of the California Bureau of Criminal Statistics, Drug Arrests and Dispositions in California, an attempt was made to: (1) identify the nature of the prior criminal record of an adult marihuana arrest disposition population; and (2) identify the disposition and sentencing patterns and trends with respect to the various prior criminal record categories of this population.

#### SUMMARY

The data indicated that since 1961 there had been a gradual increase in the proportion of marihuana arrest dispositions of adults who had no prior criminal record. In 1961 and 1962, 16% had no prior record; in 1965 the proportion had risen to 20%; in 1966 to 25%, and in 1967 to 35%. Accompanying this trend, there was a decrease in the proportion of marihuana arrest dispositions of adults who had either a major prior criminal record or a prior prison record. In 1960, persons with major prior criminal records contributed 29% to the total adult marihuana arrest dispositions and those with a prior prison record contributed 11%; in 1967, their contributions were 20% and 4%, respectively. In 1967, although 65% of those arrested had prior criminal records, the arrests were most apt to be of a minor nature (arrest only, or conviction resulting in a sentence of less than 90 days).

In recent years, the most likely disposition of a marihuana arrestee is release, dismissal, or acquittal. This is true whether the arrestee had a prior record or not. In 1966, no less than 61% of the arrestees in any one category were released, dismissed, or acquitted. However, the chances of being convicted were consistently greater if one had a minor or serious prior criminal record (39% and 41%, respectively, compared to 29% of those with no prior record). For those with no prior record, there was a gradual but not always consistent decrease in convictions. Between 1961 and 1966, the proportion convicted dropped from 43% to 25%; in 1967 and 1968, the percent rose (29% and 33%, respectively). While prison sentences had decreased for all offenders since the early 1960's, the chances were greater that those with a serious or minor prior criminal record would be committed to prison than those with no prior record. In 1967, 29% of those with serious records were so sentenced; 47% of those with minor prior records were sentenced; and 24% of those with no prior record were sentenced. Persons with no prior record were consistently more apt to be placed on probation (55% of those arrested), while those with a serious record were most likely to be given a combined probation-jail disposition (43% of those arrested).

#### CONCLUSIONS

The pattern is clear: in California, regardless of one's criminal record, there has been a decreasingly punitive response to the convicted adult marihuana law violator. Although a serious prior record enhances one's chances of being sent to prison, this disposition alternative is markedly less apt to occur in recent years than it was in the early 1960's. Several factors may

be responsible for these changes, including changes in the law and court rulings, as well as the kind of arrest and the level of arrest activity of the police. Clearly there has been an increase in the proportion of adult marihuana arrest dispositions of persons with no prior criminal record; however, in 1967, no less than 65% of those arrested did have some kind of prior criminal record. This is inconsistent with the claims of some that the contemporary targets of marihuana law enforcers are subjects who have had no previous contact with the law. It must also be recognized that the minor prior record category covers a wide range. The nature of the arrests which are dropped, the factors involved in this decision, the extent to which this category includes guilty pleas to charges reduced from more serious crimes must be addressed by researchers in order to gain a better understanding of the criminal characteristics of marihuana offenders.

Hays, Ray J.; Winburn, Michael G.; and Bloom, Robert. Marijuana and the law: What young people say. Journal of Drug Education, 5(1):37-43, 1975.

DRUG	Multi-Drug
SAMPLE SIZE	23,976
SAMPLE TYPE	Students
AGE	Adolescents
SEX	Both Sexes
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	Texas
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaire
DATE(S) CONDUCTED	1970 - 1973
NO. OF REFERENCES	4

#### PURPOSE

Many states are considering the modification of existing statutes regarding the penalties for use and possession of certain kinds of drugs. In order to change the law, all the medical, physiological, and sociological consequences of substance abuse must be considered. Until now, there have been no concise data from youth on the extent of their drug use, how they have been affected by the law, and what they believe should be done about existing statutes. In order to gain insight into these areas, students in four Texas school districts were questioned on their attitudes concerning changes in the state's marihuana laws.

#### METHODOLOGY

Data were obtained from previous studies conducted by the senior author and other colleagues. Over a period of three years, a total of 23,976 students in four Texas school districts were administered an 88-item questionnaire which measured the prevalence and incidence of abuse of nine categories of drugs during three time periods, correlates of drug use, and demographic variables. All data were obtained anonymously.

#### RESULTS

The most widespread use of marihuana occurred in the urban setting, with more than 25% of the students reporting they had used marihuana and 15% reporting they used the drug ten or more times. Two percent reported they had been caught by school authorities for possessing or using drugs; approximately the same number reported being arrested by police for possession or use of drugs. This suggests that the schools were as effective as the police in identifying students who were using drugs.

Students were asked to give their opinion on drug use--whether they viewed it as a social problem, a moral problem, or a legal problem. The most frequently endorsed of these options was "as a social problem"; the least endorsed was "as a legal problem." This indicated that students were not concerned with the legal aspects of drug use. When asked about the Texas law regarding the possession of marihuana, the largest group of students (35%) responded that they would prefer to see the penalties be made less severe or marihuana legalized. The higher the grade level, the more liberal was the opinion of students toward marihuana. In addition, over the three-year period of study, there was a general shift by all students to a more liberal view of marihuana.

#### CONCLUSIONS

Extrapolating the data from these four school districts to the state, it would appear that approximately 120,000 students were using marihuana on a frequent basis. However, the arrest data from the students and from the various communities indicated that only a minor portion of marihuana users were being caught and prosecuted.

It is evident from the data that more and more youth are using marihuana, and want the penalties reduced for its use. It is also apparent that strict enforcement of the laws would overburden the courts and penal institutions. The fact that many people are breaking the marihuana law is an impetus to examine the rationale for the law. In addition, if control is indicated, methods other than judicial control should be examined.

Hughes, Patrick H.; Parker, Richard; and Senay, Edward G. Addicts, police, and the neighborhood social system. American Journal of Orthopsychiatry, 44(1):129-141, January 1974.

DRUG	Opiates
SAMPLE SIZE	24
SAMPLE TYPE	Community Residents; Police
AGE	Adults
SEX	19 Male; 5 Female
ETHNICITY	15 White; 6 Puerto Rican; 2 Mexican-American; 1 Black
GEOGRAPHICAL AREA	Chicago, Illinois
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	Winter and Spring, 1970
NO. OF REFERENCES	10

#### PURPOSE

In Chicago, the majority of narcotic addicts meet at drug distribution sites called "copping areas." In order to determine the interactions of the heroin subculture with its host community at one of these sites, the attitudes, perceptions, and behavior toward addicts of residents, business people, and police were studied.

#### METHODOLOGY

Six subjects were selected from each of four groups (residents, businessmen, local police, and community agency personnel) in the copping area. They were chosen on the basis of their geographical proximity to the heroin distribution activities in the area. The subjects were interviewed to assess: (1) their knowledge of the local heroin scene; (2) their transactions with addicts in the copping area; and (3) their opinions about the kinds of addiction control programs needed in the neighborhood.

#### RESULTS

Only one of the six residents, a Puerto Rican man who had lived in the neighborhood for 12 years, reported personal knowledge of the narcotic addicts on his block. This man and another resident reported attempts to discourage their addicted friends from using narcotics. Failing to do so, they later avoided further contact with them. No residents were involved in purchasing stolen goods from addicts; three residents reported hearing people talk about the purchase of stolen goods, but these were not linked to an addict as the supplier. All six residents said they would try to help an addicted friend obtain treatment, but only one resident suggested that people in the neighborhood should organize in order to do something about the drug problem.

Five businessmen knew of the heroin copping area; two knew addicts by name and periodically talked to them. All six of the business people felt addicts should receive treatment, but were less tolerant toward drug dealers. None of the merchants, however, wanted to get involved in any community action against the heroin problem.

The two Puerto Rican agency personnel in the sample, a minister and a caseworker, knew the location of the copping area and recognized groups of addicts on the street. None of the white agency people were aware of the copping area. All agency representatives felt addicts should be given the opportunity to be treated, but those who actually tried to help addicts felt that most would not take advantage of treatment. Two of the sample--the aforementioned minister and a priest--said a community-based drug program was needed; three others--a school counselor, a political party worker, and a settlement house director--emphasized the need for better programs and laws, but offered no innovative ideas.

The six police officers in the sample--three tactical officers and three vice detectives--had intensive and continuous contact with the addicts in the area. Lacking complaints, the detectives had to rely on undercover agents and informers to enforce the laws. Five procedures were used to remove addicts from the area: (1) harassment; (2) arrest for possession of heroin; (3) arrest for sale of narcotics; (4) raids; and (5) arrest for hustling activities.

### CONCLUSIONS

Although the sample size was small, the findings yield insights into the problem of addiction control. Many people are totally unaware of the heroin copping area; those knowledgeable of the heroin problem express a desire to help drug addicts but have no channels to express their concern. Because of community apathy, police are forced to use their own information system, often based on the coercion of addicts and other deviants through threat of arrest or promise of leniency. The establishment of community-based drug programs can help solve the heroin addiction problem, but laboratory and clinical researchers must develop truly effective treatments whose success does not require massive motivation on the part of addicts.

Inciardi, James A. The use of parole prediction with institutionalized narcotic addicts. Journal of Research In Crime and Delinquency, 8(1):65-73, January 1971.

DRUG	Opiates
SAMPLE SIZE	424
SAMPLE TYPE	Parolees
AGE	Adults
SEX	Male
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Official Records
DATE(S) CONDUCTED	1967 - 1968
NO. OF REFERENCES	17

#### PURPOSE

Parole prediction, a statistical estimate of the probability of success on parole based on experience tables, has had a lengthy and controversial career. The technique has evolved into a useful method and perspective for predicting the relative chances of violation or nonviolation of parole. However, numerous correctional practitioners have questioned its usefulness, and others have called for further research and exploration of predictive devices. In order to develop experience tables for paroled offenders with histories of narcotic addiction, male parolees released to the supervision of the Special Narcotic Project of the New York State Division of Parole in 1966 were studied.

#### METHODOLOGY

Data were obtained for 424 male parolees with histories of narcotic addiction who were placed under the supervision of the Special Narcotic Project of the New York State Division of Parole in 1966. The progress of each subject was followed for one year of parole to determine adjustment to supervision. Adjustment was defined as unfavorable if, within one year of release, the parolee had: (1) been returned to prison for violation of parole; (2) been arrested for a new offense and not restored to parole; (3) absconded; (4) been declared criminally insane; or (5) died as the result of committing a crime or from an overdose of narcotics. All other outcomes were defined as favorable.

The first step in developing the predictive classification was to determine which personal and social characteristics of the narcotic addicts were most clearly related to parole outcome. This was obtained by a simple cross-tabulation of characteristics by outcome, and a measurement of

relationship using the Mean Cost Rating (MCR) procedure (Duncan et al., 1953). Applied to release decisions, the MCR represents the average difference between utility and cost for all categories in order of outcome, where utility for each category is the proportion of total failures that the selection device would permit one to eliminate by not releasing all in certain categories, and where cost is the proportion of total successes that would thereby not be released. A total of 29 preinstitutional characteristics were cross-tabulated by parole outcome, and those with the highest order of predictive selectivity were determined by the MCR procedure. The stability of these predictive relationships was tested by comparing the statistics of this study with those of a similar study in California and of a study of 1967 parole releasees in the New York State Special Narcotic Project.

## RESULTS

The variables with the highest order of selectivity were: (1) source of support during six months prior to commitment; (2) number of previous treatments for narcotics use; (3) percent of time employed during the six months prior to commitment; (4) average income per week six months prior to commitment; (5) type of offense; and (6) age of onset of drug use. Four of the items had an MCR over .1: the three reflecting legitimate employment were indicators of success, while the one reflecting prior unsuccessful treatment had an unfavorable outcome implication. Source of support during six months prior to commitment, with an MCR of .137, was the most discriminating of these in that 100% of those who supported themselves and others had successful parole outcomes while only 41% of those receiving public assistance appeared successful.

The commitment offense was the fifth most selective item, with property offenders having a higher success rate than those committed for assaultive crimes (61% versus 49%). Age at onset of drug use also manifested predictive selectivity: the earlier drug use began, the less favorable the prognosis upon release (50% success rate for those who began use before age 18, and 61% for those who began drug use at 22 years of age or older). In the rank order of attributes with marginal selectivity were a number of indices of the extent of involvement and probable identification with the criminal subculture, all of which were unfavorable indicators. Educational attainment was associated with favorable parole outcome. The most selective items, source of support and number of previous treatments, were then cross-classified. This cross-classification of the two variables resulted in an MCR of .170. This occurred in spite of the fact that the number of prior treatments made no appreciable difference in outcome rates for the self-supporting cases. Further cross-classification of the categories indicated that while being self-supporting was associated with more favorable outcome on the whole, this held true primarily for those who started drug use at a late age.

The findings of this study were compared to those of a similar study conducted in California on 3,000 addict parolees. Items corresponding to those having predictive stability among the 1966 New York cohort were found to have stability among the California parolees. Stability of predictive relationships was again tested by applying to a 1967 New York cohort most of the classification items from the 1966 cases. Source of support, the most selective single item for the 1966 cases, had no relationship to outcome for the 1967 cases. The 1967 findings for a number of previous treatments were the reverse of those for 1966, with those with previous treatments in the 1967 cohort having the most favorable outcome rates. The items with the greatest stability were the highest grade attended and age at onset of drug use. Education was associated with favorable outcome for both cohorts, as was late onset of drug use. The change from the 1966 to the 1967 cohort may have been a reflection of gross changes during 1967-68 in the types of cases received by the Special Narcotic Project, their supervision, and their basis for revocation of parole. Many of the staff left the program in 1967; as a result, intake to the project was closed during much of the year, and the rest of the staff was overloaded with cases. There was also high racial tension during this period, which may have prevented the overloaded, predominantly white supervision staff, with a predominantly black and Puerto Rican clientele, from providing close supervision of problem cases in minority group neighborhoods.

## CONCLUSIONS

Several characteristics manifested a relationship to success on parole for the 1966 cohort; and although temporary changes in the structure of the narcotic treatment program under study may have altered supervision procedures and, hence, the predictive ability of similar characteristics among the 1967 cohort, evidence from the California study tended to enhance the findings on the 1966 group. This suggests, however, the value of repeated classifications and testing of additional cohort variables.

The findings of this report suggest an approach not only for the prediction of parole outcome of institutionalized addicts, but also for the determination of which type of treatment program would be most effective for which type of addict. By examining the personal and social characteristics most related to success on parole or aftercare and, furthermore, to drug abstention and relapse, while controlling for type of treatment modality employed, the relative effectiveness of different types of treatment could be assessed for different types of addicts.

Jaffe, Dennis T. Drug laws: Perceptions of illegal drug users. Drug Forum, 3(4):321-329, 1974.

DRUG	Multi-Drug
SAMPLE SIZE	123
SAMPLE TYPE	Young Adults
AGE	Adults (mean age: 23 years)
SEX	Not Specified
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	Five U.S. Communities
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	6

#### PURPOSE

Rarely have laws been held in such wide disrespect and broken so frequently as the current laws against drug possession and sales. In order to look at this phenomenon, the consequences of the legal response to drug use on the attitudes of young drug users were explored by obtaining the users' perspectives on drug laws at different stages of drug use.

#### METHODOLOGY

The data came from the author's larger study of young adult drug users. Long, open-ended interviews were conducted with 123 middle-class youth (mean age 23) in five U.S. communities. The interviews focused on the respondents' life history and decisions about drugs. Most of the respondents had attended or expected to attend college, and all identified with the "youth culture." All used and strongly preferred marihuana and psychedelics to other drugs. Half also used other drugs, including heroin, amphetamines, and barbiturates.

#### RESULTS

The existence of a five-stage process in the development of a user perspective on drug laws was indicated. Although not all users went through each stage, most eventually reached the fifth stage. The stages were:

- (1) A person makes an impulsive or personal decision to try drugs, with the law having little effect on it. (Action)

- (2) A social group uses drugs and develops a rationalization for its illegal activity, as well as a shared conception of itself as an "outlaw culture." (Group Support)
- (3) The group builds a shared theory of political dissent and connects this theory to other events and information. (Rebellion)
- (4) The individual develops a heightened sensitivity to his loss of civil liberties, and feels controlled unjustly by the drug laws as he seeks to withdraw into his own private pursuits. (Withdrawal)
- (5) The individual ends up with a more tolerant perspective on drug laws and an understanding of cultural contradictions and the relativity of social norms. (Reintegration)

#### CONCLUSIONS

For this group of youths, drug use is part of a process of developing a conception of self which society does not accept or agree with. The law is taken as the symbol of certain values which young drug users struggle against, and drug laws are connected with other situations which are viewed as oppressive and antithetical to civil liberties. The youths' attitudes toward the law, as well as their use of drugs, change over time and develop along lines which parallel other developmental schemes offered to account for changes in student values, attitudes, and behavior. Thus, to try to compel youths to obey the laws is both impractical and unwise, since the youths are exploring and redefining their values in ways that lead them to question laws and customary morality.

Johnson, Weldon T., and Bogomolny, Robert. Selective justice: Drug law enforcement in six American cities. In: National Commission on Marihuana and Drug Abuse. Drug Use in America: Problem in Perspective. Appendix, vol. III: The Legal System and Drug Control. Washington, D.C.: Government Printing Office, March 1973. pp. 498-650.

DRUG	Opiates; Cocaine; Hallucinogens; Stimulants; Depressants; Multi-Drug
SAMPLE SIZE	5,000+
SAMPLE TYPE	Arrestees For Nonmarihuana Drug Offenses
AGE	Under 30 (74%)
SEX	83% Male
ETHNICITY	53% Black; 30% White; 16% Spanish-Speaking
GEOGRAPHICAL AREA	Chicago, Ill.; Dallas, Tx.; Los Angeles, Ca.; Manhattan, N.Y.; Miami, Fla.; Washington, D.C.
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Official Records; Observations; Interviews
DATE(S) CONDUCTED	1972
NO. OF REFERENCES	0

#### PURPOSE

There has been a paucity of adequate information regarding how, and how well, the criminal justice system deals with the enforcement of drug statutes, and how well or how poorly the system functions to control illicit drug use and to treat or rehabilitate drug-dependent persons. This study addressed several questions: (1) Do any particular age, racial, educational, or occupational groups contribute disproportionately to drug arrest populations? (2) How does the drug defendant differ from other offenders and other drug users? (3) How do drug arrestees come to the attention of police? (4) Under what circumstances are drug arrestees apprehended? (5) How are drug defendants processed? (6) What sentencing procedures are utilized with respect to drug defendants?

#### METHODOLOGY

The experience, from detection to final disposition, of over 5,000 persons arrested for non-marihuana drug offenses was studied. In addition, demographic data, prior drug use, and police contact information was obtained for each arrestee. The sample was selected from five jurisdictions: New York, Chicago, Los Angeles, Dallas, and Washington, D.C.

Instrumentation and data collection procedures were adopted from an earlier marihuana study conducted by the authors (Johnson and Bogomolny, 1972). Official arrest and disposition records were the primary source of data. These were supplemented by observations of law enforcement activity and interviews with various personnel connected with the police, prosecutorial, and court subsystems. All data collection took place in the summer of 1972, and focused on arrests made in 1971. In each jurisdiction, teams of researchers were organized by attorneys under contract to the National Commission on Marihuana and Drug Abuse.

Four general classes of independent variables were examined: (1) jurisdictional differences in both substantive and procedural law as well as law enforcement policy; (2) specific drugs and drug offenses involved; (3) characteristics of each case, such as prior investigations, drug buys, seizures and search warrants; and (4) demographic characteristics and prior criminal activity of arrestee. These were compared to the dependent variables. Quantitative comparisons were made, but no statistical tests of significance were used.

## RESULTS

Demographic characteristics of persons arrested for drug offenses varied importantly according to the specific drug involved. Two broad categories of arrestees were found--those connected with opiates, opiate-related offenses, or cocaine, and those connected with hallucinogens, stimulants, or depressants. The first category involved proportionately more persons who were over 25, black, and unemployed. The second category was composed of persons who were under 25, white, and were students or employed in white-collar occupations.

Of all arrestees in the study, 70% had no prior treatment for drug dependency, but a substantial number had previous contact with the criminal justice system. About two-thirds (63%) had at least one prior arrest, and about one-third had been convicted of a prior offense. Most prior contact involved nondrug offenses, but proportionately more opiate arrestees had prior drug arrests and convictions. Persons connected with hallucinogens had virtually no prior police contact. In this respect, these arrestees were remarkably similar to the marihuana arrestees previously studied (Johnson and Bogomolny, 1972).

Regarding the detection and apprehension of drug offenders, at least 40% of the arrests were spontaneous. Only 24% of the arrests were preceded by police investigations, and undercover purchases of drugs brought about only 6% of the arrests. About three-fourths (71%) of the arrests involved drug seizure (ordinarily in small amounts), and 22% of the cases involved "ancillary" consumption-related offenses. Over half (61%) of the drug arrests occurred in public; 3% of all arrests involved an arrest warrant, and 8% involved a search warrant.

As to disposition, more than half (58%) of the closed cases were disposed of in the defendant's favor at some point between apprehension and trial. Of all persons initially arrested, 33% were sentenced, and only 14% actually served time in jail. Persons convicted of hallucinogen offenses were generally probated.

## CONCLUSIONS

The data indicate that state and local police currently focus on possession and consumption offenses and offenders, rather than on illicit drug traffic or supply; thus, police practice diverges from policy. The extent to which this departure reflects difficulty on the one hand, or disinterest on the other, is not clear. However, the findings do suggest that police activity is geared to increasing the number of "drug arrests" rather than to disrupting distribution networks. In the area of disposition, the fact that as many as half of the arrests failed to be prosecuted suggests either inappropriate police behavior or the inapplicability of traditional criminal justice precepts to many drug offenders. The data suggest police behavior occurs in a context which is independent of other agencies in the criminal system or at least is without feedback from prosecutors or court. Apparently, drug law enforcement is currently controlled by goals that emphasize quantity rather than quality in the arrest of offenders.

Kaplan, John, et al. Marijuana laws: An empirical study of enforcement and administration in Los Angeles County. UCLA Law Review, 15(5):1499-1585, September 1969.

DRUG	Marihuana
SAMPLE SIZE	Not Specified
SAMPLE TYPE	Arrestees; Criminal Justice Officials
AGE	Adolescents; Adults
SEX	Both Sexes
ETHNICITY	Cross-Cultural
GEOGRAPHICAL AREA	Los Angeles, California
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Arrest Reports
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	114

#### PURPOSE

The institutional, social, and financial costs of enforcing marihuana laws in Los Angeles County were examined. Also explored were the effects of relying on criminal law to enforce a morality more and more of the informed citizenry feels is inappropriate, and the effect this has on the criminal justice system.

#### METHODOLOGY

The data used for this project were obtained from two basic sources: (1) a survey of adult and juvenile arrest reports for the year 1966, and (2) interviews with authorities in disciplines related to marihuana enforcement.

#### RESULTS

California law of this period viewed the use of marihuana as a serious crime, and gave judges the option of punishing a first offense of marihuana possession as a felony and sentencing the offender to one to 10 years in prison. However, despite the stringency of the law, statistics show that the number of people using marihuana is increasing. This increase in marihuana use indicates that the laws were not deterring large numbers of people, and raises serious questions about the efficacy of the laws.

The institutional, social, and financial costs of enforcing such laws are great. One effect of the substantial rise in marihuana use has been an increase in the time and resources allocated by police to marihuana enforcement. As a result, this time was subtracted from the time available for the discovery and prevention of violent crimes. Also increased was the use of informants

(professionals getting up to \$50 a day), undercover agents, and other surreptitious enforcement techniques. These methods have done little to halt the spread of marihuana use, and, moreover, have risked intrusions into individual privacy. Generally, the enforcement of the marihuana laws in Los Angeles was erratic. The chances of a violator being caught were one in 200; if the violator was detected, he was not necessarily prosecuted; and if prosecuted, he was not necessarily convicted. Decisions made by judges and prosecutors tended to be arbitrary, and such factors as arrestee's age, attitude, family situation, moral culpability, and previous contact with the law more often determined whether or not the defendant was released prior to sentencing than did the particular offense committed. Disagreement of judges with the legislative range of penalties influenced, in a number of instances, their disposition of the case. Informal rules, and the stretching of evidentiary and search and seizure requirements to acquit a defendant, evidence this practice. Much of this judicial discretion was related to the tremendous increase in the arrests of educated, middle-class youth without prior records who, except for their marihuana activity, appeared to be law-abiding citizens. Even the California legislature has changed the law to allow judges to treat first-time possession cases as misdemeanor cases rather than as felonies.

### CONCLUSIONS

Despite reforms of enforcement procedures and the laws themselves, it is possible that marihuana use will become so widespread that prohibitory laws will be useless. If that happens, either the laws must be repealed and a rational scheme of regulatory laws substituted, or the present laws will become an anomaly.

Kittrie, Nicholas N.; Weaver, Juanita; Trencher, William M.; Wolfgang, Joan; Dahlke, Arnold; and Tro, Joseph A. The juvenile drug offender and the justice system. In: National Commission on Marihuana and Drug Abuse. Drug Use in America: Problem in Perspective. Appendix, vol. III: The Legal System and Drug Control. Washington, D.C.: Government Printing Office, March 1973. pp. 686-797.

DRUG	Multi-Drug
SAMPLE SIZE	461
SAMPLE TYPE	Juvenile Drug Offenders
AGE	Adolescents
SEX	80% Male
ETHNICITY	77% White
GEOGRAPHICAL AREA	Washington, D.C. and Adjacent Counties
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Arrest Records; Interviews
DATE(S) CONDUCTED	1971
NO. OF REFERENCES	32

#### PURPOSE

In the past several years, the mass media have devoted increasing attention to the problems of drug addiction and drug abuse in American society. The press accounts, as well as statistical and research reports, have stressed two major developments in the addiction arena. The first has been the manifold increase in the number of drug users and the spread of addiction from the urban socioeconomic ghettos into the middle class suburban communities; the second has been the increased number of American youth exposed to the drug culture, and the steady drop in the age of the youthful offender. It was the purpose of this study to identify the juvenile drug offender and to detail how seven different communities and governmental systems have responded to the challenge of juvenile drug abuse.

#### METHODOLOGY

This study examined seven jurisdictions in the standard metropolitan statistical area (SMSA) of Washington, D.C.: (1) Washington, D.C.; (2) Prince George's County; (3) Montgomery County; (4) Fairfax County; (5) Arlington County; (6) Prince William County; and (7) Alexandria. Two primary means of data collection were employed: collection and analysis of data from juvenile case records, and interviews with individuals involved at different points in the criminal justice system. The focus was specifically juveniles, 18 years and under. For the case analysis, a six-month time frame was selected: July 1, 1971, through December 31, 1971.

A case code book was developed to be as comparable as possible across the seven jurisdictions. Codes were set up to gather information on personal characteristics of the juveniles involved, conditions of arrest, types of drugs and charges involved, handling of juveniles at the time of

arrest and during disposition procedures, prior arrest information and dispositions of the cases. An attempt was made to gather a sample that included as close to the total number of juvenile cases dealing with drugs in each jurisdiction as possible. Interviews were conducted with police, probation officers, intake and social services personnel, defense attorneys, prosecuting attorneys, judges, and drug treatment program workers. At least one person in each category, from each jurisdiction, was interviewed. In each case, the "more experienced" person was sought out. In the special case of the drug treatment centers, ten treatment facilities were selected from among the Washington, D.C. SMSA. Criteria used for the representativeness of the sample were that the facilities handle juveniles, that a variety of treatment programs be represented, and that the programs range from single-approach to multiple-approach. Once the instruments were finalized, data were collected over a six-week period during the months of October and November, 1972.

## RESULTS

Of the 461 juvenile drug offenders studied in the seven D.C. metropolitan area jurisdictions, 80% were male and 77% were white. Female offenders accounted for only 10.5% of all cases in urban Washington, D.C., but constituted a high of 25.6% in suburban Montgomery County. Seventeen-year-olds accounted for nearly 42% of all youthful offender cases. While 16% of all juvenile drug cases in urban Washington, D.C., involved juveniles 15 years and younger, this same age group accounted for 33.3% of all cases in suburban Fairfax County.

While nearly half of all arrests in Washington, D.C., were made by specialized narcotics officers, in Montgomery County, only 24.2% of all arrests were made in this way. The regular local police accounted for nearly three-quarters of all arrests. Only 22.4% of the arrests involved drug sales by juveniles. While 47% of the drug arrests in the District involved opiates, the percentage of opiate arrests in surrounding jurisdictions ranged from 9% to 14%. More than half of the juveniles arrested for drug offenses had prior arrest records. About three-quarters of the District cases and half of the suburban cases involved juveniles with prior arrests.

The manner in which juvenile court proceedings against juveniles are instituted varied dramatically among the jurisdictions. Only 1.1% of all cases in Washington, D.C. were referred to the court by parents, as compared to 56.1% of all cases in Arlington, Prince William, and Alexandria. In Washington, D.C., only 13.2% of all juveniles arrested for drugs were detained after the arrest, while in Fairfax County, 38.5% of all arrestees were detained. Juveniles charged with drug offenses were represented by counsel in 98.8% of all cases in Washington, D.C., but only in 28% of the cases in Montgomery County. Defense counsel was present in 50.1% of the cases in all jurisdictions outside D.C., varying among jurisdictions. In Montgomery County private counsel retained by the juvenile accounted for 75.8% of counsel cases. In D.C. and in Fairfax County, private counsel retained by the juvenile accounted only for about 15% of the cases, with court appointed attorneys appearing in 73% to 81% of counsel cases. Although intake staff of Montgomery County exercised much discretion and informally disposed of more than half of all referred cases, in most jurisdictions the staff merely acted in a ministerial role and processed the great majority of the cases referred to court. Of the juveniles placed on probation, nearly half remained under the supervision of the court in Montgomery and in Prince George's Counties. Only 26% continued to be supervised by the court in D.C.

The major actors within the system (the police, prosecutor, defense counsel, judges, court workers, and treatment personnel) had varying opinions of how to treat the juvenile offender. In one suburban setting juvenile offenders were handled strictly and formally by the court, regardless of the drug involved, and were given a juvenile court record. Another suburban court handled over half of its cases through informal dispositions which resulted in no formal juvenile record. There were police authorities who thought inconsistencies in sentencing and lack of stiff penalties contributed greatly to drug abuse, while other agencies pleaded for individualized approaches.

## CONCLUSIONS

The study discloses that the juvenile system is not a monolithic unity. The agencies in the various jurisdictions differed in their conceptualization of goals, in their approaches, and in their degrees of competence. Also, the peaks of drug involvement in the 16- and 17-year-old group suggest a transitory and maturation malady. This evidence calls more for the creation of social and cultural activity centers for these vulnerable age groups than intensive psychological or psychiatric treatment programs. Similarly there is a lack of adequate programs for juveniles requiring formal court action and control.

A diagnostic facility for juvenile drug offenders, to help determine drug as well as other treatment needs, must be furnished as an aid to the juvenile court in the planning of more effective dispositions. Each jurisdiction's police department should utilize a well-staffed and well-trained juvenile division to handle all juvenile cases. In every case in which a juvenile is arrested, a juvenile officer should immediately be called in, whether or not the actual investigation of a drug charge against a juvenile is carried out by the juvenile officer. The juvenile officer should maintain a liaison with court workers and other social agencies in order to refer the youngster to the best possible program. Jurisdictions must provide enough judges to insure that each child can be dealt with in depth and be given the fullest consideration. There must be enough judges to insure that a juvenile case will initially be heard within a week of arrest, and if the child is in detention, his case should appear on a judge's calendar within 24 hours. A juvenile judge should be provided with as many dispositional alternatives as possible, and should have adequate supportive staff to insure that he has all available information about the juvenile prior to making any decision.

If not in all cases, certainly in drug cases, every juvenile should automatically be appointed counsel before appearing before a juvenile court. Attorneys appointed in juvenile cases should be knowledgeable in juvenile law and juvenile problems. A procedure should be available whereby the child can voluntarily come under the court's supervision without a finding of guilty, and thus help himself by participation in an acceptable drug program. If the child attends a program and is not rearrested, the case should be closed without a finding of involvement or a future record. Since many youngsters only experiment with drugs and never return to the court after their initial arrest, provision should be made for the sealing and destruction of any juvenile court record after the child has reached a specified age. No juvenile should be automatically referred to an adult court because the offense is drug-related. The office of the prosecuting attorney should take a more active role in juvenile court proceedings. By taking a more active role and by forming a closer liaison with probation workers and other supportive staff, the prosecutor should be able to exercise his discretion in a more meaningful way. Strategies should be developed in order to improve cooperation between all sections of the juvenile justice system.

Lindesmith, Alfred R. The Addict and the Law. Bloomington, Indiana: Indiana University Press, 1965. pp. 35-98.

## PURPOSE

As part of a larger report on the addict and the law, the effect of law enforcement strategies on illicit narcotic traffic and the experience of narcotic offenders in courts and prisons were examined.

## SUMMARY

### Enforcement Strategies

Because narcotic offenses usually involve a transaction between a willing seller and a willing buyer, there is in a sense no "victim" involved. In order to enter into the illegal distribution system, the police often use addicts as informers. Heavy mandatory penalties give police and prosecutors the ability to secure information and cooperation from addicts, and to punish those who do not cooperate. Often, illegal arrests of addicts are made for the purpose of securing information and recruiting informers; thus, large numbers of persons illegally arrested are subsequently discharged. This harassment is extremely injurious and demoralizing to the addict. The policy of repeated arrests with brief periods of detention causes the user to suffer deprivation symptoms while he is held and questioned. He earns his release by giving the police information, or is routinely released if he cannot be charged with an offense. Repeated withdrawals of this sort in police lockups without medical attention are bound to have great effects on the user's health and morale.

It has been estimated that smuggled drugs may pass through as many as fifty or a hundred hands before they reach the user. In this hierarchy only the lower reaches are relatively well known. The higher echelons are hidden because operations on this level are conducted by organized mobs directed by persons who are not addicts, who remain behind the scenes, and who employ others to act as their agents. The consequence which follows from this, which is of concern in evaluating the effects of enforcement, is that the major profits of the illegal drug trade are made by one set of persons while the major risks are taken by other persons. Addict-pushers and addicts who are not pushers serve proportionately more time in prison than do the nonaddicted big dealers and smugglers. It is primarily the victims of the traffic who suffer the major punishment. Nearly 50% of federal drug law offenders are each year reported by the Federal Bureau of Prisons to be addicts. While present police tactics are filling jails and prisons with relatively minor narcotic offenders, the illicit traffic shows no signs of drying up and is, in fact, probably more profitable than ever for the higher echelons. Increased penalties, limited judicial discretion, and the denial of probation and parole do not contribute to the apprehension of the bigger offenders; in fact, these measures make it more difficult to get at the key figures by causing them to be more careful. It appears that the only way to eliminate the narcotic traffic is to greatly reduce the demand for illicit drugs. To do this, it is necessary to take the addict out of the market (a) by curing him of his craving, (b) by locking him up in establishments to which peddlers do not have access, or (c) by providing him with access to legal drugs. On the basis of available evidence, the only one of these three alternatives that has been successful anywhere in minimizing illicit operations has been the third; however, it appears that if there is to be a new program in the U.S. it will be based upon the first two.

### Narcotics Offenders in Courts and Prisons

The most widely heard explanation of the gravity of the drug problem is the one offered by the Federal Bureau of Narcotics and by police. According to this viewpoint, the narcotics problem is due to judicial leniency. What is not taken into account is the fact that it is common in state courts for prosecutors to recommend to judges the sentences to be imposed, and for the judges to follow these recommendations. The prosecutor himself frequently determines what penalty he will ask, after consultation with the police. Both police and prosecutor bargain with the defendant, offering him reduced punishment for information or for assisting in trapping

other offenders. Police in some metropolitan areas have stated that fully 50% or more of the apprehended narcotics offenders agree to act as informers or to provide other forms of help to police. Since prosecutors and police place such great emphasis upon the necessity for recruiting informers, and since recent antinarcotics legislation has been designed to facilitate such recruitment, it is to be expected that informers will continue to be rewarded by lighter sentences, by being charged with lesser crimes, and by not being prosecuted.

Under the system of mandatory penalties which was imposed on federal judges by the Boggs Act of 1951, offenders are aware of the tendency of judges to impose the minimum sentence in a large percentage of cases. As a result, offenders often choose to plead not guilty and fight their case to the limit. This, of course, means more work for the courts. In order to induce defendants to plead guilty, it is ordinarily regarded as necessary that they be rewarded with shorter sentences for doing so.

The trend toward heavier punishment for narcotics offenders on the state level is represented by upgrading misdemeanors to the felony level. Unfortunately, felony prosecutions take much more time and require the police to spend a great deal more time in court. Misdemeanor cases are usually disposed of in a day or two; a felony prosecution may require a preliminary hearing, a grand jury hearing, an arraignment, and a trial. This extra effort and cost will inevitably lead police to make fewer arrests for the upgraded offense than would be the case if it were a misdemeanor. Also, with a crime--such as possession--defined as a felony, fewer possession charges will be filed and a larger proportion of actual possession cases will be prosecuted on lesser charges, such as loitering, addiction, and vagrancy. The net effect is that the same number of offenders are arrested and sent to jail or prison with the same sentences as before, the only difference being that the labels have been changed. The side effect of this is that the number of narcotics arrests and convictions will decrease regardless of whether the number of addicts in a community is increasing or decreasing, thus creating a pleasant statistical mirage.

Because of lengthened sentences and the denial of parole and probation, the number of prisoners confined for narcotics violations increased sharply between 1950 and 1960. The Bureau of Prisons has repeatedly warned that this increase in the number of narcotics offenders in federal prisons has undesirable consequences because it causes custodial problems. Also, the prisoner serving a long sentence without possibility of parole feels deprived of hope. He compares himself with rapists, murderers, and other types of criminals who are eligible for parole, and becomes resentful and bitter.

In view of the large and growing numbers of prisoners serving long sentences in state and federal prisons without the possibility of parole, and considering that some of these persons were sentenced with manifest injustice because of the extraordinary character of the laws, and since some of the sentences imposed undoubtedly reflected a kind of temporary mass hysteria generated by sensational and misleading propaganda, it is pertinent to suggest the need to provide relief for some of these prisoners.

McGlothlin, William; Jamison, Kay; and Rosenblatt, Steven. Marijuana and the use of other drugs. Nature, 228:1227-1229, December 19, 1970.

DRUG	Cannabis
SAMPLE SIZE	594
SAMPLE TYPE	Students; Treatment (outpatient)
AGE	Adults (mean age: 20 years)
SEX	Both Sexes
ETHNICITY	Over 90% White
GEOGRAPHICAL AREA	Los Angeles, California
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaires
DATE(S) CONDUCTED	October 1969
NO. OF REFERENCES	6

#### PURPOSE

It has been well established that the use of marihuana by young people is positively correlated with the use of other drugs, or at least with their experimental use. An unexplored aspect of the interaction between the use of marihuana and other drugs is the effect of suppressing the marihuana market. A shortage of marihuana was reported during the summers of 1968 and 1969; in the autumn of 1969, the U.S. implemented Operation Intercept in an attempt to further diminish the supply. Some rumored effects of the shortages during 1969 were higher prices, the sale of poor-grade marihuana, and an increase in the use of other drugs as substitutes for marihuana. The effects of these shortages during the summer of 1969 were investigated in this study.

#### METHODOLOGY

In October of 1969, 478 students from a university in Los Angeles, and 116 patients from the Los Angeles Free Clinic, which specialized in treating drug users, were surveyed. The mean age of the student sample was 20.1 years. This sample was 51% male, 91% white, 94% single, and had completed 13.6 mean years of school. The students were members of one graduate and two undergraduate psychology classes. Because primary interest was in the interaction between the use of marihuana and other drugs, a large class in human relations which was thought to contain a fairly high proportion of marihuana users was included. The patients were people attending the clinic on two successive nights. Their mean age was 20.9 years, and they were 38% male, 97% white, 86% single, and had completed 14.8 mean years of school. Fifty-one percent were in full- or part-time employment; 28% were unemployed; and 21% were students. Data were collected using an anonymous, self-administered questionnaire. Students completed their questionnaires during class; in the Free Clinic, questionnaires were passed out in the waiting room.

## RESULTS

The incidence of use among the 97 members of the second undergraduate class in introductory psychology was much lower than in the large, atypical class. Fewer students than patients used tobacco and alcohol. The use of other drugs was strongly correlated with the frequency of marihuana use in the student group, and to a lesser extent in the sample of patients. Of the patients, frequent marihuana users reported less use of alcohol. Of those using marihuana ten or more times, 44% of the students and 51% of the patients reported that their frequency of marihuana use was below normal at some time between May and October 1969 as a consequence of the unavailability of marihuana created by Operation Intercept. Of those reporting a shortage of marihuana, 76% of the students and 84% of the patients reported that they increased their consumption of other drugs because of its unavailability. For the students, the increase was largely limited to hashish, alcohol, and the strong hallucinogens. For the patients, there was a similar preference, but a significant number also reported substituting sedatives, stimulants, and opiates.

## CONCLUSIONS

It is not surprising that reduced availability of marihuana in the United States results in the substitution of both licit (alcohol) and illicit intoxicants. The effective suppression of marihuana might well decrease the number of adolescents who start to use illicit drugs; on the other hand, the results of this survey indicate that there is a need to consider the ways in which social policies directed at controlling one drug affect behavior with respect to competing intoxicants.

Neil, Thomas C. A description of offenders on probation for violation of Georgia's drug abuse laws. Journal of Drug Issues, 3(3):267-270, Summer 1973.

DRUG	Multi-Drug
SAMPLE SIZE	572
SAMPLE TYPE	Probationers
AGE	Adolescents; Adults (59% between 16-21)
SEX	88.6% Male; 11.4% Female
ETHNICITY	3.4% Black; 96.6% White
GEOGRAPHICAL AREA	Georgia
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Probation Records
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	5

#### PURPOSE

There are relatively few descriptive studies of individuals who are on probation for violation of drug abuse laws. Little information is available on such characteristics as age, sex, education, race, and length of sentence. In order to provide more information to the criminal justice system and Georgia's probation officers, a descriptive study was done of drug offenders on probation as of May 1971.

#### METHODOLOGY

The central state file of the State Board of Probation was used as a data source. Each person on probation had a case information card from which data on age, education, offense, sex, race, religion, and county of residence were obtained. The total population of offenders was 572. Results of the study were compiled across all the drug laws and for each drug law individually.

#### RESULTS

Fifty-nine percent of all probationers were between 16 and 21 years of age. Fifty-eight percent had completed the twelfth grade. White males made up 85.7% of the population, and white females 10.9%. Black males composed 2.9%, and black females 0.5% of the population. Almost 60% of the subjects broke the Georgia Drug Control Act (DACA--possession or sale of barbiturates, amphetamines, and marijuana). Nearly 23% violated the Uniform Narcotics Drug Act (UNDA--sale or possession of cocaine or opium, including morphine, codeine, heroin, and Demerol). A little over 14% violated the Dangerous Drug Act (DDA--sale, exchange, distribution, or possession of

any drug on a list of dangerous drugs published by the state drug inspector). LSD offenses were committed by 2.4% of the offenders. No significant differences were found in mean age for offenders among the different drug laws. Mean length of sentence for violation of DDA was 27.96 months; of UNDA, 47.88 months; of DACA, 25.43 months; and of LSD offenses, 37 months.

#### CONCLUSIONS

There appears to be a distinct difference in the courts' views on the different drug offenses. The "hard" drug convictions (UNDA and LSD) carried average sentences of 20 and 10 months higher, respectively, than the "soft" drugs. This concurs with a study in California which established that, regardless of one's criminal record, there had been a decreasingly punitive response to the convicted adult marihuana law violator (Grupp, 1971). There is further evidence that because of their educational level, positive family background, and general lack of social deviance, marihuana offenders benefit little from probation. If, indeed, the courts view "soft" drugs, especially marihuana, as requiring a minimum of punishment, perhaps legalization of marihuana is close at hand. It may be that the economic burden of processing marihuana cases through the overloaded courts will provide the impetus for removing such cases altogether.

Oregon. Legislative Research Branch. "Effects of the Oregon Laws Decriminalizing Possession and Use of Small Quantities of Marijuana." State Capitol, Salem, Oregon, December 31, 1974.

DRUG	Marihuana
SAMPLE SIZE	104
SAMPLE TYPE	Social Service Agency Personnel; Criminal Justice System Personnel
AGE	Adults
SEX	Not Specified
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	Oregon
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaires
DATE(S) CONDUCTED	October - December 1974
NO. OF REFERENCES	0

#### PURPOSE

In 1973, Oregon became the first state to relax its laws punishing the possession and use of less than one ounce of marihuana. Two of the reasons for this action were: (1) to remove the possibility that persons arrested for possession of a small amount of marihuana would receive a criminal record and its liabilities; and (2) to enable criminal justice agencies to concentrate on more serious crime. In this study, an attempt was made to determine the success of this second aspect.

#### METHODOLOGY

As a follow-up to a preliminary study on the effects of the new laws on the criminal justice system, questionnaires were mailed out to police, sheriffs, district attorneys, judges, juvenile departments, and mental health, alcohol, and drug clinics. These follow-up questionnaires requested information on marihuana possession citations, arrests or cases; other offenses involving marihuana (cultivation, transportation); other drug offenses not involving marihuana; and multiple drug offenses. Comparative data were sought for the years preceding the institution of the new laws and for the year following their institution. Criminal justice system personnel were asked to state what changes had occurred in office policies and procedures regarding marihuana, and in the attitudes of criminal justice workers toward marihuana. The clinics were asked to state what changes had occurred in the drug usage patterns of their clients as a result of the new laws. Of the 301 questionnaires sent out, 104 responses were received. Social service agencies had the highest response rate (over 50%), and judges had the lowest (under 20%).

## RESULTS

All of the 27 law enforcement agencies responding reported an increase in marihuana offense cases, but there was no clear indication of any change in enforcement effort. Oregon State Police reported that arrests for cultivation increased by almost 130% from 1973 to 1974; arrests for transporting increased by 100%; possession arrests increased by 25%; furnishing arrests increased by almost 82%; arrests for use decreased by 12%; and arrests for promotion increased by over 600%. There was also an increase in arrests involving drugs other than marihuana, and in arrests involving both marihuana and other drugs; no change in enforcement effort was reported for either.

Because of the low return rate of district attorneys (12 out of 36 returned the questionnaire), little could be concluded about the effects of the new laws on case load. However, more district attorneys reported an increase in marihuana possession and cultivation cases, while there appeared to be a decrease in transportation and furnishing cases. Also reported was an increase in multiple drug cases (4 out of 5 district attorneys so reported). According to the 31 clinics responding, the new laws did not effect any change in the overall drug use patterns of those persons visiting the clinics. Twenty clinics reported no change in marihuana use; 9 clinics reported an increase, and one clinic reported a decrease. Statewide, 9 juvenile departments had observed an increase in marihuana use; 2 reported a decrease in use; and 8 reported no change. Regarding other drug use, 7 departments reported an increase; 6 a decrease, and 6, no change. Six juvenile departments reported an increase in multiple drug use; 2 reported a decrease, and 9 reported no change. Thus, there was an indication by juvenile departments that marihuana and other drug use had increased.

According to the observations of law enforcement officers, district attorneys, courts, clinics, and juvenile departments, the general public had not changed its opinion about marihuana, but more often favored than opposed the new laws. In general, all respondents felt there had been a change in the attitudes of law enforcement officers, and that this change reflected approval and acceptance of the new laws. Similar attitude changes were reported for district attorneys and judges. According to criminal justice system respondents, the new marihuana laws did not necessitate any policy changes; however, there was some confusion over what guidelines the agencies should follow when determining the quantity of marihuana involved in possession and cultivation cases.

## CONCLUSIONS

This follow-up study confirms the findings of the preliminary survey, in that no major controversies have surfaced and the laws have not attracted much attention from the general public. However, it was found that different enforcement standards are still applied in different parts of the state; in some instances, the standards are more liberal than those mandated under the laws; in others, the standards are more conservative than what the sponsors of the legislation might have desired. Future legislative action should help clear up these discrepancies.

The available evidence suggests that the decriminalization of marihuana has successfully removed small users or possessors from the criminal justice system without relaxing the criminal penalties for pushers or sellers of the drug, and has enabled officials in law enforcement, district attorneys' offices, and the courts to concentrate on other matters in their jurisdiction.

Petersen, David M.; Schwirian, Kent P.; and Bleda, Sharon E. The drug arrest. Criminology, 13(1):106-110, May 1975.

DRUG	Multi-Drug
SAMPLE SIZE	2,393
SAMPLE TYPE	Drug Arrestees
AGE	Adolescents; Adults
SEX	Both Sexes
ETHNICITY	Blacks; Whites
GEOGRAPHICAL AREA	Columbus, Ohio
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Official Arrest Records
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	13

#### PURPOSE

Studies of opiate addiction show most addicts to be young adults, predominantly male and minority group members. However, there is a paucity of research data on the demographic characteristics of those persons arrested for violation of different types of drug laws. In this study, the effects of age, sex, and race on variations in drug arrest rates and in the types of drugs involved in urban arrests are explored.

#### METHODOLOGY

All data were obtained from the official arrest records of the Columbus, Ohio, Police Department. All drug arrests recorded in 1969, 1970, and 1971 were studied. A total of 2,393 drug-related arrests were identified and, for each case, birth date, race, sex, drug involved in the arrest, and official charge were obtained.

#### RESULTS

Findings were similar to those obtained in previous studies: persons between 15 and 25 accounted for the majority of arrests; males were arrested much more often than females; and blacks were arrested more often than whites. Data also demonstrated patterns in the type of drug involved in arrests. Narcotics (30%) and hallucinogens (39%) were the drugs most frequently involved in arrests, while marihuana was only involved in 8% of the arrests. Significant variations in drug involved at arrest were evident by age. As the number of barbiturate and narcotics arrests increased, age increased; on the other hand, involvement at arrest with hallucinogens and marihuana decreased as age increased. Blacks tended to be arrested more often for narcotics and barbiturates than did whites, while the latter tended to be arrested more often for marihuana, hallucinogens, and amphetamines.

## CONCLUSIONS

While these data are useful in describing the nature of drug-related offenses, more than investigation of police records is needed to establish the proper dimensions of the drug-arrest population. Factors that influence the selection of those individuals considered worthy of police attention should be looked at, as well as those data that describe the nature of the arrest population.

Petersen, David M., and Stern, Samuel E. Characteristics of narcotic addicts admitted to the U.S. Bureau of Prisons. Georgia Journal of Corrections, 3:1-9, Winter 1974.

DRUG	Multi-Drug; Opiates
SAMPLE SIZE	291
SAMPLE TYPE	Incarcerated; Treatment
AGE	Adults (mean age: 28.2 years)
SEX	232 Male; 59 Female
ETHNICITY	122 Black; 99 White; 45 Mexican-American; 25 Puerto Rican
GEOGRAPHICAL AREA	More Than Two Cities
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Not Specified
DATE(S) CONDUCTED	1968 - 1969
NO. OF REFERENCES	12

#### PURPOSE

The demographic characteristics and criminal histories of 291 addict patients admitted to treatment during the first one and one-half years of operation of the Narcotic Addict Rehabilitation Act of 1966 were delineated.

#### METHODOLOGY

Subjects were 291 narcotic drug addicts committed to treatment units at Danbury, Connecticut, Terminal Island, California, and Alderson, West Virginia, from March, 1968, through August, 1969. All were federal prisoners, although not all for narcotics law violations. Data were collected through the Division of Health Services, Federal Bureau of Prisons, Washington, D.C.

#### RESULTS

Of the total study population, 232 (79.9%) were men. The mean age was 28.2 years (range 18 to 44); 62.8% were under thirty. Negroes composed 41.9% of the sample; over 15% were of Mexican descent, and 8.6% were Puerto Rican.

The average age of initial narcotics usage was 20 (61.4% of the subjects). Heroin was overwhelmingly the most used, although 81.4% reported use of other opiates as well. Ninety-five percent had acquired their opiates from an illicit source; 71% from the proceeds of criminal activity, half of which were drug sales.

These statistics indicate a "hard-core" addict group. The "statistical" addict was male, 28 years of age, a member of a minority group, lived as an adult in a nonsouthern metropolitan area, and was under sentence by a federal court for violation of the narcotic laws. He had used

heroin for an average of seven years, had always resorted to illegal means to support his habit, and was likely to have experimented with a number of other illicit substances. The data further indicated the study group to be highly involved in a deviant subculture. All had extensive arrest records, and were enmeshed in a criminal way of life.

#### CONCLUSIONS

The addict population described is not representative of all addicts in the United States, and can best be identified as a criminal addict group. It is only by identifying such prisoner populations that the correctional system will be able to deal effectively with their individual needs and problems within the general prison population.

Platt, Jerome J., and Labate, C. Recidivism in youthful heroin offenders and characteristics of parole behavior and environment. International Journal of the Addictions, 11(4):651-657, 1976.

DRUG	Opiates
SAMPLE SIZE	79
SAMPLE TYPE	Parolees
AGE	Adults (19-26)
SEX	Not Specified
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	New Jersey
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Observation; Police Records
DATE(S) CONDUCTED	1971 - 1973
NO. OF REFERENCES	9

#### PURPOSE

Relatively little attention has been paid, in previous research on recidivism in paroled heroin offenders, to the association between the postrelease circumstances of the parolee and the outcome of his parole. A number of parole prediction studies have implicated environmental factors as having some relationship to parole success, but it appears that no systematic investigation of this relationship has been undertaken. In order to determine the association between post-release circumstances and behavior and parole outcome, 79 youthful heroin offenders were studied.

#### METHODOLOGY

The sample consisted of 79 consecutive inmate graduates of a narcotics treatment program at the New Jersey Youth Reception and Correction Center during the period 1971-1973. All had been on parole a minimum of 6 months to a maximum of 2 years at the time of the study. Subjects were between 19 and 26 years of age. The 79 subjects were followed until they either failed on parole and were reincarcerated, or were discharged from parole. Parole success or failure was determined by examination of each subject's parole record. On the basis of parole reports, subjects were classified as parole "successes" (discharged from parole, or without arrests or parole violations for either drug or nondrug offenses), or parole "failures" (one arrest or more for an indictable offense). Five environmental factors were also investigated: (1) whether or not the parolee returned to his preincarceration residential locale; (2) whether or not this area was considered a high or low crime area as determined by the State of New Jersey Uniform Crime Reports; (3) whether or not the parolee was steadily employed, intermittently employed, or unemployed; (4) whether or not the parolee was living in a parental, marital, or other residence; and (5) whether or not there was drug use on parole.

## RESULTS

Both employment status and drug use on parole were significantly related to parole success. Only 4.8% of those steadily employed failed on parole, while 75% who had fluctuating employment or who were unemployed were parole failures ( $p < .001$ ). Almost 52% of the drug users failed on parole, while only 4% of those not using drugs were parole failures ( $p < .001$ ). There was also a strong relationship between employment and drug use. Drug use was present in only 29% of the steadily employed parolees while it was present in 61% of those unable to maintain steady employment ( $p < .01$ ). There was no relationship between parole success and returning to the original locale; returning to an area of high, moderate, or low crime rate; or returning to live with parents, spouse, or friends versus living alone.

## CONCLUSIONS

The results clearly suggest that employment and drug use on parole are related to parole success, and, as might be expected, closely related to each other. The question of causality in this relationship is not answered, however, and further research is needed.

Platt, Jerome J., and Scura, William C. Peer judgments of parole success in institutionalized heroin addicts: Personality correlates and validity. Journal of Counseling Psychology, 21(6):511-515, 1974.

DRUG	Opiates
SAMPLE SIZE	89
SAMPLE TYPE	Incarcerated
AGE	Adults (mean age: 22.1 years)
SEX	Male
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	Yardville, New Jersey
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Peer Ratings; Official Records; Psychological Tests
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	20

#### PURPOSE

Peer judgments have often been found to be valid predictors of behavior in many situations, including success in graduate training, posthospital adjustment in psychiatric patients, success as a military officer, and competency of practicum counselors in training. Some studies have even suggested the superiority of peer judgments over other sources of information in predicting future performance. This study examined the validity of peer judgments as predictors of parole success in heroin addicts. It was hypothesized that peer judgments of parole success would be related to actual parole behavior and that subjects receiving high and low numbers of peer nominations of parole success would differ significantly along 33 personality dimensions, with those nominated as successes having scores in the healthier direction on each of the dimensions.

#### METHODOLOGY

Subjects were 89 incarcerated youthful offenders at the Youth Reception and Correction Center in Yardville, New Jersey. All had documented heroin use histories of at least six months duration. At the time of the study, all subjects had been in the institutional narcotics treatment program at least four weeks. The mean age of the all-male population was 22.1 years. Each subject was given two lists containing the names of his fellow participants in the program. Since subjects were housed in units comprising 18 to 24 men each, ratings were obtained for each unit separately. On one list, the subject was to mark the four participants he felt were most likely to succeed after parole; on the other list, the subject was to mark the four participants he felt were least likely to succeed. Each subject also completed a battery of personality instruments upon entry into the program. These included: (1) the Self-Evaluation Questionnaire, a modification of the Cutick (1962) instrument by Farnham-Diggory (1964); (2) the Social Self-Esteem Test by

Ziller et al. (1969); (3) the Anomie Test, a modification by Spiyak and Levine (1963) of the Srole (1956) scale; (4) Rotter's Locus of Control Scale; (5) the Death Concern Scale by Dickstein and Blatt (1966); (6) Zuckerman et al.'s Sensation-Seeking Scale (1964); and (7) the Adjective Check List (Gough and Heilbrun, 1965). Parole success or failure was determined by examination of each subject's parole record after he had been placed on parole for at least six months. Parole status six months and fifteen months after release from the program was used as criteria of parole success. "Success" meant the subject had no arrests or parole violations for either drug or nondrug offenses. "Failure" meant the subject was arrested at least once for an indictable offense.

## RESULTS

At the end of the six-month parole follow-up period, 53 subjects were parole successes and 36 were failures. The mean composite peer nomination score for the parole success group was 15.50, while for the parole failure group it was 12.69. The range of scores was 0-26. These two sets of scores were significantly different at the .01 level. The total group was divided in half at the median on the basis of individuals' composite scores. The high-rated group had scores of 15 and above, and the low-rated group had scores of 14 and below. In the high-rated group, there were 33 parole successes and 15 parole failures. This represents an accuracy rate of 68.8%. In the low group, there were 20 successes and 21 failures, representing an accuracy rate of 48.8%. The ratings clearly discriminated among subjects at the upper end of the continuum of scores but failed to discriminate among subjects at the lower end. Parole performance was reexamined at 15 months following release from the institution. Parole status data at this time were available for 39 of the 48 subjects in the high-rating group and 27 of the 41 subjects in the low-rating group. Twenty-four (61.5%) of the high-rating group were still doing well. Of the twenty-seven subjects in the low-rating group, however, only one had not been rearrested. Thus, in the peer-rated failure group, there was a 96.2% accuracy rate.

Those subjects who had composite scores of 20 or above were compared to those who had composite scores of 9 or below on the 33 personality dimensions. The subject most frequently nominated as a "success" had a greater belief in his own likelihood of success ( $p < .05$ ), less anomie ( $p < .01$ ), an internal locus of control ( $p < .025$ ), a greater concern with giving a favorable self-description ( $p < .005$ ), a positive attitude toward life ( $p < .05$ ), a higher need for achievement ( $p < .01$ ), and was likely to persist in completing tasks ( $p < .01$ ). In contrast, subjects perceived as "failures" by their peers had greater anomie ( $p < .01$ ) and an external locus of control ( $p < .025$ ). They also tended to be impulsive individuals who exhibited a lack of control over the more unattractive aspects of their personalities ( $p < .025$ ), and who expressed feelings of inferiority ( $p < .005$ ).

## CONCLUSIONS

Both hypotheses were supported by the data. Not only were peer nominations of parole success significantly related to actual future parole performance, but groups of subjects nominated as potential successes or failures by their peers also were clearly differentiated on the basis of a number of measures of personality. What is somewhat surprising is the clear discrimination made with respect to personality dimensions between those subjects with highest and lowest composite peer nomination scores. The peer raters were good judges with respect to identifying subjects with personality characteristics most likely to be related to parole success or failure. This leads to the possible implication that peer ratings might perhaps be as useful as any other predictor in determining readiness for release from institutional treatment programs.

Raynes, A.E.; Climent, C.; Patch, V.D.; and Ervin, F. Factors related to imprisonment in female heroin addicts. The International Journal of the Addictions, 9(1):145-150, 1974.

DRUG	Opiates
SAMPLE SIZE	95
SAMPLE TYPE	Incarcerated; Treatment (inpatient)
AGE	Adults
SEX	Female
ETHNICITY	Black; White; Other
GEOGRAPHICAL AREA	Framingham, Massachusetts; Boston, Massachusetts
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaires
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	1

#### PURPOSE

While little is known about the female heroin addict, even less is known about those factors which protect her from incarceration. To identify variables related to imprisonment, female addicts currently in prison were compared with female addicts who had never been imprisoned.

#### METHODOLOGY

The prison population was 46 female narcotic addicts currently incarcerated for drug-related offenses. The hospital population consisted of 49 voluntary female admissions to an inpatient day care program. Data were collected by standardized questionnaires.

#### RESULTS

There were no significant differences in age, race, religion, schooling, or time of longest job held between the two groups. But more patients than prisoners were married, while more prisoners than patients had children. Fifty-four percent of the prisoners had had previous psychiatric treatment, versus 27% of patients. Thirty-five percent of the prisoners had suffered parental deaths (20% maternal), as opposed to 16% (12% maternal) of patients. Prisoners also had a greater prevalence of psychiatric illness among their mothers.

First drug used by both groups was marihuana, followed by amphetamines; patterns of initiation were similar. Prisoners tended to have used marihuana at an earlier age, but use of amphetamines and hallucinogens began earlier among the patients.

No differences were found in means of supporting the addiction. Only 13% of the prisoners and 14% of the patients were legitimately employed. For the prisoners, 17% of their means for supporting their habit came from stealing, 29% from dealing, 11% from prostitution, and 30% from male partners. For the patients, 18% came from stealing, 27% from dealing, 8% from prostitution, and 33% from male partners.

#### CONCLUSIONS

The findings regarding age and marital status suggest that being married protects against incarceration. Female heroin addicts who have a history of psychiatric treatment also are more likely to find themselves in prison than those who do not. It is ironic that those not afflicted are treated in hospitals while those showing greater pathology end up in jail.

This pathology may be associated with the higher prevalence of parental deaths among the prisoners. The higher proportion of psychiatric illness in mothers of prisoners may mean that the latter had a further disadvantage in the inadequacy of a maternal identification figure.

The incarcerated female addict usually starts with greater social and emotional disadvantages. This may mean she is relatively inept as a criminal or that she is at a disadvantage in providing adequate defense in court. It should be of concern to the professional psychiatric community that it is the socially and emotionally disadvantaged woman, having the greatest need, who receives the poorest treatment.

Waldo, Gordon P., and Chiricos, Theodore G. Perceived penal sanction and self-reported criminality: A neglected approach to deterrence research. Social Problems, 19(4):522-540, 1972.

DRUG	Marihuana
SAMPLE SIZE	321
SAMPLE TYPE	College Students
AGE	Adults
SEX	Not Specified
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	Florida State University, Florida
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1970
NO. OF REFERENCES	35

#### PURPOSE

Empirical tests of deterrence theory have generally limited themselves to a consideration of crimes that are mala in se (contrary to the moral codes of society), and have been based on analyses of aggregate data available from official sources, such as Uniform Crime Reports and National Prisoner Statistics. Inconsistency of findings, limitations of data, and questions left unanswered call for alternative approaches in deterrence research that are based on unofficial data collected at the individual level, and that involve crimes that are mala prohibita (such as marihuana use). Using this approach, answers were sought for six questions:

- (1) Is the admitted frequency of a specific criminal offense lowest for those who perceive the most severe penalties for that offense?
- (2) Is the admitted frequency of a specific criminal offense lowest among those who perceive the greatest likelihood of people like themselves receiving the maximum penalty if convicted for that offense?
- (3) Is the admitted frequency of a specific criminal offense lowest for those who perceive the greatest likelihood that law violators will be caught by the police?
- (4) Is the admitted frequency of a specific criminal offense lowest for those who have had the greatest contact with others who have been arrested or convicted for that offense?
- (5) Is the admitted frequency of a specific criminal offense lowest for those who perceive the greatest likelihood of arrest for people like themselves committing that offense?

- (6) Are the foregoing deterrence relationships stronger for mala prohibita crimes or for mala in se crimes?

#### METHODOLOGY

Interviews were conducted with 321 undergraduates at Florida State University. A short, self-reported crime inventory of theft and marihuana use was included in the interview. Respondents were asked to comment as follows on their criminal activity: (1) how often it had been done; (2) at what age it was first done; (3) with how many people it was first done; (4) how much it had been done in the past year; and (5) with how many people it was normally done. Respondents were also asked to state their perceptions on the severity of penalties for theft and marihuana offenses and on the certainty of punishment for committing these offenses.

#### RESULTS

Deterrence theory suggests that use of marihuana and theft should be most frequent among those who underestimate the penalties, and least frequent among those who overestimate the penalties. The data did not confirm this expectation. While marihuana use was least frequent among those who overestimated the penalties, the most frequent users were those whose perceptions of the law were most accurate. Also, admitted theft was as prevalent among respondents overestimating penalties as it was among those underestimating the penalties. Admitted criminality appeared to be unrelated to perceptions of severity of punishment. Contrary to deterrence theory, use of marihuana and admitted theft were most likely for those who knew someone else who had been arrested for these offenses. However, the expectation that arrest or maximum penalties upon conviction would be likely for "oneself" appeared somewhat related to lower levels of marihuana use and larceny. These relationships were particularly stronger for marihuana use, confirming the theoretical positions taken by Morris (1951), Andenaes (1966), and Zimring (1971), who hypothesized that there are stronger deterrence relationships for crimes that are mala prohibita than for crimes that are mala in se. For crimes that are mala prohibita, the law may stand alone as a deterrent. For theft (a mala in se crime), deterrence may be more the consequence of internalized morality than internalized legality. Three-fourths of the students in this study felt that marihuana laws were already too harsh and, of the 215 students who claimed never to have used marihuana, only 26% affirmed that they would consider using the drug if the laws were made less harsh.

#### CONCLUSIONS

The data for marihuana use and theft indicate that no relationship exists between perceptions of severity of punishment and admitted criminality. While these findings are not conclusive, they cast strong doubt upon the assertion that crime may be deterred by an increase in penalties. The important point here is that the law--and, more specifically, perceptions of the certainty of punishment--cannot be assumed to deter all criminal activities. Reasons for deterrence may be more or less complex, depending upon the type of crime, the degree of congruence between formal and informal reactions to that crime, and the kind of person involved in the illegal activity.

Weisman, Irving. Law enforcement politics and drug abuse. Journal of Drug Issues, 5(2):109-114, Spring 1975.

#### PURPOSE

The officially announced goals of the 1973 New York State Drug Laws are noted, and the nature of these laws described. The anticipated results of enforcement and the actual impact of the laws are compared against a background of related trends in drug abuse control, and some alternatives are suggested.

#### SUMMARY

As a result of public and political pressure, new drug laws were implemented in the state of New York in September of 1973. The new laws required, for the sale and/or possession of narcotics, hallucinogens, LSD, methamphetamines, and stimulants, mandatory sentences of life imprisonment, no plea bargaining, and no parole other than lifetime parole, and only after a minimum of 15 years incarceration. For lesser amount of the drugs cited, a minimum number of 6 years was to be served.

It was predicted and promised that there would be fewer addicts and pushers in the streets, and that therefore both the availability of drugs and the threat of crime would be reduced. It was believed that the fear of life sentences would produce increased resistance to arrest in drug cases, and therefore more "shoot-outs" with the police. Courts expected to be flooded with drug cases. However, as of June, 1974--after assessments were made three, seven, and nine months after implementation--it was found that neither addicts nor pushers disappeared from the streets. The expected violence due to resistance to arrest was not reported. Prosecutions of those arrested were few to date, and the courts were not overwhelmed by vast numbers of new drug cases.

For at least 15 years there has been a gradual movement towards the definition of drug abuse as a social-medical problem rather than exclusively a law enforcement problem. This shift has increasingly supported treatment rather than punishment. This transition culminated with the development of methadone treatment, a medical program, as the national way of coping with narcotics abuse. Despite this trend away from a hard-line law enforcement solution to the drug abuse problem, the punitive 1973 laws were not inconsistent with the public mood in New York in 1973. The rhetoric before the enactment of this legislation may have heightened existing fears and contributed to public support of the law enforcement approach.

The initiation of a mandatory sentence for a specific offense is in direct opposition to the legal tradition of considering not only the nature of the offense, but also the nature of the offender. Also, ample evidence exists that severe mandatory sentences have failed to deter serious crime. Harsh required sentences often produce what the legal profession calls "jury nullification," in which juries refuse to convict even in the face of substantial evidence, because of the consequences of long sentences. Serious constitutional questions have been raised by civil liberties groups on at least three grounds: due process, equal protection of the law, and cruel and unusual punishment. As a result, there is a reluctance on the part of the police to arrest and the courts to try cases under the new statutes.

It may be inferred that the goals of this legislative venture were political and not related to the issue of drug abuse, drug control, or treatment of drug abusers. The consequences have been to project to the state and the nation a tough, hard-line, no-nonsense conservative stance. Some alternatives to this approach have been suggested. If the major concern is crime in the streets, efforts to reduce imports and sales of drugs might be further financed. An opposing tactic would be the decriminalization of drug use, with the use of clinics as in Britain. A more radical view suggests a return to the pre-Harrison Act of 1914 status, with most controls of supply removed; this would eliminate the black market and the consequences of its operations. If the major concern is treatment of drug abusers, some believe that all abusers unwilling to participate in voluntary programs should be required to enter programs. Although law enforcement efforts to control drug supplies have not worked, the alternatives suggested are neither simple nor free from dilemmas.

Weitzner, Martin; Smith, Alexander; Pollack, Harriet; Gerver, Israel; and Figlio, Robert M. A study of the relationship of disposition and subsequent criminal behavior in a sample of youthful marihuana offenders in New York State. In: National Commission on Marihuana and Drug Abuse. Drug Use in America: Problem in Perspective. Appendix, vol. 1: Patterns and Consequences of Drug Use. Washington, D.C.: Government Printing Office, 1973. pp. 798-809.

DRUG	Marihuana
SAMPLE SIZE	1,776
SAMPLE TYPE	Arrestees
AGE	Adolescents; Adults (16-21)
SEX	Both Sexes
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	5 Counties in New York
METHODOLOGY	Statistical Analysis; Longitudinal
DATA COLLECTION INSTRUMENT	Official Records
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	2

#### PURPOSE

To examine the relationships between manner of disposition and subsequent criminal behavior, a sample of 16- to 21-year-olds who were first-time arrestees on charges related to the use, possession, or selling of marihuana was studied. Specifically, the following were explored: (1) the types and incidence of legal dispositions imposed by the criminal justice systems for marihuana offenses; (2) the relationship between certain social characteristics and criminally offensive behavior to dispositions received; and (3) the relationships between previous and subsequent offense histories, in order to ascertain whether marihuana offenses are part of a larger offensive behavior pattern.

#### METHODOLOGY

A sample of 1,776 cases of drug offense committed between 1965 and 1969 by 16- to 21-year-olds from five New York State jurisdictions was used. The income levels, ethnic compositions, growth rates and densities of the five counties covered a spectrum varying from a high-income, moderate-density white suburb to New York City with a low-to-moderate income, large nonwhite population, and the most dense population of any U.S. metropolitan center. The sample included only first arrests for marihuana offenses from 1965 to 1969 of individuals whose records were available through departments of probation.

Other data sources were the FBI and New York County Youth Bureau. Data on subsequent arrests were obtained through an FBI records check. Comparisons were made for groups which were followed up for subsequent criminal behavior, and for groups not followed up.

## RESULTS

### Demographic Variables

Variations occurred depending upon location. Ninety-one percent of arrests involved males; the modal age was 18 years (33% were below 18 and 40% were above). Although the racial background of a substantial number of offenders was unknown, the largest proportion of offenders was white. Of the offenders whose racial composition was known, 28.8% were nonwhite.

### Disposition and Previous Offenses

Only 3.9% of those arrested for the first time for a marihuana offense were sent to a correctional institution. Most dispositions were for probation (ranging from 36% to 57.6% of offenders). Sixty percent who appeared before the youth council were acquitted.

Almost 70% of these first-time offenders had no record of a previous offense. Very few (2.5% overall) in the sample had previous arrests for use or sale of dangerous drugs or an index offense. The highest proportions were in Suffolk (5.9%) and New York (5.5%) Counties.

Ten percent had committed more than one offense, and a relatively small number (4.5%) of a subsample of 1,084 (taken for specificity of information) were institutionalized. This method of disposition was related significantly to the existence of a prior criminal record. Those who were first-time marihuana offenders were more likely to be acquitted.

### Comparison of the Follow-up and Nonfollow-up Groups for Subsequent Criminal Behavior

Of the 1,776 cases studied, 395 were referred to the Youth Council Bureau in New York County and therefore were not treated as official court cases. The remaining 1,381 cases were submitted by the National Commission on Marihuana and Drug Abuse to the FBI for clearance to determine whether criminal offenses subsequent to the instant marihuana offense had been committed and reported to the FBI. Of these, the FBI reported findings on 882 cases (the follow-up group) and no information on the remaining 499 (the nonfollow-up group). Results are reported for New York, Nassau, and Suffolk Counties.

Follow-up and nonfollow-up groups were similar on variables of age, sex, and race to those first-time marihuana offenders unknown to the FBI. For example, 90% of both groups were males, and the median age was 18 years (New York County and Suffolk County) and 19 years (Nassau County). Proportions of nonwhites to whites were identical. The group with FBI records received significantly more institutionalization and probation sentences; the nonfollow-up group was significantly more likely to receive a less severe disposition. The distribution of prior offense types was essentially equivalent for both groups.

### Subsequent Offenses

When the FBI data on offensive behavior subsequent to the first marihuana offense was examined, a substantial number of recidivists appeared for drug-related offenses, but there was a relatively small overall percentage of subsequent index damage (bodily injury and/or theft or property damage). Only 10% of the total FBI follow-up sample committed an index offense while 41% were arrested again for a drug-related violation. That is, the likelihood of a second arrest was quite high, but the likelihood that such an arrest would be for serious nondrug-related offenses was quite small. Data suggest that those marihuana offenders who received institutional dispositions were more likely to be involved with the law at a later date than were those who received a more lenient disposition. The difference was especially striking among offenders with no prior record. In this group, an orderly progression was evident in the rates of no subsequent offense--from 20% among institutionalized, to 32.3% among probationers, to 48.1% among those with the least severe disposition.

## CONCLUSIONS

Practically no relationship was found to exist between demographic variables and kind of disposition for first marihuana offenders. But existence of a prior record was found to be related to disposition. Data suggest that first-time marihuana offenders are a benign group in terms of previous offenses. Seventy percent had never committed a prior offense and only 2.5% had ever

been arrested for either a prior drug violation or an index offense. Those who had prior records were more likely to be institutionalized, or placed on probation, than those being arrested for the first marihuana offense with no other previous record.

Those who had FBI records were similar with respect to some variables (age, sex, race, and number of previous offenses) but were somewhat more likely to be institutionalized for their first marihuana offense than those without FBI records. These were more likely to have been acquitted or discharged. Offenders institutionalized for their first marihuana offense were more likely to be subsequently involved with the law. This raises serious questions about the validity of imprisoning first-time offenders. Severe penalties do not appear to reduce marihuana-related violations.

Williams, Jay R. Effects of Labeling the 'Drug Abuser': An Inquiry. Research Monograph Series, 6. Rockville, Maryland: National Institute on Drug Abuse, March 1976. 39 pp.

### PURPOSE

There has been much speculation about the effect of being arrested and identified as an "addict" or "drug abuser" on the self-image and subsequent behavior of adolescents. Speculation has centered on whether, subsequent to apprehension for drug abuse, there is a high probability that being identified as a "criminal" reduces the adolescent's life chances for success and, in other ways, leads him or her into a life of crime. A literature review was undertaken to obtain empirical and theoretical information on the subject. Also explored were some aspects of labeling that are beginning to be recognized more clearly--that is, the positive functions of labeling and the various ways in which labeling may be effectively resisted.

### SUMMARY

The typical labeling approach may be seen as the ascription of a negative status, such as "deviant" or "criminal," by official representatives of society. Supposedly, societal reaction socializes the labelee to fulfill the role expectations of the status "deviant." This perspective tends to overlook the effects of labeling by informal groups of significant others as well as self-labeling which could well insulate the person from the effects of official or formal labeling. Furthermore, the labeling process works in a positive direction as well. Indeed, official labelers may well provide an adolescent with a positive label in his referent peer group rather than with the intended negative label whose referent is the larger conventional society. Such factors as socialization to deviant norms, deviant reference groups, and the support of significant others serve to neutralize the labeling process.

Using Chambliss's (1967) approach to deterrent effects on various types of deviance, one could say that the drug user who has a high commitment to drug abuse as a "way of life" will not be deterred from subsequent use by apprehension. However, the casual experimenter with a low degree of commitment to abuse will most likely discontinue use as the result of apprehension. But the compounding factor of apprehension lies with the success of the labeling process in placing the person outside the conventional society. If the label does not permit "re-entry" (Simmons, 1969; Payne, 1973), the "deviant" will be literally forced, and prefer, to associate with other "deviants" (Freedman and Doob, 1968). In so doing, a pattern of secondary deviance (Lemert, 1951) is established and a commitment to drug abuse or other deviant behavior may be adopted. The commitment of the heroin user is physiological as well as psychological. The effect of apprehension (with treatment) on subsequent drug abuse behavior might be to make the abuser more cautious about being caught again. The commitment of the marijuana user, on the other hand, is highly variable. It may be the firm commitment of "habituation" (Fort, 1970) or the minimal commitment of experimentation.

In light of the current disrespect for the marijuana laws and presumably drug laws in general, apprehension for a drug law violation should have little or no impact on the adolescent's self-concept. Current attitudes toward the drug laws and the lack of uniform enforcement tend to aid the adolescent in seeing himself as a "victim" of an unjust system. As Gibbons (1965) points out, although narcotic addicts recognize that drug use is defined as illegal and criminal in nature, they view themselves as a rather special kind of criminal. They argue that narcotic use is not really a criminal act; rather, they view it as a relatively innocuous vice. Consequently, addicts see themselves as the victims of an unjust legal system when they are apprehended.

### CONCLUSIONS

In sum, it would appear that drug abusers, when apprehended, view themselves as "victims" of society's criminal "justice" system. As such, the labeling process is unlikely to be effective except to alter the abuser's relationships with conventional society. Becoming an "outsider" may have some long-range implications for the self-concept which, empirically, are not clear at this time. Self-concept ideally should be measured prior to the onset of drug abuse, during the abuse phase, and prior to apprehension--and measured again after apprehension, along with some measure of postapprehension drug abuse.

Winick, Charles. Some aspects of the "tough" New York State drug law. Journal of Drug Issues, 5:400-411, Fall 1975.

DRUG	Multi-Drug
SAMPLE SIZE	Varied
SAMPLE TYPE	Police and Court Officials; Students; Drug Dealers; Heroin Users
AGE	Adolescents; Adults
SEX	Not Specified
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	New York
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Official Statistics
DATE(S) CONDUCTED	1973 - 1974
NO. OF REFERENCES	17

#### PURPOSE

Some believe that problems with controlled substances largely derive from the laws which regulate their possession and sale. In 1973, New York State passed the toughest drug law in the nation; as of September 1973, it required judges to sentence anyone convicted of selling more than one ounce of narcotics to life imprisonment, subject to parole after a minimum term of 15 to 25 years. The law also provided stiff penalties for the sale or possession of other drugs, substantially reducing the quantities of drugs that, illegally sold or possessed, may lead to long prison terms. The effects of this new law on subsequent arrests, trials, drug sales, drug use, and treatment were explored.

#### METHODOLOGY

Data were obtained preceding, and subsequent to, implementation of the new law from New York City official records, and from interviews with drug dealers, heroin users, high school and college students, and police and court officials.

#### RESULTS

Official records indicated that overall drug arrests, as well as drug felony arrests, had declined steadily since 1970. This was true even after the implementation of the 1973 law. There were 6,392 drug felony arrests in the first 10 months of 1974, compared with 7,566 arrests in 1973 and 11,431 arrests in 1972. (In March 1972, the police had made a decision to concentrate on higher-level traffickers rather than low-level pushers and users.) There was, however, an increase in the severity of offenses for which the arrests took place under the new law, because

a lesser amount of drugs was necessary for a higher classification. In January and February of 1973, only 1% of the 488 felony arrests made by the New York City Narcotics Division were in the Class A category, requiring mandatory sentences on conviction. In the same two months of 1974, 56% of the 378 felony arrests were Class A.

Data indicated an increase in the number of cases coming to trial (7% in 1973 and 17% in 1974), and approximately the same number of convictions (71.8% in 1973 and 70% in 1974). If the new law led to a substantial decline in the number of regular narcotics users, one would expect a significant drop in street crimes stemming from the need for money for drugs. This was not borne out by the data. Burglaries increased 3.5% from 1973 to 1974, and robberies increased 3.9% for the same period.

Regarding drug sales activities, 25 drug-sellers reported much more caution and suspicion connected with drug sales. But, generally, after an initial panic reaction to the new law, by late 1974 most dealers were conducting business as usual. Heroin users not known to treatment or correctional institutions generally reported no significant problems in obtaining the preferred drug, no increase in harassment by police, and no other changes of consequence after the institution of the new law. Information was obtained from high school and college students on their use of illegal substances before and after implementation of the new law. There were no significant differences between the two periods, so that there seemed to have been no reduction in incidence after the law went into effect.

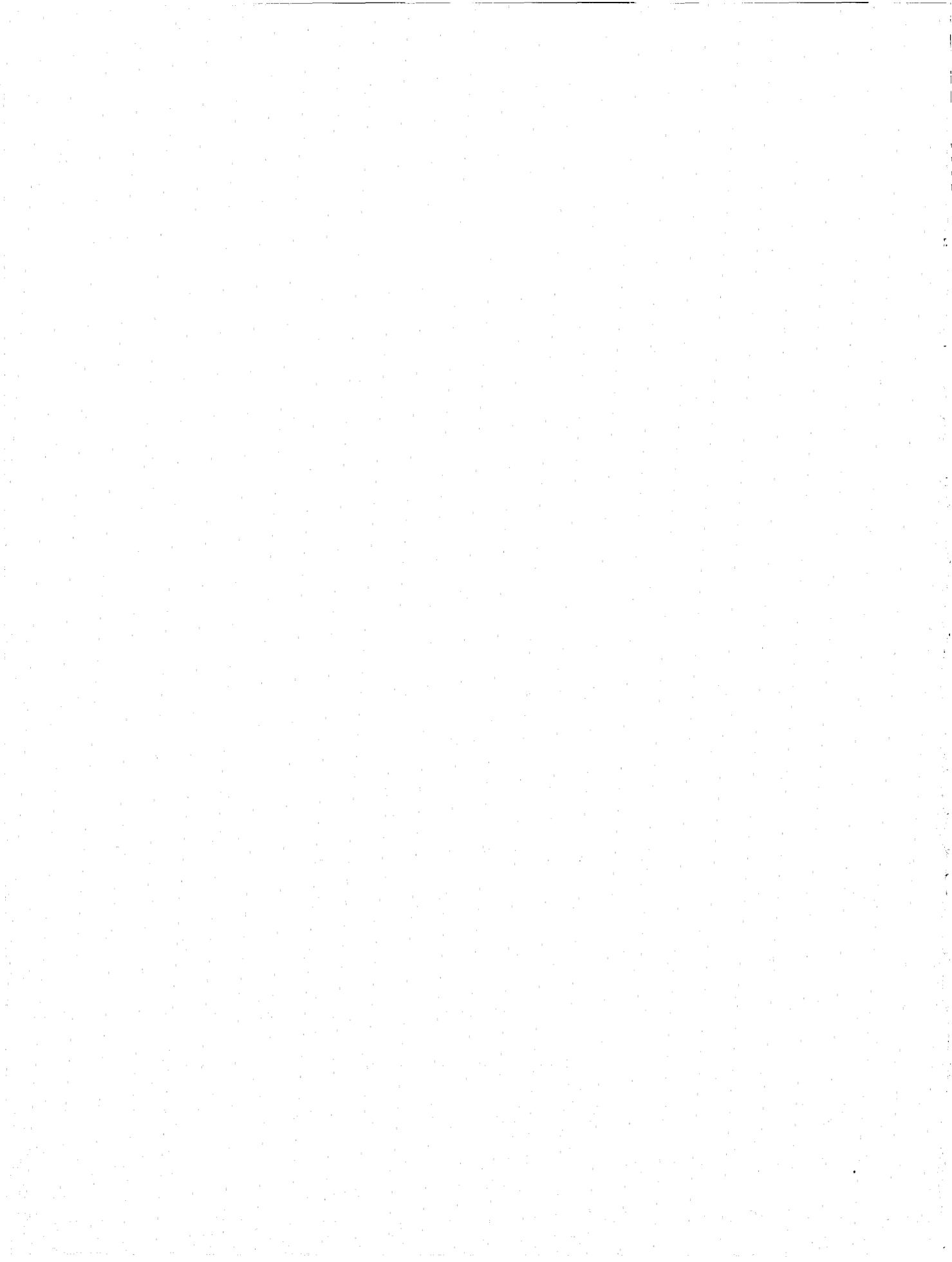
Prior to the new law's passage, a seller/user could choose between the possibility of indictment and trial or of entering treatment. Under the new law, this option was not available; as a result, relatively few people volunteered to enter treatment after the law's implementation. The new law also involved considerable expense (\$32 million dollars in fiscal 1974-1975).

#### CONCLUSIONS

One reason for the new law's adoption, even in the face of major opposition, was that the magical expectations of many people, unfulfilled by the alleged failure of education and treatment programs to solve the "drug problem," were transferred to more vigorous law enforcement. Such anticipation of a simple resolution to society's drug problems is probably unlikely to be confirmed.



# **Treatment and Rehabilitation of the Drug Offender**



Adams, Stuart, and McArthur, Virginia. "Performance of Narcotic-Involved Prison Releasees under Three Kinds of Community Experience." Research Report No. 16. Washington, D.C.: Department of Corrections, June 1969.

DRUG	Opiates
SAMPLE SIZE	142
SAMPLE TYPE	Posttreatment
AGE	Adults
SEX	Male
ETHNICITY	Primarily Black
GEOGRAPHICAL AREA	Washington, D.C.
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics; Police Records
DATE(S) CONDUCTED	1969
NO. OF REFERENCES	2

#### PURPOSE

Growing concern in the District of Columbia over the role of narcotic offenders in other forms of crime led the D.C. Department of Corrections to undertake a series of studies relating to the narcotic offender. This, the third study in the narcotic studies series, was an exploration of outcomes of three postrelease programs for narcotic-involved offenders.

#### METHODOLOGY

Three offender subgroups were studied: (1) 36 Department of Corrections parolees who were referred to the D.C. Public Health Department's Drug Addiction Treatment and Rehabilitation Center (DATRC) program; (2) 57 Department of Corrections parolees and conditional releasees; and (3) 49 Department of Corrections mandatory releasees, sometimes called "expirees." The typical DATRC referral was 34 years old when referred, and black. The typical member of the Corrections group was 35 or 36 when released from the Reformatory. Through official records, a follow-up study was made of the three subgroups to ascertain their status month-by-month after entry into treatment programs or the free community. The focus of interest, in each case, was the extent to which members of each group were arrested and booked into the D.C. Jail. Two periods of time were involved in the study: a six-month follow-up and a three-year follow-up. Performance was defined primarily in terms of success in staying on the streets. A "failure" was an individual who had been arrested and returned to the D.C. Jail during the time span of the follow-up.

## RESULTS

### Success at Six Months

The DATRC subjects experienced a relatively high failure rate the first month (11.1%), a rise until the fourth month (27.8%), and a leveling-off through the sixth month (27.8%). The Parolees outperformed the DATRC subjects over most of the six-month period (3.5% at one month; 21.0% at four), but at six months there was an insignificant difference between the failure rates of the two groups (Parolees, 28.0%). After the first month, the Expirees showed a consistently poorer performance than the two other groups (10.2%), ending 17 percentage points higher (44.5%).

### Success at Thirty-six Months

There was a wide disparity in failure rate between the narcotic-involved releasees and the total releasee group (67.5% to 43.8%). This disparity would have been even greater had the narcotic-involved releases been compared with the nonnarcotic releases rather than with the total releases. The DATRC subjects' failure rate for the first six months of the follow-up span (27.8%) was essentially similar to that of the narcotic-involved Parolees and Expirees combined (35.8%), and quite unlike that of the total group (8.3%).

### Characteristics of the Subject Groups

Four characteristics were selected for examination to estimate the comparability of the three subject groups: (1) age at first arrest; (2) number of previous commitments; (3) education claimed; and (4) age at entry into the narcotic treatment program. Among the three groups, the Expirees showed the lowest median age at first arrest (17 years old). Parolees and DATRC subjects showed a tie (19 years old). On the number of previous commitments, the Expirees showed the poorest prognosis (4), the Parolees showed an intermediate prognosis (3), and the DATRC subjects, the best prognosis (2). For education claimed, the Parolees showed the poorest prognosis (grade eight), and the Expirees and DATRC subjects were equivalent (both grade nine). Finally, the Expirees were 32 years old at entry into the treatment program; DATRC subjects, 34 years old; and the Parolees, 37 years old.

## CONCLUSIONS

On the basis of subject characteristics, it may be concluded that the DATRC subjects were in the best position to make a favorable adjustment to the community without treatment; the Parolees were in an intermediate position; and the Expirees were in the poorest position. The Expirees did perform less well than the DATRC or Parolee subjects; but the fact that DATRC subjects apparently performed no better than Parolees suggests either that the parole experience is as therapeutic as the DATRC experience or that the DATRC subjects had disabilities not evident in these data.

It would appear that none of the treatment modes is dramatically effective in improving the adjustment of narcotic offenders in post-release situations. Further, it is not evident that DATRC or parole brings an improvement in performance over complete nonsupervision in the community setting; in fact, there may be no difference in effectiveness of parole and the DATRC program. Neither DATRC nor the parole seemed a promising avenue of development; this suggests the need for more radical departures in program design. Finally, adequate evaluation is no less important than adequate planning in the life of addiction treatment programs. The facilitation of choices of these kinds requires adequate investment in well-conceived and rigorous research. All civil commitment programs appear to be doing poorly; there is an unmistakable need for innovation to deal with the problem of the narcotic offender.

Aron, William S., and Dally, Douglas W. Graduates and splitees from therapeutic community drug treatment programs: A comparison. International Journal of the Addictions, 11(1):1-18, 1976.

DRUG	Opiates
SAMPLE SIZE	286
SAMPLE TYPE	Treatment (inpatient)
AGE	Adults (mean age: 24 years)
SEX	67.7% Male
ETHNICITY	84.6% White
GEOGRAPHICAL AREA	Camarillo, California
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Psychological Tests
DATE(S) CONDUCTED	1972 - 1973
NO. OF REFERENCES	32

#### PURPOSE

At a time when funds for treatment programs are becoming more limited and the demand for treatment is growing, the question of which individuals are more susceptible to successful treatment is an important one. The differences between drug addicts who complete treatment in a therapeutic community and those who terminate from the program before completion of treatment were examined. Particular emphasis was placed on the differences between those who entered the community under court pressure and those who entered voluntarily.

#### METHODOLOGY

The sample consisted of 286 addicts (or drug abusers) who were in either the Family or the Short Term programs at Camarillo State Hospital, California, between June 1972 and April 1973. The Family is a 10- to 12-month experience; the Short Term program is three months long. Data for both programs were combined in order to discover the commonalities among all those who finished either program, as opposed to all those who did not. Information was obtained by means of extensive interviews. Topics included the subject's demographic and social background, relationship to his family and peers while growing up, involvement with drugs, and how this involvement affected the subject's life. In addition, measures of intelligence, sexual identity, and an overall concept of self were used in the analysis.

## RESULTS

The demographic characteristics of the sample were similar to those of other therapeutic communities. There were two males (67.7%) for every female, and the average subject was slightly older than 24 years. Almost half (44.3%) had less than a high school education. Most of the sample were white (84.6%). The majority appeared to have middle-class backgrounds, with 68.9% reporting they grew up in a "residential middle-class" neighborhood. Only a little more than half of the sample (53.4%) were raised by both of their biological parents.

Almost fifty percent (49.8%) of the subjects said they most identified with heroin, 21.9% named one of the barbiturates, 16.6% named amphetamines or speed, and 12.5% claimed no firm identification. Sixty-seven and two-tenths percent (67.2%) of the sample said they were under some formal pressure from the legal system to enter the program, with 91.3% claiming that they had attended one or two previous drug treatment programs. Fifty-six percent of those who entered the program graduated, while 44% terminated before completion of treatment.

The data indicated that the male drug abuser with fewer years and milder usage of drugs who entered the program under outside pressure from the legal system tended to graduate. The drug abuser with more previous years of drug usage and jail time, who came to the program voluntarily, tended to leave the program before completion of treatment. Outcome was also significantly correlated, for the males, with a history of drug and alcohol abuse in the family; males whose parents drank too much alcohol or abused drugs tended to be splitees ( $p < .01$ ). Outcome, for females, was correlated most strongly with the variable measuring the strength of cohesion of self-image ( $p < .01$ ). Females exhibiting identity diffusion tended to leave the program before completion.

## CONCLUSIONS

The fact that those who entered the program under court pressure, and had abused drugs for a shorter period of time, were the ones most likely to complete the treatment program, belies the myth that "people stop using drugs only when they are ready." It also argues for an increased effort at early intervention; that is, ensuring--either by court pressure or any other kind of pressure--that known beginners undergo a therapeutic program. On the other hand, the long-term drug abuser, without the pressure of a court commitment, is not likely to complete treatment, at least in a therapeutic community. Many therapeutic communities have a preferential policy for accepting voluntary over court-ordered commitments. On the basis of the findings, a reevaluation of that policy is strongly recommended.

Beckett, Gerald E., and Thomas, Evelyn. Understanding honored: Court dispositions of early, drug free discharges from California Civil Addict Program. Journal of Drug Issues, 6(2):191-195, Spring 1976.

DRUG	Opiates
SAMPLE SIZE	94
SAMPLE TYPE	Civil Addicts
AGE	Not Specified
SEX	84 Male; 10 Female
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	California
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Court Records
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	4

#### PURPOSE

Most civil commitment programs incorporate a provision for the court to dismiss criminal charges and sentencing if the civil addict has responded satisfactorily to the program. The legislation supporting California's Civil Addict Program (CAP) provides, additionally, for an early discharge from the usual seven-year term for those who have been most successful. In order to determine whether the California courts had responded positively to addicts who had been granted an early, successful discharge from CAP, outcome for a group of civil committed addicts returned to court in late 1973 was examined.

#### METHODOLOGY

The sample consisted of 94 civil committed addicts returned to court for successful discharge during the fourth quarter of 1973. The sample, 84 men and 10 women, were eventually referred to one of eight municipal courts or 27 superior courts throughout California for disposition of the criminal conviction which had led to their civil commitment. Misdemeanor offenses were involved in 10 cases and felony offenses in 84. Data on discharge and disposition status were obtained from official records.

#### RESULTS

In terms of total time served on the CAP before discharge, most were on their third (25%) or fourth year (38%), while the rest were in their fifth year (17%), or in the sixth to eleventh year (20%). Most (77%) were discharged without having been reinstated during their current outpatient experience. The data indicated that 22 civil addicts (23%) had been discharged during

their 27th to 43rd consecutive drug-free month rather than during their 24th to 26th month. Although the law applying the early drug-free discharge does not specify that an addict must be discharged at the end of a specific time period (the exact wording is "at least two years"), the intent seems to be that the discharge be made as close to that period as possible. Eight of the cases had not been discharged because they had been on a methadone maintenance program, in which case at least 36 consecutive drug-free months (other than methadone) are required by law. Others were discharged later because of suspected heroin use or because of committing an offense.

Examination of the court records revealed that 87 (93%) of the sample had their criminal charges completely dismissed upon return to criminal court. The remaining 7 individuals were placed on probation: 4 on unsupervised or summary probation, and 3 on formal, supervised probation. None of the dispositions involved a jail or prison sentence. Two of the formal probation disposition cases were returned to court for disposition of Receiving Stolen Property and Possession of Marihuana convictions.

#### CONCLUSIONS

In general, the courts of California seem to be meeting the intent of the legislature by dismissing the original criminal charges. The findings are also significant because the sample contained a sizable proportion who attained the goals of early discharge and dismissal of criminal charge only after several relapses, returns, and reinstatements. This should be encouraging for those addicts who suffered a relapse on the first or even the second outpatient experience. The concept of a long-term rehabilitation program which provides for gradual progress is supported. The willingness of the California courts to dismiss the criminal charges which led to civil commitment should reinforce the value of the provision for early discharge as an incentive for the addict to cooperate in his own rehabilitation.

Bellassai, John P., and Segal, Phyllis N. Addict diversion: An alternative approach for the criminal justice system. Georgetown Law Journal, 60:667-710, 1972.

### PURPOSE

The cost of processing drug-dependent defendants through the courts, and maintaining them in prison, is enormous. Yet despite vast expenditures, the criminal justice system has had little success in either rehabilitating the addict or deterring him from crimes. As a result, alternative methods of treating the addict criminal have been developed. A major development in the evolving nonpunitive approach to the problems of drug dependence is the process of "diversion," or referral of the addict-defendant to treatment before he has been convicted. Specific features and recommendations regarding diversion programs are presented.

### SUMMARY

Diversion is an intervention that takes place after the criminal process has been initiated, but before trial and conviction. A survey of selected urban areas has revealed several addict diversion programs which realize to varying degrees both the goals of rehabilitation for the addict and of relief for the courts. While no single addict diversion program is fully exemplary of the others, the approaches used in Philadelphia and Connecticut illustrate two alternative methods of achieving diversion. The former is a nonstatutory program that emphasizes the early diversion of a large number of "first offender" defendants with minimal judicial supervision once they are diverted. The statutory scheme in Connecticut provides for the acceptance of recidivists as well as first offenders, but is more selective than Philadelphia in choosing defendants for diversion. In Connecticut, the criminal process retains greater control over the offender while in treatment than does the Philadelphia program.

In the Philadelphia program, participants at the initial hearing include the judge, the deputy district attorney, the defendant, relatives or parents, staff from a liaison community rehabilitation project and, occasionally, complaining witnesses in the case. The criminal charge and defendant's prior record are reviewed, his eligibility for diversion is agreed upon, and the diversion program is explained to him. Some defendants have been rejected from the program during the hearing because they were not considered sufficiently motivated or honest; however, the vast majority are accepted for diversion and referred to the liaison community rehabilitation program for counseling and possible placement in a treatment facility. A two-year probation period is set. If the defendant completes his probation without arrest, which is usually the sole condition of his probation, the criminal charge is dropped and the arrest record expunged. Should the defendant be arrested during probation, the district attorney's office moves for a bill of indictment and prosecution is resumed. From its advent, this program has been well received by the press, by medical and rehabilitative personnel, and by Pennsylvania's criminal justice system.

As in the Philadelphia program, an addict-defendant in Connecticut must first meet a set of objective criteria based on criminal charge and his prior record. The defendant who claims drug dependency must also secure a medical confirmation that he was drug-dependent at the time of the offense. Upon agreement of the prosecutor and the accused, the court may enter an order suspending further prosecution for a maximum of one year, in the case of a misdemeanor, and two years in the case of a felony. The defendant is then placed in custody of the Commission on Adult Probation for treatment, either in a state-operated inpatient facility or as an outpatient in a certified community-based treatment program. If the defendant has cooperated while in treatment, charges are dismissed at the end of the period of suspension. Should the court receive unfavorable reports on the defendant, prosecution may be resumed. This program has reportedly had some impact on the attitudes of the court and the prosecution, and has moved many drug-dependent persons into contact with treatment programs.

Generally, all existing efforts at the diversion of heroin addicts from the criminal justice system have basic procedures in common. All have predetermined eligibility criteria. While these criteria vary in number and content from program to program, all programs do consider the length or nature of the defendant's prior criminal record as an important eligibility factor. Present offense and prior treatment history are often included as criteria; all programs require

some determination of drug dependency before the defendant is diverted. This varies from medical examination to observation and urinalysis. Not only must the defendant meet the eligibility criteria; he must show motivation regarding the diversion process. Generally, prosecutors retain a right of final determination at that point in the proceeding where an otherwise eligible defendant formally requests to be diverted. Every program imposes some external pressure in the form of reward or coercion to insure the diverted defendant's continuing presence in treatment. Rewards vary from the promise of dismissal or termination of prosecution upon successful completion of treatment to transfer from inpatient to outpatient care once progress has been demonstrated. Several programs withhold treatment pending defense concessions such as guilty pleas and waivers of rights to a jury trial or to a speedy trial.

#### CONCLUSIONS

The recurrence of similar procedure strongly suggests that their presence in some form is necessary to any successful addict diversion program. In this regard, a number of recommendations appear warranted. First, eligibility requirements should be liberalized. For instance, the exclusion of all nonfirst offenders or recidivists with certain prior records may immediately disqualify those addicts who are most ready for rehabilitation. Second, the deleterious effect of delays and forced concessions before treatment should be minimized, and nonpunitive but controlling supervision should be maximized. Lastly, treatment should be made available to the defendant as early in the criminal process as possible, and should be as flexible as possible regarding length of time in treatment. Community-based outpatient care and guaranteed dismissal of charges should be a part of program procedure and policy. It is important that programs not deny the defendant his constitutional rights.

Because of the failure of the traditional criminal approach of prosecution and incarceration, and the extremely limited gains achieved through involuntary commitment, it is necessary for the criminal justice system to experiment with alternative modes of disposition for the thousands of heroin-dependent defendants who come through the courts each year. The general potential of diversion to achieve the desired goals of rehabilitation for selected defendants and relief for congested courts and prisons has been advocated by two presidential commissions, and successfully tested with regard to nonaddicts in two major cities. At present, several federal, state, and municipal programs are extending this alternative approach to heroin-dependent defendants. Whether these efforts will succeed in breaking the syndrome of drug-related crime in a significant number of cases is difficult to determine. However, laid alongside the high cost to society of addiction-related crime, the misery inflicted by heroin addiction upon such a substantial segment of the population, and the failure of other alternatives to solve these problems, diversion is a risk that is not only worth taking, but must be taken.

Berecochea, John E., and Sing, George E. The effectiveness of a halfway house for civilly committed narcotics addicts. International Journal of the Addictions, 7(1):123-132, 1972.

DRUG	Opiates
SAMPLE SIZE	405
SAMPLE TYPE	Treatment
AGE	Not Specified
SEX	Male
ETHNICITY	Black; White; Other
GEOGRAPHICAL AREA	Los Angeles, California
METHODOLOGY	Exploratory/Survey; Longitudinal
DATA COLLECTION INSTRUMENT	Not Specified
DATE(S) CONDUCTED	1969
NO. OF REFERENCES	13

#### PURPOSE

The "halfway house" is perceived by correctional planners and administrators as a basic correctional modality. The effectiveness of a California halfway house (Parkway Community Correctional Center) was examined in regard to its two major goals: continued abstention from drugs, and control of readdiction and return to criminal activities. The Parkway Halfway House, in Los Angeles, had 405 admissions in the 1968-69 fiscal year. Eighty-five percent were from the institutional stage, and 15% from the outpatient stage. The daily average population was 44, the average length of stay 22 days.

#### METHODOLOGY

One part of the sample was composed of 44 men from the institutional stage who were eligible for, and in need of, halfway house placement, but who were rejected only because of overcrowding. These rejectees were compared with 44 men who were accepted into the program over a period of one year following release from the California Rehabilitation Center. The major criterion was "satisfactory" completion of one year on outpatient status. Patients who were suspended from the program for drug use, arrest or new convictions, were placed in an "unsatisfactory" category.

#### RESULTS

The differences between the two groups in detected drug use and criminal convictions were small and not statistically significant, although more of those placed in the house had been convicted

of a misdemeanor crime and more had been detected as having used drugs. An unsatisfactory out-patient status was found for 91% of the placements and 84% of the rejectees. Of the placements, 25% had new convictions for misdemeanors and 11% for felonies, as opposed to 11% and 16%, respectively, for the rejectees.

#### CONCLUSIONS

Experiences at other halfway houses suggest that such environments may not be conducive to addict rehabilitation. Strict supervision and surveillance apparently were among the factors responsible for the failure of the patients to improve at any significantly higher rate than parolees who could not make use of the halfway house. It is not known whether the same situation existed at the Parkway Halfway House, but regardless of the situation, its overall measured effectiveness in terms of drug use and new crimes was nil.

Brill, Leon, and Lieberman, Louis. Authority and Addiction. Boston: Little, Brown, and Company, 1969. 318 pp.

DRUG	Heroin
SAMPLE SIZE	200
SAMPLE TYPE	Probationers; Treatment
AGE	Adults
SEX	Male
ETHNICITY	White; Nonwhite
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Exploratory/Survey; Longitudinal
DATA COLLECTION INSTRUMENT	Criminal Records; Program/Clinic Statistics; Questionnaires
DATE(S) CONDUCTED	c. 1966
NO. OF REFERENCES	140

#### PURPOSE

Probationary addicts at the Washington Heights Rehabilitation Center were studied to evaluate the success of the program in achieving "true rehabilitation" or permanent change. The Center exemplified the idea of judicious application of "rational authority" through coercive techniques and the effect of reaching-out or "aggressive" social casework. Whereas other treatment approaches tend to be either punitive or medical-psychiatric, the Center stressed joint management by probation officers (coercive) and caseworkers (permissive), demonstrating how a private agency can borrow authority from the court. The Center also did not insist on immediate abstinence from drug abuse as a condition for participation.

#### METHODOLOGY

The sample was composed of two groups of 100 males who were put on probation for narcotics convictions between 1964 and 1965: the Joint Management Group (Group I), supervised by the Center and Office of Probation; and the Specialized Probation Group (Group II), supervised entirely by the Special Narcotic Unit of the Office of Probation. Group II served as a control group for Group I. It received traditional probationary attention but was grouped in smaller caseloads. All patients began in a drug-free state, and a one-year period was designated for follow-up.

In terms of demography, Group II was somewhat older than Group I (median age of about 21 years vs. 19 years), and was more predominantly white than nonwhite (52% vs. 11% white). No significant educational background difference was ascertained.

Multiple criteria were used to evaluate patients' progress rather than the frequently used single criterion of abstinence alone. Among these, four evaluation indices (work, drug use, criminality, and social conventionality) were measured at different times in order to determine whether a successful change had occurred. It was acknowledged that the goals of rehabilitation encompass middle-class values. This was justified on the basis of the similarity of these goals to most rehabilitation programs.

Work Index. Two variables studied to indicate change in employment were: (1) amount of work over a 12-month period prior to treatment during which the patient was available to work in the community; (2) stability--the patient's ability to hold a job and adapt to the work situation.

Drug Use Index. This index was necessarily limited to use of heroin as the drug which is most illegal to obtain. Other drugs were included under secondary drug use and not used as criteria for evaluation.

Criminality. Information for this index was gained from official documents and interviews. Number of arrests (for one year prior to admission to the program and for one year during the program) was selected as a variable for the index of criminal involvement. Invalid reasons for arrest (i.e., police harassment) were acknowledged. (More than half of all arrests of drug addicts in New York in 1965 did not result in conviction.) The number of convictions, number of types of illegal methods used to obtain drugs to support a habit, and number of criminal activities unrelated to drugs were additional variables.

Social Conventionality. Based on the notion that boredom plays a role in causing an addict's return to drugs after detoxification, it was decided that an important area of rehabilitation is the area of conventional leisure-time activities. Participation in designated activities was rated. A second area of conventionality was based on the idea of growing financial responsibility on the part of the addict toward his household. A third part of this index was the importance for the addict of making nonaddict friends.

## RESULTS

Work. In this area Group I appeared somewhat more successful than Group II. In Group I, 38% improved while only 23% improved in Group II, possibly because of more intensive efforts of trained caseworkers.

Drug Use. For both groups there was considerable success in moving the addict toward abstinence, although the addition of caseworkers and public health nurses appeared to have made no apparent difference in effecting a greater success rate. The success rates for Groups I and II, respectively, were 61% and 58%; the failure rates were 39% and 41%. These figures, as well as those for an "improved" category, indicate that joint management appeared slightly more successful than traditional probation control, although the difference was not necessarily significant.

Criminality. As in the area of drug use, there appeared to be little difference between Groups I and II. In Group I, 67% improved, while in Group II, 63% improved. When a "stayed well" category was combined with an "improved" category, Group I could be considered successful in 77% of the cases and Group II in 78% of the cases. In both groups a considerable number improved. Success was attributed in part to the desire of the probationer not to lose his probationary status by being rearrested or reconvicted and also because smaller caseloads permitted closer supervision of both groups.

Conventionality. There appeared to be very little difference here between the two groups, although in Group I a higher percentage continued to stay well than in Group II. Successes in Group I were 71% compared with 60% in Group II.

## CONCLUSIONS

Within the four designated areas of movement for Groups I and II, the greatest improvement was in the area of criminality, attributed in part to the patients' greater incentive. In all four areas, the differences were not great enough to indicate that either Group I or Group II had been much more successful than the other; however, a good deal of success was achieved. The directions of the movement, especially with respect to diminished heroin use, are positive signs that if similar programs were able to offer longer treatment, there could be further steps toward abstinence.

Of greatest import was the finding that desired behavior changes may take place either before or independently of abstinence. This confirms the belief that the process of moving an addict from addiction to complete abstinence entails a lengthy procedure which requires tolerance on the part of the rehabilitative agency for repeated relapses to drug abuse. Continued reinforcement appears necessary, primarily through the patient's continued affiliation with the facility.

The consistent and conscientious use of "rational authority" was the main factor which produced the changes for both groups within the context of the officer-probationer relationship. The high failure rate for prisons and their costly expense to society should be examined in comparison with the greater effectiveness rate of alternative programs such as that of the Washington Heights Rehabilitation Center.



**CONTINUED**

**1 OF 2**

California. Bureau of Criminal Statistics. Drug Diversion 1000 P.C. in California, 1974.  
 Sacramento: The Bureau, 1976. 48 pp.

DRUG	Multi-Drug
SAMPLE SIZE	33,640
SAMPLE TYPE	Diversion Cases
AGE	Adults (mean age: 22 years)
SEX	27,173 Male; 5,114 Female
ETHNICITY	83.1% White; 7.8% Black; 7.6% Mexican-American; 1.4% Other
GEOGRAPHICAL AREA	California
METHODOLOGY	Statistical Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics; Police Records
DATE(S) CONDUCTED	1973 - 1974
NO. OF REFERENCES	0

#### PURPOSE

On December 15, 1972, the Campbell-Moretti-Deukmejian Drug Abuse Treatment Act was signed into law. Contained within this bill were the provisions of Penal Code Sections 1000 through 1000.4 which established an alternative to court processes for young adult drug abusers. The statute provided for the suspension of court proceedings for a period of six months to two years for certain first-time drug offenders. Those diverted from the court system were referred to community resources for education, treatment, or rehabilitation. If the diveree successfully completed the program, the criminal charges were dismissed; if arrested and convicted for any criminal offense while in the program, he was referred back to the court for arraignment and disposition as if he had not been diverted. In an attempt to isolate the factor or factors which influence success or failure in the program, the statewide movement of 1000 P.C. diversion cases during 1973 and 1974 was examined, along with the various characteristics of defendants placed in and removed from the program.

#### METHODOLOGY

The statistical data used were submitted by county probation departments. All 33,640 persons who entered the program during 1973 and 1974 were examined. Almost 60% of these lived in Los Angeles, San Diego, and Orange Counties; data from Los Angeles County on sample characteristics were not available for this report. The terms "narcotics," "marihuana," and "paraphernalia," implied possession of, rather than selling, transporting, etc., of any of the above.

## RESULTS

Although 60% of the divertees lived in Los Angeles, San Diego, and Orange counties, these three counties contained less than half the state's total population. Rural counties also generally diverted a much higher percentage of those arrested than did urban counties. In all, there was a 50.9% caseload increase from 1973 to 1974 (from 16,680 to 25,172). The average divertee stayed in the program 6.8 months; this average includes unsuccessful termination. Most of the divertees (64.2%) were removed after the first six months; only 2.6% were retained for over one year. Of the entire sample, 77.5% were charged with possession of marihuana, 6% with possession of narcotics, and 5% with possession of dangerous drugs. A slightly higher percentage of females (27.1%) were diverted for possession of narcotics and dangerous drugs. Whites comprised 83.1%; Negroes, 7.8%; Mexican-Americans, 7.6%; and all other races, 1.4%. The median age of those diverted to the drug diversion program in 1974 was 22 (30.6% under 20; and 80.7% under 25). Thirty-one percent of those diverted and removed had a prior criminal record (one or more prior arrests). The overall success rate for females was greater than for males (91.8% vs. 85.6%). For males and females under 25, the success rate was 92.2% and 84.6%, respectively; for those aged 25 through 39, 89.4% and 90.4%; for those aged 40 and over, 94.5% and 96.4%. Whites had a higher success rate (87.5%) than Mexican-Americans (83.1%) or Negroes (76.8%). The older divertees were more successful: 94.1% of those over 40 completed the program successfully, compared to 85.7% of those under 25 years of age. Persons diverted for marihuana had a slightly better success rate than those diverted for the other specific offenses, narcotics being the second highest (86.9%).

The success rate was highest among divertees with no prior criminal record (89.1%). Individuals with a minor record demonstrated an 80.7% rate, and those with a major record, 74.4%. The average length of diversion was 6.8 months. A greater proportion of defendants charged with the more serious drug offenses stayed in the program for a longer period of time than those charged with the lesser offenses: only 13.6% of those diverted for marihuana were in the program longer than nine months, compared to 18.1% of those diverted for narcotics and 15.4% diverted for dangerous drugs. Those diverted for charges of narcotics showed the longest average period of time on diversion (7 months).

## CONCLUSIONS

The small number of data elements collected and the divergence of philosophy and practices throughout the state made it difficult to isolate the factors which influence program success or failure. It was shown, however, that although defendants with no prior criminal records had the best success rate, 74% who had a major prior criminal record and who were diverted were successful. Of the 18,000 persons for whom the removal outcome is known during 1973 and 1974, 86.3% completed the program successfully.

California. Bureau of Criminal Statistics. Follow-up Study of Persons First Released from California Rehabilitation Center during 1963-1966. Sacramento: The Bureau, n.d. 44 pp.

DRUG	Opiates
SAMPLE SIZE	4,050
SAMPLE TYPE	Posttreatment
AGE	Adults
SEX	Both Sexes
ETHNICITY	Black; White; Mexican-American
GEOGRAPHICAL AREA	California
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Police Records
DATE(S) CONDUCTED	1963 - 1969
NO. OF REFERENCES	0

#### PURPOSE

California was the forerunner among state and federal governments in providing a civil commitment treatment procedure for narcotic addicts. This study sought to determine what happened to persons released from the treatment facility in terms of their subsequent criminality as evidenced by new crimes or by violation of the conditions of their release.

#### METHODOLOGY

The persons selected for study were those first released from the California Rehabilitation Center (CRC) during the years 1963 through 1966. Persons were divided into two cohorts; the first consisted of those whose initial exit was to outpatient status (N=3,283), and the second consisted of those whose first release was by discharge from both the institution and program (either by writ or because they were determined to be unfit for further treatment) (N=767).

Data were gathered by an extensive analysis of each person's postrelease history of new crimes, drug abuse, or failure to obey outpatient requirements, as indicated by California Department of Corrections population movement sheets and State Bureau of Criminal Identification and Information "rap sheets." The maximum period of follow-up was three years from the date of first release from the institution. First and second releases were investigated, while third and subsequent release experiences were not included in the study. Outcome was classified into three categories, based on the most serious incident of new crime or narcotic involvement occurring within each release period: none, minor, and major.

## RESULTS

The data indicated that 18% of the outpatient release group and 57% of the original discharge group had major violations after first release. Four percent of the outpatient and 18% of the discharge group received a prison commitment during their initial release periods. Women exhibited less recidivism: 17% of female outpatients had no violations during the follow-up period as compared to 10% of male outpatients.

If an outpatient's convicted offense preceding CRC commitment was a property crime, the person was more apt than others to acquire a subsequent major violation. If the original offense was a miscellaneous drug activity, the outpatient was more likely than others to avoid a subsequent record.

The proportion of white outpatients with no subsequent violations at all (13.5%) exceeded expectations, while the proportion of Mexican-Americans without a postrelease violation history (8.7%) fell below what was expected for all outpatients combined. Those with prior prison records were more likely to have subsequent violations than those with no prior record or one with only minor type dispositions. The length of time in the institution appeared to have an effect on differences in outpatients' postrelease records. There were comparatively low major violation rates for persons of both the extremely short and long institution-time groups, the 6-8 months and the 24 months-or-more groups, respectively. The highest major violation rate was for the 18-20 months group. The data also indicated that older patients were more successful than younger ones in avoiding any sort of violation record after release (25.8% of the 50-and-over category, and 8.1% of the 19-and-under category).

Seventy-one percent of persons first released as outpatients returned to the facility at least once within three years. Twenty-five percent of persons initially discharged on writs or as unfit for treatment at CRC were recommitted because of subsequent crimes or narcotic involvement.

Colbert, Paul A., and Kirchberg, Susan M. Operating a criminal justice unit within a narcotics treatment program. Federal Probation, 37(4):46-51, December 1973.

#### PURPOSE

The District of Columbia provides the city's heroin users with treatment and a means of escaping the criminal lifestyle through the Narcotics Treatment Administration (NTA). Within NTA, the Criminal Justice Division (CJD) has the responsibility for coordinating all NTA programs serving clients under the jurisdiction of the D.C. courts or Department of Corrections. The CJD has two primary goals: (1) to offer heroin addicts rehabilitation as an alternative to incarceration; and (2) to provide the community with reasonable assurance that these clients are no longer pursuing careers as heroin addicts. Services include drug screening and counseling in the courts, a urine surveillance program, a monitoring and reporting system on heroin addicts, an information system which handles special requests from authorized criminal justice personnel, and a third-party custody program in which addicts are counseled and monitored regularly. The total program is much like the federal government's TASC programs. Because the District's program is one of the nation's oldest and largest in the narcotics treatment field, many lessons have been learned, lessons which should prove valuable to the administrators of new programs. Specific problems, and recommended techniques of avoiding them, are presented.

#### SUMMARY

Initially, NTA's criminal justice unit served to interview narcotics users brought before the court, and to monitor the progress of those referred into treatment. In 1970, a court program was established to provide urine testing and interviews, and to make recommendations for court action. However, this program was hampered because NTA diagnostic counselors were interviewing and obtaining urine specimens from prisoners in the presence of all other prisoners. Also, the turnaround time for urinalysis results was more than 30 hours, and defendants who had tested positive were often unable to be located later. Under federal funding, a more efficient system was provided. An onsite laboratory provided urine results within two hours, and special tests requested by judges could be conducted in less than 20 minutes. NTA counselors were also provided an office where interviews and urine specimens could be given in private. By employing several outstanding ex-addict counselors, the entire staff was able to relate well to the prisoners being interviewed and make informed recommendations to the judges during arraignment. Furthermore, the mere presence of this effective unit in the court helped improve the attitudes of judges and U.S. attorneys, and to present a more positive image of the ex-addict and the entire NTA program.

The largest and most complex unit of the Criminal Justice Division (CJD) was the Surveillance and Tracking Branch. A clear division of responsibilities was needed. As a result, three units were created: Urine Surveillance, Tracking and Reporting, and Information. Those clients who tested negative for opiate use by urinalysis were discharged from the program. Those testing positive were immediately referred into treatment clinics, where their performance was monitored by the Tracking and Reporting Unit. Because of heavy caseloads, understaffing, and lack of communication between clinics and the Tracking and Reporting Unit, many people were lost to the system. This chaotic situation was improved once the NTA administration made a major commitment to assist CJD in obtaining the cooperation of clinic personnel. In the end, each clinic appointed one staff member to be responsible for promptly reporting on the treatment progress of all criminal justice clients. Hand delivery rather than mail delivery also improved the communication between clinics and the CJD.

Proper utilization of the CJD-NTA services required continued communication between the CJD and the city's judges, probation officers, and correctional personnel. By attending conferences, sponsoring workshops, writing memos and holding meetings regularly, CJD had made considerable progress in this endeavor.

## CONCLUSIONS

Even with the benefit of aggressive educational programs, some representatives of the criminal justice system will still continue to use the program improperly or not at all. Judges are not doctors, although occasionally release orders are written instructing a defendant to enter a methadone program, or conversely, to abstain from entering such a program. Judges still often refuse to order defendants into any treatment program despite the fact they are obviously heroin users. The very nature of the judicial process prevents a drug treatment program from totally eliminating such occurrences.

The experiences of NTA's Criminal Justice Division are promising. While mistakes have been made, real progress is evident. Arraignment judges are now making more informed decisions because they have tests results at the time of arraignment, and staffing and improved communication between CJD and treatment clinics have resulted in prompt and accurate tracking and reporting back to referral sources. With the help of the criminal justice system, the CJD is finally able to realize its two goals of addict rehabilitation as an alternative to incarceration and of an end to heroin addiction.

Dole, Vincent P. Detoxification of sick addicts in prison. Journal of the American Medical Association, 220(3):366-369, April 1972.

DRUG	Methadone; Heroin
SAMPLE SIZE	22,000+
SAMPLE TYPE	Incarcerated; Treatment (inpatient)
AGE	Not Specified
SEX	Male
ETHNICITY'	Not Specified
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Observations; Program/Clinic Statistics
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	0

#### PURPOSE

The overcrowding which led to riots at the Manhattan House of Detention for Men, the "Tombs," was aggravated by a lack of medical care for addicts. Since addicts account for half of the 34,000 annual admissions to the Tombs, it became clear that the institution needed a detoxification program for addicts who were abruptly removed from their usual supply of narcotics in the streets. A methadone detoxification procedure was set up within the institution, and the procedure was made available to every sick addict who requested this treatment when taken into custody.

#### PROGRAM PROCEDURE

Medically, the technique used was the same as detoxification in a hospital--administration of decreasing doses of methadone hydrochloride (Diskets) given orally over a period of one or two weeks. The administrative problems of dispensing narcotic medication twice a day to several hundred inmates in the cell blocks of a maximum security prison put unusual constraints on the procedure. All new inmates entered the detention prison through a receiving room, in which they were seen by a physician. If the physician found the subject to be an addict (physically dependent on narcotics), detoxification was offered in a series of 13 doses of methadone hydrochloride given over a period of six and one-half days. If the inmate accepted this offer, the first dosage (20 mg, orally) was given immediately. The dosage schedule was stamped on his medical card, and he was referred to the detoxification floor for continued treatment.

The dispensing of methadone was kept under rigorous control by being administered only in solution; each inmate was observed while he drank his dose, discarded the paper cup, and swallowed

the medication. A physician was available at the morning session to make any necessary changes in prescription and to prescribe other medications, if indicated, for treatment of complicating diseases.

## RESULTS

Approximately 22,000 addicts were detoxified during the first months of the treatment program, with no major incidents of violence or attempted suicide. Mistakes were made in giving 20 mg doses of methadone hydrochloride to addicts who were already detoxified (transfers from other institutions); in other cases of very heavy addiction prior to admission, the small doses were hardly adequate. Due to lack of staff and diagnostic facilities, the medical care for complicating diseases was primitive. Nevertheless, the effect of the medical program was dramatic. One year after the riots, the ninth floor in the Tombs, which was the focal point of the riots six months before the program, was the quietest area of the prison, and many of the inmates were applying for admission to treatment programs after they were to be released from prison.

## CONCLUSIONS

A physician cannot treat addicts in prison without being struck by the futility of their being jailed. Addicts are not deterred or cured by confinement. In fact, the prison system, as it is now constituted, returns the addicts to the community in worse condition than when they entered, because social deterioration is added to their medical problem. However, the favorable response of inmates to the detoxification program suggests that houses of detention can make a positive contribution to the addiction problem and prevent future crimes. Jail could become the starting point for genuine rehabilitation of released persons in programs that respond to their problems in the community.

Such a process has already been initiated for addicts in the Tombs, consisting of: (1) detoxification to relieve the immediate symptoms of drug withdrawal; (2) an interview conducted by departmental social service aides to review each inmate's medical and social history, and his possible interest in a narcotics treatment program after release; (3) interviews with representatives of treatment programs, if requested by the inmate in the departmental interview; (4) a review, if the inmate is accepted by a recognized treatment program, of his legal status by Legal Aid lawyers to determine whether or not he qualifies for immediate release into the custody of the treatment program (under an arrangement made with the courts and district attorney for release of detainees charged with misdemeanors); and (5) a plan to admit persons not qualifying for early release, but eligible for treatment in community-based programs, into the programs as soon as they have completed their prison sentences. When this simple procedure becomes available to all of the heroin addicts coming into detention houses in New York City, it could significantly reduce addiction-related crimes in this city.

Dole, Vincent; Robinson, J. Waymond; Orraca, John; Towns, Edward; Searcy, Paul; and Caine, Eric. Methadone treatment of randomly selected criminal addicts. New England Journal of Medicine, 280(25):1372-1375, June 19, 1969.

DRUG	Heroin; Methadone
SAMPLE SIZE	116
SAMPLE TYPE	Incarcerated Addicts
AGE	Adults
SEX	Male
ETHNICITY	Cross-Cultural
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Observations; Program/Clinic Statistics
DATE(S) CONDUCTED	1968
NO. OF REFERENCES	5

#### PURPOSE

In a test with inmates from the New York City Correctional Institute for Men, an attempt was made to ascertain: (1) how motivation for entering methadone treatment could be induced in a sample of inmates without prior interest, and (2) whether methadone treatment initiated in a jail would be effective in rehabilitating and eliminating criminal behavior.

#### METHODOLOGY

Subjects were inmates of the New York City Correctional Institute for Men (Rikers Island) who had been heroin addicts for five or more years, had records of five or more previous convictions, and were not already committed to the custody of the Addiction Services Agency. Notices were posted in the cell blocks stating that representatives of a postrelease methadone treatment program would explain the procedure to groups of inmates who met the above criteria. Inmates were then brought to interviews during the first month by the assignment officer of the prison. The program was explained, and it was emphasized that application would bring no special privileges. The inmates were permitted to refuse without penalty.

After the first month, requests came from the prisoners, but no one who had previously applied for methadone treatment or corresponded with the office of the methadone program was included in the study. No effort was made to reach those who did not apply for a personal interview, and they were classified as completely unmotivated. All who did apply (116 out of 165 seen) were accepted, on the condition that they reaffirm their interest by reporting to the intake office of the methadone program at Beth Israel Medical Center within six weeks after release.

Eighteen inmates with release dates between January 1 and April 30, 1968, were chosen by lottery to begin treatment during the last 10 days of their prison stay. The first 12 of these were designated the early treatment group, with the other 6 as alternates. Untreated controls were those not selected in the lottery whose release dates fell in the same period, and who showed continued motivation by reporting to the intake office after release. Four applicants who were selected for the early treatment group, but declined to accept, were designated refused treatment, and replaced by four of the alternates. Finally, the reference group consisted of those who were not included in the lottery, or who failed to report to the intake office after release. Of the total study group, 15% were of European descent, 10% were Negro, 7% were Puerto Rican. The reference group was 50% European descent, 16% Negro, and 18% Puerto Rican.

The early treatment group was divided into three groups of four each and given methadone in the hospital infirmary, beginning with 10 mg per day and increasing to 35 mg, a nonblockading dose. While in the infirmary, they were seen by physicians from the methadone program, and incorporated into the general treatment program after leaving prison, with data gathered by the standard procedures of the methadone program.

Data on the control group were less complete, including in most cases fingerprint sheets from the New York City Department of Corrections and records from the intake office of the methadone program. Fingerprint sheets were also obtained for the reference group, but statistics were not calculated since many of this group had remained in jail.

### RESULTS

The addicted prisoners came to the initial interviews with suspicion and negative motivation. Most had heard rumors that methadone was damaging, e.g. "it gets into the bones," perhaps accounting for the initial low acceptance rate. During the first month, 15 of 38 inmates (40%) applied for treatment. As word of the program spread, 80% (101 of 127) applied for treatment. The overall acceptance for 7 months was 70%, and about 25 applications a month were still being received 7 months later.

No significant difference was found in any of the numerical measures (mean ages at time of first use of heroin, number of previous prison sentences, education level, ethnic distribution) between any portion of the study and reference groups. The four who declined early treatment had, however, a significantly lower age than the mean of the total study group.

On December 1, 1968, 7-10 months after release, half of the treated group were employed or in school, a fourth were unemployed and poorly motivated, and a fourth had been rearrested for crimes committed while in treatment. One of the latter group reapplied for treatment after his three-month sentence. Three of the four who declined early treatment, and 15 of the 16 untreated controls, were reincarcerated after release from prison, and the other of each group was lost.

All of the untreated men became readdicted to heroin shortly after release, whereas none of the treated group became regular daily users. This illustrates the protective effect of the methadone, since 10 of the 12 used heroin at least once after release from prison. The 3 whose treatment was least successful continued to use heroin intermittently and to associate with addict friends. The 6 with most successful results were living as responsible members of the community and supporting families. The overall success in motivating and rehabilitating criminal addicts appeared to be at least 50%.

### CONCLUSIONS

On the basis of the rate of applications, and the testimony of many addict prisoners who were ineligible for the study, it is believed that at least half of the addicts now in prison would apply for methadone blockade treatment if it were available to them. Assuming that the prisoners seen in this study were typical recidivist criminal addicts, it can be said that the methadone program provides a way to stop criminal behavior in a large proportion of these addicts. The overall success rate implies that at least 5,000 dangerously antisocial addicts in New York City could be transformed into acceptable citizens by a treatment program combining methadone blockade with rehabilitation.

Fisher, Sethard. The rehabilitative effectiveness of a community correctional residence for narcotic users. Journal of Criminal Law, Criminology and Police Science, 56(1):190-196, March 1965.

DRUG	Opiates
SAMPLE SIZE	58 Experimentals; 57 Controls
SAMPLE TYPE	Parolees
AGE	Adults (22-42)
SEX	Male
ETHNICITY	80% Mexican-American; 4% Black; 16% White
GEOGRAPHICAL AREA	East Los Angeles, California
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Observations; Sociometric Ratings
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	19

#### PURPOSE

The Halfway House, located in East Los Angeles, California, is a temporary residence for felon parolees who have a history of narcotics use. During the first two years of operation, the program was evaluated to compare its effectiveness with that of "straight parole" in reducing the rate of the return of men to prison for narcotics offenses. Results are described and an analysis of program effectiveness is presented.

#### METHODOLOGY

The experimental-control populations of the study came from a pool of male imprisoned felons who had parole placements in East Los Angeles. From this pool, men were assigned randomly to control and experimental groups, the former going on "straight parole," the latter taking up residence in Halfway House for a period of from 30 to 90 days. There were 36 experimentals and 38 controls at the end of six months, and 58 experimentals and 57 controls at the end of the first nine months. Eighty percent of the total population was Mexican-American; Caucasians constituted 16%, and Negroes, 4%. The age range of the population was 22 to 42 years. Data were obtained through interviews, recorded field observations, and sociometric ratings. The two groups were compared at six- and nine-month intervals. Dimensions of comparison were: (1) numbers of men who maintained satisfactory parole standing; (2) total days of satisfactory parole time accumulated; and (3) numbers of men for whom there is no official evidence of return to illegal involvement with drugs.

#### RESULTS

At the end of the first six months of the study, 83% of the experimentals and 81.5% of the controls had maintained a satisfactory parole standing. At nine months, these percentages

dropped to 53.5% and 70.2%, respectively, both groups showing a decline in satisfactory performance. During the first six months, thirty-six experimentals accumulated 95% of their possible satisfactory days of parole time compared with 88% at the end of nine months by 58 men. Controls accumulated 85% and 87% of their possible satisfactory days at the end of six and nine months, respectively. At the end of six months, official evidence of illegal involvement with drugs existed for one of the 36 experimentals (.03%) compared with fourteen of 58 men (24%) at the end of nine months. For controls, 18% were officially determined to have used narcotics at the end of six months compared with 25% at the end of nine months. Both groups contributed equally to the number of persons who reverted to drug use after nine months.

#### CONCLUSIONS

During the nine-month interval covered in this study, Halfway House was not a distinctively important influence in preventing return to use of narcotic drugs. Many factors were responsible, primarily the rift between staff and residents--often reflected in group counseling sessions, where the two parties confronted one another in a display of challenge by staff and defense by the resident group. Often, as a result of staff pressure and increased use of negative sanctions, even the residents who most rejected the staff and program sometimes expressed the kinds of feelings in group sessions which they deemed would be viewed as symptoms of progress by staff. Almost every resident felt that the requirement to enter the program was unfair and that notification of this requirement came too close to the time of release from prison. They also complained that the security measures and other house rules were too much like those in prison; that staff treated them like children and regarded them as "sick"; and that they did not know what the conditions for release were. Length of stay was not determined prior to entry, and many residents could not see why they were held beyond the minimum requirement of 30 days.

Neither staff nor inmates had a feeling of being members of a single, solitary group. While social interaction in Halfway House may take a number of alternative directions in the future, evidence thus far accumulated suggests that one way by which increased conformity to the normative demands and expectations of the Halfway House program may be realized is through an increase of personal loyalty by residents. However, built-in organizational and attitudinal barriers inhibit, if not prohibit, the kinds of fraternization patterns which reflect and nurture such loyalty.

Geis, Gilbert. A halfway house is not a home: Notes on the failure of a narcotic rehabilitation project. Drug Forum, 4(1):7-13, 1974.

## PURPOSE

In a three-year NIMH study of the East Los Angeles Halfway House program for paroled addict felons, it was concluded that the program was a failure. This discussion concentrates on reasons for this failure.

## SUMMARY

### Experimental Design

The experimental design of the program called for the random assignment of paroled felons with opiate-use histories to the Halfway House. It was assumed, with what turned out to be extraordinary naivete, that such an assignment would be welcomed by the man drawing it, since his return to the community would be cushioned for a while by the embracive character of the residential facility and its program. This design, of itself, may have spelled the doom of the program; house residents almost uniformly resented their assignment. The initial hostility of the men toward their fate in the random assignment was compounded by the policy of charging each man for room and board. First, the release money given them when they left the institution was used to pay their halfway house expenses. Then, unless they had succeeded in locating a job, the men began to run up rather large tabs with the facility, bills they might not have had if they had been living with relatives.

### House Structure and Location

The Halfway House was located in the East Los Angeles, Mexican-American barrio, where there was a high incidence of drug addiction. The facility provided living quarters for 25 to 30 persons in six-man dormitories and also housed a district parole office of six agents, two supervisors, and three clerical workers. Two staff members, a cook, and the NIMH research team were the other personnel at the facility. Although the arrangement was less than home-like, the men rarely complained--except when those who desired quiet were annoyed by raucous behavior, usually from men returning home drunk. The presence of the parole office in the facility was also a point of contention. Many thought that the location of the offices made it altogether too clear where the authority lay in the program, and that it fostered use of official action in instances where more benign interventions might have sufficed. Community indifference to the program contributed to its failure, because the residents did not experience the kind of community antagonism against which a group can unify. Also, because the facility was in an area characterized by much drug use, many felt the program was doomed because of the easy access to drugs.

### Program Components

The program ethos was based on the ideas of the therapeutic community and group counseling. One example of the first idea was the maintenance of an open kitchen. This was a failure, because residents would steal or eat more than their share of food. This caused budgetary problems which opened the staff to harsh criticism from the central accounting office. It also caused shortages of food; men who returned home late from work often found no food left. Staff indifference to this situation made the deprived residents bitter. Group counseling also failed; it was clear to the men that the behavior during the counseling process had vital consequences for their parole evaluation, and this served to inhibit expressions of anger, truculence, and disagreement. There was also a tendency of staff to interpret many forms of resident behavior as "sick," a label strongly resented by the residents.

## CONCLUSIONS

During the first three years of its existence, the East Los Angeles Halfway House suffered from too many disadvantages and too few advantages to reach a successful conclusion. Among the many

problems, perhaps the resentment of residents regarding their assignment to the facility was the most important deterrent to the program's success. It is also arguable whether the decision to include only addicts among the residents was a wise one, and whether the idea of an all-male rather than a coed facility was sound. There is also the possibility that Mexican-Americans as an addict offender group are particularly resistant to the type of program launched in the California halfway house.

Joseph, Herman A., and Dole, Vincent P. Methadone patients on probation and parole. Federal Probation, 34(2):42-48, June 1970.

DRUG	Methadone
SAMPLE SIZE	2,205
SAMPLE TYPE	Treatment (outpatient); Patients on Probation or Parole
AGE	Adults
SEX	Both Sexes
ETHNICITY	Black; Puerto Rican; White
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	1970
NO. OF REFERENCES	19

#### PURPOSE

In the late 1960's, heroin addiction in New York City reached epidemic proportions. According to police statistics, arrests for crimes known to be related to heroin addiction increased from 15,937 in 1968 to 27,290 in 1969. Treatment methods aimed at abstinence failed to help more than a small fraction of the addict population. A possible solution for helping addicts is methadone maintenance. The effects of such a program in New York City were examined for the total admissions over a six-year period, as well as specifically for patients on probation or parole (1964 to 1970).

#### METHODOLOGY

A follow-up study was made of all patients admitted to the methadone maintenance program from its inception in January, 1964, to December, 1975, by the Health Research Council of New York City. A total of 2,205 admissions occurred. Data were analyzed for drug use and crime reduction for the entire sample, and for those patients within the sample who were on probation or parole.

#### RESULTS

##### Program Effectiveness

Approximately 82% of all patients admitted to the program between 1964 and 1970 were considered successes (1,800 out of 2,205). They remained in treatment and were no longer addicted to heroin or committing crimes. About two-thirds of those remaining in the program were employed, in school, or functioning as homemakers after three months of treatment. Of

the remaining 18%, 3% left voluntarily (usually to move to another city) and 15% were failures, discharged from treatment; in almost every case they were known to have reverted to heroin addiction and criminal activities. However, in no case was it necessary to discharge a patient for continuing heroin addiction. For some individuals the outpatient facilities for supervision and counseling were inadequate. Special facilities for residential control might have saved many of the failures (e.g., alcoholics).

#### Crime Reduction

Analysis of the records of 912 patients admitted over a 4½-year period showed a 90% drop in criminal convictions. Prior to admission, the group amassed 4,500 convictions resulting from felonies, misdemeanors, and petty offenses. After admission, only 12% were arrested (mostly for misdemeanors and lesser offenses) and there were a total of 51 convictions. There was a progressive decrease in arrests over a three-year period as compared to a non-methadone-treated addict contrast group. Prior to admission, both groups had the same arrest frequency. After a three-year period, the rate of jail sentences for methadone patients was reduced from 48 to 1 per 100 man-years. For the untreated group, rate of jail sentences increased from 58 to 63 per 100 man-years.

#### Patients on Probation or Parole

Previous studies of addicts under legal constraints--such as civil commitment, probation or parole--have recorded either massive failure or, at most, moderate success. The methadone program in New York City, by contrast, has been successful; from January 1964 to December 1969, 269 methadone patients (11% of total program admissions) were on parole or probation. Of these patients, 72% (193) made good adjustments and were retained in treatment. This retention rate was somewhat less than the figure for the program as a whole. This presumably reflects the fact that the probation-parole group contained some of the most difficult patients in the program--those in trouble with the law. As of December 1969, approximately 70% of the probation-parole group who remained in treatment were employed, in school, or functioning as homemakers.

#### CONCLUSIONS

It is not enough to block the craving for heroin with methadone; the patient may have other problems. He may need, in addition to the medicine, sensitive guidance by trained staff who can combine the best aspects of social and medical treatment. Although other methods have had a degree of success, no other treatment for heroin addiction has had a documented success comparable to that of the methadone program. The voluntary retention of patients, the decrease in criminal activity, and the increase in productive behavior are unprecedented in the treatment of opiate addiction.

Kaplan, Howard B., and Meyerowitz, Joseph. Evaluation of a half-way house: Integrated community approach in the rehabilitation of narcotic addicts. International Journal of the Addictions, 4(1):65-76, March 1969.

DRUG	Opiates; Multi-Drug
SAMPLE SIZE	269
SAMPLE TYPE	Incarcerated; Treatment
AGE	Adolescents; Adults
SEX	Not Specified
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	More Than Two Cities
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Questionnaires
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	8

#### PURPOSE

The Southmore House program is an attempt to intervene in the life of the narcotic addict in the period between his departure from the hospital or correctional institution and his return to the community. Clients were referred to the program by the Texas Department of Corrections or the U.S. Public Health Service Hospital, Fort Worth. The first three years (1964-1967) of program operations were evaluated to: (1) determine the effectiveness of the Southmore House program in producing higher rates of community adjustment according to specified criteria relative to a comparison population of addicts released directly into the community; and (2) measure and describe the changes along specific psychosocial dimensions which were associated with participation in the program.

#### METHODOLOGY

Measurements were made of the psychosocial characteristics of Southmore House residents, and of a comparison group of narcotic addicts before they were released from the correctional institution or hospital and after they had passed into the community. The comparison group consisted of 177 individuals who were institutionalized for narcotics addiction, and who were scheduled for release into the target area. The 92 volunteer residents who had passed through Southmore House were divided into two groups: those who completed the program, and those who left prematurely and against the wishes of the staff. All subjects were addicted to opiates.

For the comparison group, baseline data were collected by personal interview at the institution in question, following the subject's being scheduled for release into the target areas and prior

to release. For the Southmore House group, the baseline data interview was conducted prior to release from the prison or hospital, whenever possible. Follow-up interviews were to be repeated at six-month intervals.

"Successful adjustment" was measured in terms of employment status at time of reinterview; admitted use of narcotics between the preinterview and postinterview; admitted readdiction to narcotics in the interim between interviews; rearrest for any reason during the period between interviews; and community status at time of reinterview. In order to control and correct statistically for the variability in time between preinterviews and postinterviews, the analysis of covariance technique was employed.

To delineate the nature of the changes in psychosocial measures which could be attributed to the differential postinstitutional experiences of the groups, two groups were compared with each other in terms of average change in scores between the pretest and posttest periods, using T-tests.

## RESULTS

Southmore House residents who successfully completed the program at the time of reinterview were significantly more likely to be employed, were less likely to have used narcotics, were less likely to have become readdicted or been rearrested, and generally were more likely to be functioning well in the community than those former residents who did not pass through the program successfully. However, successful ex-Southmore House residents were no more likely to have abstained from narcotics use or to have avoided readdiction when compared to addicts released directly into the community. The residents who were ejected from or left the program prematurely were significantly more likely to have been unemployed, to have used drugs in the interim, and to have become readdicted, although they were not more likely to have become rearrested and reinstitutionalized.

Control addicts were more likely to: show increasingly rigid attitudes over the period between the preinterviews and postinterviews; show increasing tendencies toward withdrawal between institutional releases and retest; increase their impulsivity and increase their ego-strength scores. Furthermore, the group which successfully passed through the Southmore House program was more likely to increase in negativity toward the neighborhood, and to show an increase in self-estrangement.

## CONCLUSIONS

The program was relatively successful in keeping the addict in the community and in fostering a normative orientation toward society. However, the program was unsuccessful in decreasing addiction or drug use relative to the level of a comparison addict group. While the program successfully fostered the rejection of the addict's environment and the destruction of what might be considered undesirable defenses, there was no evidence of an increased positive attitude toward socially approved goals. The removal of the undesirable adaptations is a necessary first step in the rehabilitation of the narcotic addict, but will be futile if the second stage is not reached; that is, the provision of purpose and socially acceptable adaptive mechanisms which will permit the addict to achieve and maintain positive self-evaluation.

Katz, Howard A. California Rehabilitation Center: A critical look. International Journal of the Addictions, 6(3):543-551, 1971.

DRUG	Opiates
SAMPLE SIZE	11,000+
SAMPLE TYPE	Treatment (inpatient)
AGE	Not Specified
SEX	Not Specified
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	California
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	0

#### PURPOSE

The State of California was the first to utilize compulsory treatment for narcotic addicts. In 1961, the legislature established a civil commitment (CRC) program designed to remove addicts from the streets, to rehabilitate them in a drug-free environment, and to prevent the spread of addiction and reduce crime. The program calls for mandatory periods of nonpunitive confinement with treatment for addicts, followed by release to close parole supervision with chemical antinarcotic testing, and reconfinement if necessary. Although the CRC program had been in effect for only a relatively short time, its enormous cost to the taxpayers suggested that a critical review was in order.

#### SUMMARY

Persons committed to CRC may be retained in the program for a total of up to seven years. The primary intent of the legislature was to have addicts engaged in misdemeanor offenses committed to CRC. However, 70% of those now received at CRC came there as felony cases; thus the program became a haven for fugitives from a prison sentence. A number of individuals who never had used any hard narcotics were committed to CRC. The treatment concept was often negated due to lack of bed space at the institution. In order to accommodate new commitments, correctional counselors were pressured to effect earlier releases. This procedure of releasing addicts without sufficient treatment probably contributed to a high rate of parole absconders: by the end of 1968, about 600 CRC parolees were reported at large. Twenty-one percent of those released from CRC were reported still on parole after two years, while 80% of those paroled from CRC were reported back on narcotics within two years.

Chemical antinarcotic testing was required of all CRC parolees. Nalline tests were originally given to most parolees, but because it was difficult to obtain and/or retain physicians to give these tests, and for budgetary reasons, the number of these tests was sharply reduced in favor of testing by urinalysis. Of 420 urine specimens taken from CRC parolees between September 10, 1964, and December 12, 1968, only 20 tested positive for opiates and other drugs, or 4.76% of those tested.

At the end of 1969, the CRC program controlled only approximately 14% of the addict population. The CRC program research division reported that after deducting those in the program less than three and one-half years who would not be eligible for discharge, and those discharged on Writ of Habeas Corpus and as "unfit," there remained 3,891 discharge "eligibles" out of a total of 11,995 commitments through December 31, 1969. There had been a total of 614 "successful" discharges: 5.12% of the total committed or 15.8% of the total eligibles.

#### CONCLUSIONS

The CRC program is removing relatively few addicts from the streets, and, only a small percentage of those committed to the program are being successfully rehabilitated. CRC is not preventing the spread of addiction. The parole division should encourage local prosecution where it is warranted by evidence. Since the purpose of registration is to give law enforcement a control instrument, all those committed to CRC should be required to register as narcotic offenders with local police agencies. To facilitate return by extradition, the law should be changed such that when an absconder leaves the state he is legally declared an escapee or in criminal contempt of the committing court. The legislature should change those provisions of the law which have allowed nonaddicts and other unsuitable persons to be committed to CRC while enabling misdemeanants to avoid a CRC commitment. The Department of Corrections should improve its personnel selection methods and weed out emotionally immature or subversive staff members. Finally, the department must return to a comprehensive Nalline testing program.

Kramer, John C., and Bass, Richard A. Institutionalization patterns among civilly committed addicts. Journal of the American Medical Association, 208(12):2297-2301, June 23, 1969.

DRUG	Opiates
SAMPLE SIZE	121
SAMPLE TYPE	Incarcerated
AGE	Not Specified
SEX	Both Sexes
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	California
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	June 1962 - June 1964
NO. OF REFERENCES	5

#### PURPOSE

In a previous report evaluating the California civil commitment program for addicts (Kramer, Bass, and Berecochea, 1968), it was pointed out that while some people successfully complete three years on outpatient status (OPS), most of the remainder do not; and it appeared that they would spend about half of their commitments within the institution. In order to determine the proportion of time spent within the California Rehabilitation Center (CRC), a 10% sample of the 1,209 individuals first placed on OPS from June 1962 through June 1964 was studied.

#### METHODOLOGY

This program was initiated in 1961, and the first people were received in September of that year. The first releases to OPS took place in June 1962. Through the 25 months until the end of June 1964, the 1,209 people placed on OPS included 935 men and 274 women. These people were listed according to institution number, and every tenth was selected, in order to assure a proportional representation of men and women, as well as an even distribution with regard to date of admission. In the sample of 121, there was a 23% over-representation by individuals who remained on OPS for three years in their first release.

While in the program, each person was on one of three statuses: institutionalized (in CRC), outpatient status (OPS), or releasee-at-large (RAL). For the purpose of this study, time spent in jail while still officially in the program, and two instances of time spent in prison out of state, were included with the RALs.

## RESULTS

Most individuals released on writs of habeas corpus were released between mid-1963 and mid-1964. In almost all instances, writs were based on procedural errors in the commitment process. This period of numerous releases due to writs affected primarily the study population. Of the 121 people in the sample, 56 (46%) had writs of habeas corpus upheld, and 11 were subsequently recommitted to prison in California. Forty-five people (37%) left the program on writs and had not been recommitted through June of 1968. Most frequently, a writ of habeas corpus was sought by an individual who had been on OPS and whose OPS had been suspended for a violation. Of the 56 writs, only three were obtained while the individual was in good standing on OPS.

Twenty-eight people were discharged from the program after having completed at least three relatively trouble-free continuous years on OPS following first release without having been detected using drugs. Of the 28, two were subsequently recommitted, and three additional individuals were successful for three years on their second OPS, leaving 29 whose last known status was that of three-year success. These 29 spent a mean of 14.7 months in the California Rehabilitation Center, and 37.9 months on OPS. Even the successful group spent in excess of one year in CRC. Though many of the patients classified as three-year successes had histories of drug use which can be considered typical of heroin addicts, a large proportion of the successes were atypical. Of the 21 men in the sample who succeeded, 9 might be considered atypical; 2 denied ever having used opiates, 3 had been medically addicted and took Percodan, and 4 were primarily users of nonopiate drugs. Of 8 women who succeeded, 4 might be considered atypical; 2 had used heroin only briefly, one was actively psychotic and was receiving psychiatric care and medication, while one was mentally defective.

By June 15, 1968, 30% of the sample were still in the program, 26% had been discharged by writ without subsequent known imprisonment, and 24% had been discharged following three consecutive years on OPS. Fifteen percent had been committed to prison, the civil commitment of 2% had expired, and 3% were dead. The 121 people in the sample had spent a total of 5,745 months in the program, a mean of 47.5 months per person. Thirty-six (30%) were still in the program at that time; 47% of their time had been spent in CRC, 45% on OPS, and 8.5% at large. The 29 subjects whose last known status was successful completion had spent 52.6 months in the program, 28% in CRC and 72% on OPS. The remaining 92 spent 45.9 months in the program, 53% of the time in CRC, 35% of the time on OPS, and 11% of the time RAL. In other words, those who did not succeed in this program spent more than half their time in the institution and only slightly more than a third of their time on successful OPS.

## CONCLUSIONS

Examination of the records of those who "writtied out" suggests that they are similar to those who failed in the program. Thus, most of the 37% whose last contact with the program was terminated by their writ would probably have been, barring the procedural errors in their commitments, continuingly involved in the cycle of readmission and rerelease. Also, the atypical addicts appear to represent a large proportion of the success and a relatively small proportion of the entire population.

Five phases in this program were developed: (1) institutional phase; (2) outpatient phase; (3) early chronic phase; (4) success phase; and (5) late chronic phase. In an ongoing program, this pattern will not be obvious because patients are admitted steadily over a period of time rather than in cohorts. In addition, this formulation would be invalid if the therapy offered were so efficacious or the supervision so lenient that many of the patients were to succeed on initial release. Part of the success of the California program is that control as well as treatment is provided. However, the question still remains whether or not this success justifies the prolonged periods of incarceration for the many who do not respond to it.

Kramer, John C.; Bass, Richard A.; and Berecochea, John E. Civil commitment for addicts: The California program. American Journal of Psychiatry, 125(6):816-824, December 1968.

DRUG	Opiates
SAMPLE SIZE	1,209
SAMPLE TYPE	Civil Commitment Releasees
AGE	Adults
SEX	Both Sexes
ETHNICITY	Cross-Cultural
GEOGRAPHICAL AREA	California
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	1962-1964
NO. OF REFERENCES	16

#### PURPOSE

Civil commitment for narcotic addicts has its advocates and its opponents. Some of the opposition is voiced on legal grounds; the claim is that commitment for a treatment which is not proven effective constitutes cruel and unusual punishment. It has been said that civil commitment is hardly different from imprisonment, and is unlikely to work any better. On the other hand, advocates of commitment programs cite the relapse rate in the California program and contend that a significant degree of success has been achieved. In this study of the California program, civilly committed addicts released to outpatient status between June 1962 and June 1964 were examined.

#### METHODOLOGY

Inpatient records and periodic reports from the outpatient division were kept on all subjects. One-year follow-up data were based on 1,209 residents released to outpatient status (OPS) during the 25 months from June 1962 through June 1964. Three-year follow-up data were based on the first 454 people in the group. Second-release data were based on the follow-up of 175 releasees from this group who were returned to the institution and released a second time, and for whom one year had elapsed since second release. Records were evaluated as of the anniversary of release, and as of one and three years following release. Status was based on such data as reason for suspension, arrests, convictions, and detection of drug use while on outpatient status. Subjects included men and women, people of different ethnic backgrounds and of varying intelligence, skills, criminal history, and family resources. They were followed in different parts of the state by scores of supervising agents.

## RESULTS

One year after first release to outpatient status, 35% remained in good standing and 64% did not; 1% were removed from the program while in good standing but prior to their first anniversary date. Of those not in good standing, 594 were returned to the California Rehabilitation Center (CRC), 59 were in custody, 63 were at large, 46 were suspended but released on writ of habeas corpus, and 10 were deceased (drug-related). Three years following first release to outpatient status, the proportion of those continuously in good standing dropped from 35% at the end of the first year on OPS to 16% at the end of the third year. The proportion of those who were suspended went from 66% to 81%. Twenty-six percent of the second release group remained in good standing for one year. This second release population appeared to be a slightly less successful group, even in their second release, than the entire first release group.

Regarding criminal activity and drug use, it was found that 20% of the first release group received new convictions during the first year following release, most of which were for misdemeanors. Of the group of 331 subjects released to OPS during the first half of 1964, a total of 73 were declared at large at some time during the first year after release. Of all first releases, 56% were detected as having used drugs during the first year of OPS, 6% as having used nonopiates. Among the 44% not detected in illegal drug use were some who may have used alcohol to excess.

## CONCLUSIONS

Some general statements can be made about the program, based on a review of over 1,000 case records, interviews with staff and residents, and observation of the program.

1. It works with some. Some individuals who have been treated in the program have maintained abstinence from drugs, and have remained law-abiding. It appears that the program may be a significant factor in bringing about this result.
2. Return to drug use is delayed for many. Many individuals who do not succeed in abandoning drugs do, however, spend longer periods of time on OPS free from illegal drug use and associated criminal activity than would be anticipated from their previous behavior.
3. Self-perception is changed. Many are given the opportunity to examine their own motivations and behavior through a community group technique which aims at altering their long-term patterns of functioning.
4. The therapeutic effort is genuine.
5. The setting is correctional. It is viewed by addicts and professional visitors as more punitive than therapeutic.
6. Negative reaction is expressed by some. The compulsion as well as the correctional tone serve to induce resistance in many of the addicts.
7. The length of stay may be considerable.

The data indicated that 56% of the outpatients were detected using drugs during the first year following first release, while additional outpatients "failed" for reasons other than drug use, so that one in three remained in good standing at the end of one year. It is doubtful that these results will change much within the framework of the present program, or that the program itself will change much. The organization is relatively inflexible--primarily because of statutory provisions, but also due to self-imposed restriction. Commitment programs for addicts can be considered at this time as an interim procedure between a totally punitive approach and the evolving nonpunitive approach to the issues of drug dependence, although perhaps they will persist as an alternative for those who are not helped by other programs.

Landsman, Richard. A pre-trial court diversion program for narcotics addicts: An alternative to incarceration. Drug Forum, 3(3):295-306, Spring 1974.

## PURPOSE

A pretrial diversion process instituted through the courts via an appropriate urban agency makes total rehabilitation for arrested narcotics addicts feasible. This process demonstrates that early identification and diversion away from the potential harmful effects of the criminal justice process will be beneficial in providing the addict with a source of rehabilitation as an alternative to incarceration. Intake, procedural, and aftercare techniques are described.

## SUMMARY

The ideal pretrial diversion program for narcotics addicts entering the criminal justice process through the courts contains two major components: the pretrial diversion phase, and the employability phase. Intake, placement, and follow-up are accomplished in each phase for the individual client accepted into the program. The program central staff handles all screening and interviewing of prospective clients, determines their eligibility, coordinates and directs the treatment referral procedure (including initial diagnostic evaluations and development and monitoring of treatment modality availabilities), provides the necessary vocational and/or educational assessment and counseling and, when possible, refers to actual employment opportunities. The goals of the entire program, including both the pretrial diversion and employability phase, are: (1) to benefit arrested drug addicts by providing treatment instead of incarceration; (2) where possible, to place addicts in treatment facilities directly from the court proceedings; (3) to secure vocational and/or educational counseling and training, on-the-job training, or employment placement either during or after the treatment cycle for all addicts; and (4) to create a standard, recognized method of efficient court dispositions, whereby the processing of drug addiction cases will be facilitated. Other goals are: (1) to create a central point of contact between the court and the treatment program accepting court referrals; (2) to develop successful methods of identification which will allow a more accurate selection of addicts who may succeed in treatment and employment; and (3) to develop a systematic, structured screening and referral process providing accurate, appropriate treatment for all arrested addicts in lieu of incarceration, on a voluntary basis.

During the pretrial phase, an arrested drug addict who is not released on bail will usually undergo voluntary methadone detoxification or cold turkey detoxification in jail. During this seven- to ten-day detoxification period after arraignment, Legal Aid forwards to the program staff all necessary papers and information concerning the prospective client. Intake interviewers screen prospective clients for their legal eligibility. Upon selecting those legally eligible, program intake interviewers have access to jail in order to interview potential program eligibles after detoxification and before their first court appearance. Program staff at this initial interview will determine eligibility, client willingness, and also the treatment modality in which success would be most likely for the client. It is currently felt that if the pretrial phase is to be successful for the prospective client, intake interviewers should be ex-addicts who have a broad base of knowledge concerning various types of treatment modalities.

The actual referring and placement of individual clients in specific treatment modalities is accomplished by central staff liaisons. Liaisons should be trained individuals who possess accurate knowledge of the type of treatment programs in the urban area. They must continually track available space in participating programs. At his first court appearance, the client will be accompanied by the program attorney advocate. This program attorney advocate will inform the court and Legal Aid about whether the individual has been found eligible to participate in the program--and, if so, what treatment facility he can enter. Hopefully, the court will adjourn the case and release the client into the custody of the treatment facility. After acceptance by and attendance in a program, the defendant is accompanied to his next, or second, court appearance by the program attorney advocate, who makes recommendations concerning the client's progress and status at the court's request. Case dispositions are the sole responsibility of the court. In the case of an unsatisfactory initial placement, after a consultation with the court,

the diversion program may, if so authorized, reinterview and re-place the client in a different treatment modality. Abscondence from treatment facilities must be met with warrants.

During the employability phase, central employment staff members coordinate, in much the same manner as the pretrial diversion staff, all intake employment interviews and assessments, as well as determining appropriate client eligibilities and placing clients into the proper vocational or educational modality (i.e., vocational training, educational training, or employment placement). The criteria for admission into the employment phase are twofold. First, the client ex-addict must be processed through the pretrial diversion phase and placed in an appropriate treatment modality through the program. Second, the prospective client must demonstrate his sincerity of purpose by attendance at the particular treatment modality for a period of not less than three months, and continual performance of all functions and responsibilities necessary to demonstrate his commitment to constructive self-rehabilitation in the treatment facility. Most important, he must be willing to complete all necessary commitments in the employment phase of the program once he is deemed eligible.

The overall goal of the vocational counselor is to secure either meaningful training or meaningful employment for the client. Whether or not the prospective client is successful in obtaining employment or on-the-job training, he is required to meet with his vocational counselor once a week to discuss his status. The vocational counselor is also in close contact with the staff liaison and transmits all necessary information to the participating treatment program via the liaison. If the client is unsuccessful in obtaining a position at his first on-the-job training or employment interview he will return to the vocational counselor for an additional assessment and re-referral. It is imperative for the client to maintain his commitment to the employability phase of the program by attending all job interviews to which he is referred. All follow-up after successful placement is completed by the vocational counselor.

A pretrial diversion program Advisory Board should be established to lend direction to and oversee the program. The advisory board would be a broadly-based group composed of representatives from various public and private agencies who are part of the pretrial diversion program. This board would include individuals from the District Attorney's office, Probation Department, Legal Aid, participating community drug programs, Department of Social Services, the Civil Service Commission, the State Division of Employment, the Commission on Human Rights, training and employment programs, employer groups, unions, and participating treatment programs. The major responsibility of the board would be to provide ongoing technical assistance and expertise to the program staff, and would assist in establishing close linkages between and among various agencies and individuals who have a prime interest in the program.

#### CONCLUSIONS

There is no true comprehensive program for narcotics addicts processed through the criminal justice system. The narcotics addict (habitual heroin, barbiturate, or amphetamine user) is obviously in need of some form of direction. Any program can be of assistance if it can start with arrested narcotics addicts receiving treatment in lieu of incarceration, as well as follow-up employment opportunities.

Langenauer, Bernard, and Bowden, Charles L. A follow-up study of narcotic addicts in the NARA program. American Journal of Psychiatry, 128(1):41-46, July 1971.

DRUG	Opiates
SAMPLE SIZE	252
SAMPLE TYPE	NARA Patients
AGE	Not Specified
SEX	Male
ETHNICITY	Not Specified
GEOGRAPHICAL AREA	Lexington, Kentucky
METHODOLOGY	Exploratory/Survey; Longitudinal
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics; Urine Tests
DATE(S) CONDUCTED	1968 - 1969
NO. OF REFERENCES	12

#### PURPOSE

In order to evaluate the Narcotic Addict Rehabilitation Act (NARA) program at the NIMH Clinical Research Center in Lexington, Kentucky, a follow-up of 252 male narcotic aftercare participants in the program was conducted for six months.

#### METHODOLOGY

The first 252 male Title I and Title III patients discharged from Lexington between July, 1968, and June, 1969 were studied. Patient evaluation forms were filled out monthly by aftercare counselors. The evaluation forms contained information on patient drug use, employment, involvement with the law, recommitment, and cooperation with the aftercare system. In addition to obtaining patients' self-reports of drug use, urine tests were administered to detect any use of opioids and barbiturates. After recommitment to Lexington, patients were not considered to be newly entering aftercare participants.

#### RESULTS

In their first month of aftercare, 45% of the patients used opioids, and an additional 5% used other drugs. Opioid use was constant over an eight-month period, varying from 42% to 57%. The use of other drugs varied from 4% to 12%. Although opioid use for any particular month was stable at about 50%, the individuals who made up the figure varied from month to month. This meant that at the end of the sixth month only 14 of the 97 patients in aftercare that month had not used opioids at any time during the previous six months.

The percentage of patients who were working increased from 43% in the first month to 71% by the fourth month, and remained fairly stable thereafter. The percentage of self-supporters rose from 21% in the first month to 71% in the fifth month, and then remained fairly stable. Eighty-four percent of the patients not using opioids in the sixth month were working, versus 55% of those using opioids (statistically significant,  $p < .05$ ). Seventy-five percent of those not using opioids were self-supporting, compared with 40% of those who used opioids (also significant,  $p < .02$ ). The percentage of patients arrested rose gradually to 13% in the fourth month, and subsided thereafter. The percentage of patients for whom recommitment was recommended was low in the first four months, but rose to around 10% in following months.

#### CONCLUSIONS

These patients represented the first to be committed for treatment under NARA. Because the initial standards of suitability for treatment varied, a sizable number of patients who entered the program were overtly disruptive and unwilling to cooperate with the provisions of the program. This initial lack of selectivity means that these results reflect the ability of this program of civil commitment to deal both with addicts who were motivated for treatment and with those who were not. Because of the lack of professional persons trained in problems of drug dependence, many aftercare counselors were initially inexperienced in this area. Many changes have been made, and continue to be made, in the NARA program. Patients who do not desire treatment are now rarely accepted. Greater emphasis is being given to the concept of the self-help therapeutic community, and the use of encounter techniques is increasingly stressed. Whether these hospital changes and the increased experience and expertise of the aftercare counselors will improve the program's results remains to be seen.

Lynn, Robert, and Nash, George. "A Study of Seven Prison Based Drug Abuse Treatment Programs." Montclair, New Jersey: Drug Abuse Treatment Information Project, Montclair State College, October 1975. 11 pp.

DRUG	Opiates
SAMPLE SIZE	173 Experimental; 191 Controls
SAMPLE TYPE	Incarcerated; Treatment
AGE	Adults
SEX	Male (148 exper.; 191 control) Female (25 exper.; 0 control)
ETHNICITY	Black (125 exper.; 103 control) White (35 exper.; 85 control)
GEOGRAPHICAL AREA	New Jersey
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Observations; Official Records
DATE(S) CONDUCTED	Spring and Summer, 1974
NO. OF REFERENCES	0

#### PURPOSE

The operations at seven prison-based drug abuse treatment programs in New Jersey were evaluated; these included examples of three distinct types of programs: the prison-based partial therapeutic community; the prison-based inmate-run counseling program geared toward early release of inmates to community drug programs; and the minimum-security, residential, drug-free treatment program.

#### METHODOLOGY

Evaluation of the prison-based programs was accomplished by observation and by a compilation of preincarceration and postincarceration arrest data for 173 people who went through the programs and for 191 people who did not.

#### RESULTS

There was a high recidivism rate and little behavior change as a result of one's being in a prison program, and posttreatment arrest rates of the participants were considerably higher than those of participants in community-based programs. The therapeutic community program, based on the Synanon model, attempts to teach self-awareness through peer group pressure in a 24-hour therapeutic community; four of the prison-based programs were of this type. They were located at one adult men's prison, two reformatories for men, and a women's prison. This program was popular with the inmates because in most cases the participants were free from the degradation, crowded conditions, and threat of sexual assault encountered by their counterparts not in the program. However, this type of program had its shortcomings. The Synanon

approach as used in the community requires a 24-hour environment secluded from outside influence. The replication of this approach in a prison required compromise in terms of treatment philosophy; the result was a fragmented program lacking in continuity. In addition, no particular attempt was made to meet the specific, pressing needs of addicts as prisoners.

The counseling type of program was present in two traditional state prisons for men. Based on the philosophy that "treatment cannot be effective within the negative environment of a prison," inmates administered a program that functioned as a preparation and referral agency helping inmates obtain early paroles to community-based treatment centers. Because of the nature of the prisons, the inmates spent very little time in the counseling program. Inmate staff complained of harassment by prison officials and of a lack of office space and materials. The size of the institutions, the lack of any program for most of the inmate members, and institutional restrictions reduced the two programs to only a small token effort on the part of a few sincere inmates. These programs were largely run for and by blacks, and there was a strong degree of acceptance of the programs among the black majority of the inmates.

The drug-free residential program was located in a very rural area. Although a part of the prison system, there were no physical signs of its being so, such as bars or uniformed guards. Only first offenders not considered a high risk were sent to this program. Program features included group therapy, individual counseling, a behavior modification point system, and a work release program. The major obstacle facing this type of program was that the participants still felt they were in a prison.

The free-standing residential program fared best in both posttreatment arrest rate and in arrest abatement. The prison-based therapeutic communities had no posttreatment arrest abatement. People in the counseling programs did very poorly after release; they had a very high arrest rate and a negative abatement in arrests. Overall, whether in a treatment program or not, blacks did worse than whites and the older fared worse than the younger.

#### CONCLUSIONS

Prison drug programs, and civil commitment programs in general, do not seem to rehabilitate drug addicts. If there is a benefit to the addict from these programs, it occurs while the addict is in the program. Any alternative to the traditional prison environment is better for those who must serve time.

Massachusetts. Department of Correction. "An Evaluation of the Special Narcotics Addiction Program at the Massachusetts Correctional Institution, Walpole." Massachusetts: Department of Correction, 1971. 11 pp.

DRUG	Heroin; Multi-Drug
SAMPLE SIZE	130
SAMPLE TYPE	Incarcerated; Treatment
AGE	Adults
SEX	Male
ETHNICITY	72 Black; 58 White
GEOGRAPHICAL AREA	Walpole, Massachusetts
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Not Specified
DATE(S) CONDUCTED	1968
NO. OF REFERENCES	1

PURPOSE

A one-year follow-up study of recidivism rates was conducted among prison inmates who had participated in a voluntary drug treatment program while incarcerated. The Special Narcotics Program, or SNAP, at the Massachusetts Correctional Institution, Walpole, Massachusetts, is a self-help program patterned on Alcoholics Anonymous which treated approximately 150 inmates from 1962 to 1968. A sample from the SNAP program was compared with non-SNAP inmates on background factors, drugs used, incarceration and criminal history, and recidivism rate. Recidivism within the SNAP group was also studied in relation to type of drug used and length of time in the program.

METHODOLOGY

The two samples were composed of 84 SNAP participants who were released to the community between 1963 and September of 1967, and 46 non-SNAP inmates who admitted to drug abuse and were released during the same period. Follow-up occurred in September of 1968.

RESULTS

Both samples displayed a wide variety both of drugs used and length of habit. The average age at first drug experience, for both, was 18 years. Blacks comprised 55.3% of the combined samples, compared to 30% of the general inmate population. This was due to the over-representation of blacks using heroin.

The SNAP and non-SNAP groups were similar in all background characteristics except two--the non-SNAP group had more prior arrests for drunkenness, and the SNAP members tended to be younger at time of commitment.

Overall recidivism rates were not significantly different: 40.5% for the SNAP group, compared to 47.8% for the non-SNAP group. In analyzing the data for differential impact of the program, however, it was found that SNAP subjects who were 18 years or older at their first arrest had a 23.1% recidivism rate, compared to 55% for their non-SNAP counterparts. The SNAP sample also had consistently lower recidivism rates with reference to the 12 variables indicating contacts with law enforcement and correctional agencies.

Within the SNAP program, nonusers of heroin had lower recidivism rates than heroin users, although recidivism rates for heroin users decreased with increased time in the program. Overall recidivism increased with length of time spent in the program, although this was due to the increasing proportion of heroin users among those who attended the most sessions.

#### CONCLUSIONS

It appears from the data that the SNAP program is most effective with those inmates who are not yet too deeply involved in drug use or criminal behavior. Findings on the relationship of heroin use and recidivism, however, are based on too few subjects to permit generalization. Further research is needed to clarify the relationship.

McCabe, Lee O.; Kurland, Albert A.; and Sullivan, Dorothy. Paroled narcotic addicts in a verified abstinence program: Results of a five-year study. International Journal of the Addictions, 10(2):211-228, 1975.

DRUG	Opiates
SAMPLE SIZE	371
SAMPLE TYPE	Treatment (outpatient); Parolees
AGE	Adults (17-48)
SEX	Male
ETHNICITY	68% Black; 32% White
GEOGRAPHICAL AREA	Baltimore, Maryland
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	8

#### PURPOSE

While increasing attention is being devoted to the evaluation of narcotic addiction treatment approaches, there is a particular lack of data on narcotic-free rehabilitation programs. The effectiveness of a five-year-old verified abstinence outpatient program for recently paroled, chronic heroin abusers was investigated in cooperation with the Maryland Department of Parole and Probation.

#### METHODOLOGY

Intake and outcome statistics were recorded for 371 parolees admitted to a Maryland outpatient clinic in the years 1964-1968. Patients reported to the clinic for daily urinalysis and weekly group psychotherapy sessions. Successful completion of parole or probation marked the official termination of clinic participation.

The typical participant was a Baltimore ghetto-raised black male in his late twenties who was a high school dropout. His illicit drug use began with cough syrup and rapidly evolved to cocaine and heroin. Attending the increased use of drugs were various forms of criminal activity to procure money needed to buy the drugs. Having been arrested previously for several drug-related offenses, he was admitted to the clinic on two-year parole.

#### RESULTS

Of the 371 first admissions to the clinic, only 18% were able to complete the program, or were in the process of doing so. Program "completers" were of three types: (1) those who completely abstained from drugs; (2) those who sporadically used drugs; and (3) a mixed group who completed

the program after a temporary hospitalization or arrest, but who avoided parole violation. Regarding noncompleters, 300 (81%) of the 371 admissions failed to finish the program because of parole violation. Forty-five percent of the admissions were returned to prison for narcotics use; 26% absconded from the program; and 10% were eliminated from the program via miscellaneous routes such as arrest or death. Generally, program completion percentages were inversely correlated with number of readmissions to the program; the completion percentages for one-, two-, three-, and four-admission patients were 17%, 12%, 8%, and 0% respectively. The data did show, however, that there was a progressive annual trend toward improved completion figures: 12% (1964); 10% (1965); 13% (1966); 18% (1967); and 22% (1968). Length of retention in the program also tended to increase over the four years.

To test the effect of psychiatric hospitalization on the parolee who reverts to opiate usage, 10 parolees were studied in the hospital setting. This appeared to be a failure; within a short time after their discharge, 9 of the 10 returned to extensive use of drugs and eventually were returned to a correctional institute. Also, as the program unfolded, an attempt was made to assess the relationship between parole agent caseload and client disposition. The data showed that the optimal effectiveness of the parole agent in assisting the individual (as indicated by retaining his charges in the program) was related to a maximum assignment of approximately 25-30 cases.

### CONCLUSIONS

Based on the findings, it can be predicted that for every 100 addict felons admitted to such a program, 20 to 25 will complete parole and the clinic program; 70 to 75 will not complete the program; 20 to 25 of these will abscond from the program; and two will die during participation. Although only 20% to 25% of admitted patients will complete the program, there are certain intangible benefits associated with the mandatory supervision-abstinence approach. For example, such a program allows for: (1) the early detection of drug use so that immediate intervention can occur, and (2) a reduction in length of incarceration for the offender. In addition, this type of clinic provides an invaluable resource for training and research activities.

McGlothlin, William. California civil commitment: A decade later. Journal of Drug Issues, 6(4):368-379, Fall 1976.

DRUG	Opiates
SAMPLE SIZE	863
SAMPLE TYPE	Civil Addicts
AGE	Adults (mean age: 25 years)
SEX	Male
ETHNICITY	40% White; 51% Mexican-American; 9% Black
GEOGRAPHICAL AREA	California
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Interviews; Official Records
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	9

#### PURPOSE

The court criteria for both civil commitment and program policies in California have undergone significant changes in the past several years. The large majority of current commitments follow a felony conviction and typically occur only when the alternative sentencing disposition is more severe. Civil commitments without a criminal conviction are very rare. The current program is more lenient than that existing prior to 1970. A follow-up of civilly committed addicts was conducted: (1) to determine the impact of the program on drug use, criminal behavior, employment, and legal status both during the commitment and subsequent to discharge; (2) to compare behavior under the strict (pre-1970) and more lenient regimens; and (3) to determine the extent to which successful discharges remained abstinent after leaving the program.

#### METHODOLOGY

The first sample consisted of 292 civil addicts from the 1962-63 admissions who obtained a discharge by writ of habeas corpus prior to first release to outpatient status. The treatment sample consisted of 289 persons selected from the 1964 admissions group. The two samples were matched on some 15 demographic, drug use, and legal history variables. A third sample of 282 was selected from the 1970 admissions and matched as closely as possible to the 1964 sample. This provided a comparison of behavior under the strict and more lenient program policies. A fourth overlapping sample was formed from the 67 successful discharges contained in the 1964 treatment sample plus an additional 86 successful discharges randomly selected from the remaining 1964 admissions. All addicts were male, with a mean age of 25; 40% were white, 51% Chicano, and 9% black. The subjects were interviewed to obtain retrospective longitudinal data on drug use, employment, and illicit behavior as a function of legal status from the time of first narcotic use to the time of the interview.

## RESULTS

For the 1964 sample, 6½ years after admission the number remaining in the program had declined to around 50%. During the same period, the percentage of the 1962-63 comparison sample in the program as a result of recommitments averaged around 22%. By the third year after admission, the percent of the 1962-63 group who were incarcerated exceeded that for the 1964 group; this rate continued until the time of interview. Fifty-seven percent of the 1962-63 group served one or more prison sentences after civil commitment compared to 34% for the 1964 group. For all of those in the 1970 sample who remained in the program, the percent incarcerated after release was about one-half that for the 1964 sample over a comparable period.

During the precommitment period, the 1962-63 sample showed somewhat higher rates of narcotics usage than did the 1964 sample. Postcommitment data indicated a marked advantage for the 1964 over the 1962-63 sample for the first four years, and a lesser difference during the remaining time until interview. Both groups showed a gradual decline in daily narcotics usage that was in accord with the "maturing out" phenomenon, but this also was partly due to increasing enrollment in methadone maintenance. At the time of interview, 31% of the 1962-63 sample and 25% of the 1964 group were in methadone treatment.

For the first seven years after commitment, both daily narcotic use and self-reported criminal activity showed significantly greater decreases (over precommitment levels) for the 1964 sample ( $p < .01$ ). In addition, employment showed a significantly greater increase for the 1964 group ( $p < .05$ ). At the time of interview, 9% of the 1964 sample were deceased compared to 15% of the 1962-63 group; 17% and 20%, respectively, were incarcerated. The figures for those not incarcerated and not on legal supervision were significantly different ( $p < .025$ ): 52% for the 1964 sample versus 38% for the 1962-63 group.

Because of the differential availability of methadone maintenance and other factors, the data did not permit a clear evaluation of the more lenient control policies adopted around 1970. The 1970 sample showed higher daily narcotic use than did the 1964 group for the first two years after admission when methadone was not a major factor. After some 20%-25% of the nonincarcerated 1970 sample were enrolled in methadone treatment, their performance was equal to or better than that for the 1964 sample at the equivalent time after commitment.

With regard to the 1964 success sample, the data indicated that they were not strongly differentiated from the other groups in terms of precommitment legal status and behavior. Following discharge, there was some tendency to resume daily narcotic use; however, overall, they continued to perform well to the time of interview. Seventy-six percent had not been incarcerated for more than 30 days at a time since discharge, and 46% reported no narcotic use.

## CONCLUSIONS

The findings indicate that those who continued in the program fared better than those obtaining a discharge by writ. During the 10-12 years following commitment, the writ group spent less time under legal supervision but slightly more time incarcerated. The group continuing in the civil commitment program reported less daily narcotic use, less criminal activity, and more employment, and they were more likely to be alive at the time of the interview. If success is defined as being alive, not incarcerated, and not using narcotic drugs daily, then the group continuing in the commitment was significantly more likely to be successful both during and subsequent to the commitment than was the writ group.

Meiselas, Harold, and Brill, Leon. The role of civil commitment in multimodality programming. In: Inciardi, James, and Chambers, Carl, eds. Drugs and the Criminal Justice System. Beverly Hills, California: Sage Publications, 1974. pp. 171-182.

## PURPOSE

During the 1960's, civil commitment was used by a number of states--California and New York, among others--as a means of structuring the treatment of narcotics users and other drug-dependent individuals. The federal government similarly instituted the Narcotic Addict Rehabilitation Act (NARA) Program, which entailed a six-month stay at the NIMH Clinical Research Centers in Lexington, Kentucky, and Fort Worth, Texas, followed by care in the patient's own community for a period of up to three years. As a result of this activity, a considerable body of knowledge pertaining to civil commitment has accrued. The meaning of the technique and the role it should play in a comprehensive, multifaceted approach to treatment are explored here.

## SUMMARY

Historically, the gradual accumulation of different treatment modalities, including the use of narcotic antagonists, methadone maintenance, rational authority concepts, religious identification, ex-addict-directed therapeutic communities, and the use of day centers, among others, eventually culminated in the concept of a multimodality approach which has been pursued by the New York State Narcotic Addiction Control Commission (NACC) since 1967, and other programs throughout the country. The approach derives from the belief that there is no universal "addict," but rather a variety of addicts with different characteristics, backgrounds, states of addiction, and degrees of readiness for treatment. By evaluating which characteristics can be treated by specific modalities, it is hoped that objective criteria for the screening and treatment of patients can be developed. Having a diversity of approaches that permit discriminations to be made on the basis of a differential diagnosis is at wide variance with the earlier rationale of advocating a single approach for all addicts. It is also increasingly recognized that criteria other than abstinence--such as improvement in interpersonal relationships, changes in self-image, employment, better use of leisure time, reduction in drug use and criminality, and general movement toward conventional behavior--must be applied to assess treatment success.

While some addicts will enter such programs on a voluntary basis, others will not come into treatment of their own accord. Methods therefore need to be found to engage the latter in treatment. It must be kept in mind that success in treatment occurs only gradually and may require a period of years for its accomplishment. Any expectation that a patient will have "made it" fully after a period of six months or even a year or more of institutionalization is naive. The goals established need to be relative and flexible, anticipating differentiation among different kinds of patients, relapses, lost-to-contact phenomena, abscondences, and continued regressive behavior for extended periods of time. One thing is clear: the concept of medical quarantine is inappropriate for drug addiction, since it grossly distorts and oversimplifies the complex nature of the problem.

Civil commitment would be best equated with the use of rational authority. It should not be viewed as a treatment in itself, but rather as a procedure for involving addicts in a variety of treatment approaches. From this standpoint, civil commitment cannot be the answer for everybody, as it was believed to be some years ago, but rather a technique for involving selected recalcitrant patients in a comprehensive approach to treatment. Through the use of differential diagnosis, different kinds of addicts would be helped to find the treatment most appropriate for them. Within this framework, civil commitment would be used to engage those individuals who do not come into treatment voluntarily but can respond to a structured treatment program.

Court deferment, while not entirely new, is currently receiving considerable attention through support by the President's Special Action Office for Drug Abuse Prevention (SAODAP). The technique involves interruption of the court process and referral of the defendant to a community-based treatment program in lieu of prosecution. The approach generally begins in jail, where all arrestees are screened for drug addiction after police processing. Types of offenders ineligible for referral to treatment are determined by the local judiciaries. The screening

process includes a brief interview during which the program is explained to the arrestee. With the arrestee's permission, urinalysis is performed, followed by a more intensive counselor interview to determine drug-related history. Results of the urinalysis and interview are compiled in a report which is sent to the presiding judge, the prosecutor, and the individual's attorney. The judge then determines whether to send the arrestee to detention or to divert him to a rehabilitation program. If diverted, the individual is treated in a community treatment program where he is tracked to ensure he is following the conditions set at bail.

The SAODAP "Treatment Alternatives to Street Crime" (TASC) program makes the court the locus of authority, a factor which poses many problems. To begin with, courts are generally not equipped to make decisions that entail diagnosis and referral of defendants to treatment programs; and, although judges wish to appear as wise arbiters, they also want to appear as strong and firm agents of the law. Court deferment is also problematic in that the courts tend to select those patients who wish to be treated. These constitute only a small portion of the total addict population. It appears that civil commitment might work better if provision were made for court expansion through the addition of more judges, prosecuting attorneys, and other staff so that clogged court calendars could be cleared. In addition, if a state coordinating agency, with a wide spectrum of services ranging from closed intramural to open community-based settings, were assigned authority via legislation to hold patients through all their vicissitudes, even firmer and more consistent procedures could be devised. In order to ensure the civil rights of addicts, the type of treatment, if authority is to be used at all, must be rational. The experimental, social-recreational user must be distinguished from the user who is clearly dysfunctional and troubled, and who is engaging in behavior that is detrimental to himself and society. Then, if dysfunctional drug use is to be addressed both comprehensively and therapeutically as a non-criminal matter, authority as an essential component of treatment must be drawn upon.

#### CONCLUSIONS

Civil commitment must be viewed as representing a form of "rational authority," to be used as a lever for structuring treatment for those patients who ordinarily do not seek assistance on a voluntary basis. It is anticipated that with further experience and continued evaluation, further refinement of a differentiated, multiform, nonpunitive use of authority can be developed.

Miller, Donald E.; Himelson, Alfred N.; and Geis, Gilbert. Community's response to substance misuse: The East Los Angeles Halfway House for felon addicts. International Journal of the Addictions, 2(2):305-311, Fall 1967.

DRUG	Opiates
SAMPLE SIZE	225
SAMPLE TYPE	Parolees
AGE	Adults (median age: 32 years)
SEX	Male
ETHNICITY	80% Mexican-American
GEOGRAPHICAL AREA	East Los Angeles, California
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Observations; Official Records
DATE(S) CONDUCTED	1962 - 1964
NO. OF REFERENCES	9

#### PURPOSE

Increased arrest rates for narcotics use, possession, and sale in California following World War II, as well as a dramatic rise in drug-related crime, led to the innovation of a series of state programs, one of which was the Narcotic-Treatment Control Program (NTCP) for felon addicts. Early research evidence from the NTCP suggested that a more vigorous aftercare procedure was necessary in the communities to which felon addicts were paroled. In the attempt to bridge the alleged gap from institution to community, the East Los Angeles Halfway House was opened in late 1962 as part of the NTCP endeavor.

#### METHODOLOGY

The House was located in East Los Angeles, a predominantly Mexican-American ghetto with a high incidence of addiction. The facility was designed to provide living quarters for 25 to 30 persons in 6-man dorms. A total of 116 felons with a history of opiate use and with a definite parole date, who were to be paroled to the East Los Angeles area, were assigned to the experimental group (Halfway House residents), and 109 to the control group (nonresidents), for 18 months, from the beginning of the program until it ended. The majority (80%) of subjects were Mexican-Americans, with no prior prison commitments, who had begun use before age 21. The median age of the study group was approximately 32 years.

The follow-up period covered the subjects' first year on parole, using documents which were routinely collected for each man in the sample. The major outcome criteria were opiate drug use or serious difficulty, or return to prison. Length of time on parole without serious difficulty or use, and new convictions, were also calculated. The major criterion of parole failure was

detection of drug use and/or serious difficulty as determined by comparison of official records of both groups over the 12-month follow-up period. The main vehicle of treatment was the mandatory group counseling session held every weekday evening.

## RESULTS

The follow-up showed that 33 of the experimentals and 34 of the controls had not been detected using drugs, and had not experienced any incarceration periods of 90 days or more in their first year on parole. In terms of drug-free time spent in the community with no serious criminal involvement, the experimental group averaged 33 weeks per man; the controls, 34 weeks. With the exception of minor misdemeanors involving traffic offenses and drinking, both groups displayed approximately equal proportions of new felony and misdemeanor convictions in their first 12 months on parole. None of the sociocultural variables (ethnic background, prior prison commitments, reported age at first use of opiates, or Base Expectancy Scores) had any significant degree of association, favoring either the experimental or control group, with the major outcome variables. Some 63 residents were eventually released to outside residence during the experimental period, the average stay for this group being 71 days, with a range of from one month to 309 days. Twenty-eight of the 63 subjects completed their first year on parole with no detection of drug use or major difficulty. Forty percent of the men released from the House encountered no serious difficulty during the follow-up period. The remaining 53 men who did not complete their stay at the House terminated for a variety of reasons such as absconding, which accounted for almost half of the terminations.

## CONCLUSIONS

The apparent lack of success of this experimental Halfway House program for felon addicts raises serious doubts about the feasibility and consequences of applying the therapeutic community concept in such a setting. In particular, those preconditions necessary for achieving the goals of a therapeutic community program--the willingness of subjects to grant legitimacy to the staff and to its views of themselves and of the treatment process, the free interplay and communication between staff and residents, and the relaxation of punitive sanctions encouraging full participation of subjects in the program--may be difficult, if not impossible, to achieve in this kind of setting.

New York City. Office of the Mayor. Criminal Justice Coordinating Council. Criminal commitment of narcotic addicts under state law. In: Simmons, Luiz R., and Gold, Martin B., eds. Discrimination and the Addict. Beverly Hills, California: Sage Publications, 1973. pp. 277-297.

#### PURPOSE

In 1966 the New York State Legislature established a major new commitment program to treat narcotic addicts under a five-member Narcotic Addiction Control Commission (NACC). The program's goal was to take addicts out of the courts and prisons and put them in specialized treatment programs, both relieving the criminal justice system of its most difficult problem and providing addicts with a humane alternative to the "revolving door" process of arrest and jail. As the program finished its fourth year of existence, the city's Criminal Justice Coordinating Council and the Mayor's Narcotics Control Council conducted a joint staff study of the criminal commitment procedure and its impact on the criminal justice system.

#### SUMMARY

The NACC was established as an independent state agency whose purpose was to run a major treatment program for addicts committed according to careful legal procedures. An addict could be committed to NACC for treatment by either a civil or a criminal process. The civil process applied mainly to addicts who had not been arrested; the criminal process applied to addicts who had been arrested and convicted of crimes.

#### Civil Commitment

Section 206 of the Mental Hygiene Law provided that any person who had reason to believe someone was an addict could file a petition for civil commitment with the Supreme Court. The petition had to set forth reasonable grounds for the belief, and an addict could petition for his own commitment. The entire proceeding was confidential, and evidence adduced at it could not be used in any criminal proceeding. Civil commitment did not deprive the addict of any of his civil rights, and he could be detained in or transferred to any facility operated or designated by NACC except a correctional institution. Civil commitment was not available for any addict whom a crime action was pending.

From the beginning of the program on April 1, 1967, through July 31, 1970, there were 5,378 civil certifications (54.7% of total New York City certifications over that period) under section 206 in New York City. In fiscal 1969, 49.7% of those civilly committed statewide were so committed on their own petition, and 50.3% on the petition of someone else. Of the petitioners other than the addict himself, 83.3% were parents, 5.6% were spouses, and 8.7% were other relatives. There were eight petitions by law enforcement and government officials, physicians, and social workers. It was suggested that the police act as petitioners for civil commitment of addicts whom they would otherwise arrest, but a practical problem with police petitions was that the alleged addict cannot be taken into custody without a court order. Criminal commitment accounted for just under half of NACC's residents.

#### Criminal Commitment

The difficulties of obtaining a criminal commitment under section 208 were so great that in New York City during a 31-month period, only 29% of the defendants found by the NACC doctors to be addicts were committed (3,455 of 12,035 defendants). Another measure of the breakdown in the criminal commitment structure was in court statistics gathered by the police department, showing that only 5% of the persons convicted of narcotics offenses in criminal court and Supreme Court (between August 1969 and August 1970) were certified to NACC under section 208 (777 of 15,642 defendants). Given that almost all addicts will resist commitment because of the long time period involved, the section's ineffectiveness was due to inadequate examining methods and facilities, poorly gathered and unconvincing evidence, the procedural difficulties of having a hearing, and the generally overburdened state of both the courts and the district attorneys' offices. The whole criminal commitment process had become little more than a plea bargaining device.

### Conversion of Criminal Charge to Civil Commitment

An alternative to criminal commitment was available under section 210, whereby an addict-defendant could petition for his own civil commitment. He was eligible for this option only if he had no prior felony conviction; and if his present charge was felony, the district attorney's consent was required. This petition led to a civil commitment for a maximum of three years and dismissal of the criminal charge. The proportion of voluntary commitments dropped from 56% to 17.1% to 9% of all commitments through the criminal courts in a three-year period.

### The NACC Treatment Program

Once an addict was committed to NACC, he was held until he could be placed in a treatment facility (rehabilitation center). The program in the rehabilitation centers was interdisciplinary, consisting of remedial education, vocational training, individual and group counseling, and recreation. The average stay at a rehabilitation center was ten or eleven months. After this, the addict went into aftercare (there were 3,060 people in aftercare out of a total committed population of 11,312 on August 19, 1970). Of those released on aftercare, 22% resumed drug use; 34% either absconded, were arrested while on aftercare, or were discharged from the program because of improper commitment or a pending criminal charge; and 44% continued successfully in the aftercare phase.

### CONCLUSIONS

The system established by the legislature failed to accomplish its basic purpose, particularly in the criminal process. Too many criminal addicts still ended up in the city's prison rather than in NACC treatment facilities. Furthermore, the system's effectiveness was diminishing. The following proposals should be considered in order to increase the number of criminal commitments to NACC: (1) speeding up the examining and hearing processes, and (2) increasing the quantity and quality of evidence available to the court. Also, a major change in the overall commitment process is needed to facilitate commitment without putting the addict and the court through the full criminal process. The Mental Hygiene Law should be amended to require that NACC take immediate custody directly from the court, of addicts committed to it, or refuse to accept them. Finally, underlying the commitment system's inability to meet the basic objective set forth in the legislation that created it is insufficient accountability to the public and to the local governments which must cope with the consequences of addiction on a day-to-day basis.

These proposed changes would not solve the city's addiction problem, or the problem of addicts in the criminal process, or the basic constitutional problems of involuntary commitment for treatment; and they would not by themselves affect the quality of NACC's treatment program. But they could bring the commitment system closer to the legislature's basic goal of removing addicts from the jails and placing them instead in treatment programs, helping both the addicts and the criminal justice system.

Pearson, John W. Juvenile Drug Abuse Prevention Project. First Year Evaluation Report.  
 California: Santa Clara County Juvenile Probation Department, November 1971. LEAA Report  
 No. NI 72 09 0001.B (NTIS--PB-224 639).

DRUG	Multi-Drug
SAMPLE SIZE	590
SAMPLE TYPE	Drug Offenders
AGE	Adolescents (12-18)
SEX	377 Male; 213 Female
ETHNICITY	120 Mexican-American; 9 Black; 447 White; 14 Other
GEOGRAPHICAL AREA	Santa Clara County, California
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Questionnaires; Program Statistics
DATE(S) CONDUCTED	1971
NO. OF REFERENCES	0

#### PURPOSE

The Juvenile Drug Prevention Project, operated by the Santa Clara County Juvenile Probation Department, was a demonstration program designed to divert from court and engage in treatment a large portion of youth referred for the first time for drug offenses. In order to evaluate the differential effectiveness of three intervention programs (Education/Counseling, Transactional Analysis, and Psychodrama) in relation to normal probation procedures, a group of 590 youthful offenders was studied. It was hypothesized that the youths could be successfully engaged in treatment within the framework of an informal supervision program.

#### METHODOLOGY

A total of 590 first-offender youths referred for drug violations were included in the study. These eligible youths made up about 36% of all drug referrals to the Department. The majority were male Caucasians between the ages of 15 and 17 who were living at home with both natural parents. The vast majority of fathers were employed, and most families' annual income was in excess of \$10,000 a year. As a group, the subjects had very few prior referrals for delinquency, and most were thought to have had no family or school functioning problems. Most were referred for drug offenses involving marihuana (52.5%) and barbiturates (38%).

The subjects were divided into four treatment groups: Education/Counseling (EC) (N=148); Transactional Analysis (TA) (N=146); Psychodrama (PD) (N=141); and Control (C) (N=155). All three experimental tracks and the control group were fairly equally represented in demographic variables. Data regarding demographic characteristics and program outcome were derived from program statistics, questionnaires and interviews. Subjects were said to have successfully completed

treatment if they remained in the programs for 11-12 weeks. Experimental group subjects, as well as their parents, were questioned regarding their perceptions of the impact of the treatment programs.

## RESULTS

A little over 11% of the experimental groups failed to complete the program once they had been engaged in treatment. The EC track was slightly ahead of both of the other tracks in terms of a lower failure-to-complete rate--but not significantly. Of the 350 youth completing one of the three programs, 11% volunteered to be facilitators and participated in some degree of training. Of these 38, 12 were actually employed as group facilitators.

With respect to total recidivism, the Education/Counseling track had a significantly lower number of re-referrals than the other two experimental tracks and the Control group when dispositions were controlled for (EC vs. TA,  $p < .01$ ; EC vs. PD,  $p < .02$ ; and EC vs. C,  $p < .001$ ). The same was true when dispositions were not controlled for, with one exception (EC vs. PD,  $p < .20$ ). Among the reasons for recidivism, the EC group had the smallest number and proportion of drug-related offenses; however, this difference was not significant. The overall cumulative "success" rate for all the groups was more than 75%. This leads to the supposition that initial drug referrals to probation are very delinquent-prone as a group.

Recidivism rates were analyzed three, six, and nine months after referral. The results tended to follow the results of the total recidivism analysis in that the Education/Counseling track was ahead of the other three groups. However, this difference decreased over time. While the EC group was significantly ahead of all other groups after three months, this difference was not statistically significant after nine months. Overall, outcome rate after nine months indicated that the Control group had the highest failure rate (23.3%), followed by the Psychodrama group (17.9%), the Transactional Analysis group (13.8%), and the Education/Counseling group (10.3%).

From questionnaire data, it appeared that there was no appreciable impact by the experimental tracks on subsequent drug use, nor did the experimental tracks have any significant impact in altering conditions at home as perceived by parents or youth.

## CONCLUSIONS

The evidence of the study has clearly demonstrated that a sizable number of youth initially referred to Juvenile Probation can be diverted from current probationary methods of handling with no greater risk to the community or themselves in terms of their likelihood to recidivate. Some early, tentative results indicate that brief involvement by youth and parents in a program of education and counseling may be a more effective approach--at least over a short period of time--than involving only the youth in more formalized and longer treatment programs. Although the youths in the study apparently have not adopted a firm stance of avoiding all types of drugs, they do seem to be taking a more flexible, temperate position. Longer-term follow-up of self-reported (and reported from other sources) drug use is needed to determine the causes of apparent behavior changes.

Perpich, Joseph; DuPont, Robert L.; and Brown, Barry S. Criminal justice and voluntary patients in treatment for heroin addiction. In: National Association for the Prevention of Addiction to Narcotics. Proceedings of the Fifth National Conference on Methadone Treatment. Washington, D.C., March 17-19, 1973, vol. 1. New York: The Association, 1973. pp. 78-84.

DRUG	Opiates
SAMPLE SIZE	247
SAMPLE TYPE	Treatment (outpatient)
AGE	Adults (early twenties)
SEX	Male
ETHNICITY	95% Black; 5% White
GEOGRAPHICAL AREA	Washington, D.C.
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	1971 - 1972
NO. OF REFERENCES	0

#### PURPOSE

A year-long evaluation of voluntary and criminal justice patients in treatment for heroin addiction at the Narcotics Treatment Administration, Washington, D.C., was undertaken to determine the differences between those who seek treatment voluntarily and those who are compelled to treatment from the criminal justice system.

#### METHODOLOGY

The patients were selected during a three-month period in 1971 from the two major outpatient treatment centers of the Narcotics Treatment Administration. The study population consisted of 247 male patients, 84 of whom were voluntary and 163 of whom were criminal justice system referrals. The referrals were compelled to come for treatment as a condition of probation, parole, or release on bail after arrest. Both groups were very much alike at admission; the typical subject was a 24-year-old black man, unmarried, with an eleventh-grade education and a four-and-one-half-year history of heroin addiction. However, on admission, the criminal justice patients did have a significantly greater number of prior arrests and convictions than did the voluntary patients. For evaluation of treatment for the twelve months after admission, data were obtained on all 247 patients from monthly records compiled by the Narcotics Treatment Administration. Data included patient activity and treatment in the program and patient urinalysis.

#### RESULTS

In the treatment year, 57 criminal justice patients were arrested, accounting for 76 separate arrests. Of those arrested, 72% were not in treatment at the time of arrest. For the voluntary group, 18 were arrested the year of treatment and accounted for 22 separate arrests. Of those

arrested, 72% were inactive at the time of arrest. Overall, criminal justice patients had a significantly higher average arrest rate than did voluntary patients (43% versus 26%).

On admission, each of the 247 patients in consultation with a treatment counselor chose one of three treatment modalities: abstinence, methadone detoxification, and methadone maintenance. According to clinic data, both voluntary and criminal justice patients received comparable treatment and remained in treatment for similar periods of time; however, the criminal justice patients did not respond as well to treatment in terms of the urine tests for continued illicit drug use. Although both groups had over 80% "clean" urines, the criminal justice patients had significantly more "dirty" urines (16% versus 12%).

### CONCLUSIONS

Both criminal justice and voluntary patients on admission had a prior history of arrests and convictions reflecting the widely documented relationship of heroin addiction and crime. But the criminal justice patients had a significantly higher involvement despite both groups having similar characteristics, including comparable years of heroin addiction. The data do not provide adequate explanation for this phenomenon. One explanation might be that the voluntary patient supports his habit legally. However, employment data on admission did not differ significantly for the two groups. Perhaps the voluntary patient has a more stable employment history and comes for treatment when unemployed rather than trying to support his habit illegally. An alternative explanation is that the criminal justice patient may have additional social or psychological disabilities which result in more criminal activity. Whatever the explanation, the data demonstrate that there is a patient population with a far greater risk of being arrested. Treatment programs for such patients must consider intervening in the criminal justice system to reach this population and develop treatment programs to reduce this risk.

The degree of compulsion may have accounted for the criminal justice patients remaining in the program as long as the voluntary patients, but it did not assure a better treatment response. Stricter supervision with closer liaison to the criminal justice referring units might improve the results. Extended programs on an inpatient basis for the criminal justice patients also might lead to better results. Heroin addiction treatment programs must provide standards of evaluation and treatment to fashion effective approaches and models for specific patient populations. Compulsion may be required among the treatment variables, but it will not assure program success unless meaningful and substantive treatment is provided.

Petersen, David. Some reflections on compulsory treatment of addiction. In: Inciardi, James, and Chambers, Carl, eds. Drugs and the Criminal Justice System. Beverly Hills, California: Sage Publications, 1974. pp. 143-169.

## PURPOSE

In light of data suggesting that the criminal justice system occupies a significant role in the control and treatment of narcotic addicts, a literature review was undertaken. The treatment of addicts within the system was examined in terms of program availability, retention, and relapse. Along with a summary assessment of the nature, extent, and effectiveness of such compulsory treatment, major studies of groups such as Narcotics Anonymous operating within penal facilities were also considered.

## SUMMARY

### Institutional Programs

Despite the conflicting viewpoints on the desirability and efficacy of the treatment of addiction in prison, and a considerable body of descriptive and/or philosophical writing on the subject, a paucity of evaluation research has appeared in print. Furthermore, the available data (Rosenthal and Shimberg, 1958; Dole et al., 1969) are not very informative in regard to the effects or consequences of incarceration on the treatment of narcotics addiction.

A follow-up of 359 releasees from the NARA program (U.S. Bureau of Prisons, n.d.) from August 1, 1968, through June 30, 1971, provides some evidence of institutional variables that differentiate between successful and unsuccessful performance of the releasee in the community. The study examined nearly 100 items of information for possible relationships to parole performance, and indicated that 55% of the subjects had remained in satisfactory status in the community from at least six months to as long as three and one-half years of aftercare supervision. However, the major finding of this study was that "in-care treatment" variables are not related to post-incarceration performance in the community.

Little statistical data are available, however, which bear directly on the issue of the extent to which compulsory treatment for drug addiction in prison alters the subsequent criminal behavior, drug use, and drug-seeking behavior of prisoner-addicts upon release. While the NARA data indicate that over half of the releasees managed to remain in the community, they do not show whether they were drug-free or if they had further contact with components of the criminal justice system. Other studies indicate that roughly one-fourth of the experimental subjects were subsequently rearrested. In sum, the limited data available are not supportive of treatment for addiction in the prison setting.

### Community-Based Programs

There has been very little research documenting the effectiveness of compulsory treatment of narcotic addicts in community criminal justice facilities. It is difficult, given the existing studies, to distinguish which component of the criminal justice system--prison, parole, etc.--has greater impact.

Three of eight studies reviewed (Adams and McArthur, 1969; Geis, 1966; Brill and Lieberman, 1969) provide some information on this issue. Some type of community supervision appears to be better than none at all, but "special" treatment programs have not fared well compared to standard criminal justice programs such as parole and probation.

Outcome rates overall for community-based programs vary from a low of 24% under intensive parole supervision in the New York Parole Project to a high of 72% in the New York methadone program. Rearrest rates vary from 20% to 49%, and freedom from narcotic use from 22% to 55%.

Compulsory community treatment, whether in a parole, probation, or halfway house setting, is not dramatically effective in improving the adjustment of addict patients, and has not been shown to be more effective than other treatment modes.

Finally, few studies have attempted to identify factors that differentiate between the successful cases and those who fail; generally, they have concentrated on establishing the efficacy of one approach over another.

#### CONCLUSIONS

The findings suggest that neither incarceration nor compulsory community supervision is highly effective in the rehabilitation of the narcotic addict despite good intentions, generous expenditures, and attempts at innovative programming. There are, however, individual offenders who are likely to have a greater probability of success under compulsory supervision than with voluntary hospitalization. Diversion of the drug-dependent individual to treatment before he has been convicted has been cited as a major development in the nonpunitive approach to narcotic addiction (Bellassai and Segal, 1972).

Research Concepts, Inc. Treatment and rehabilitation programs for drug-involved offenders in state correctional systems. In: National Commission on Marihuana and Drug Abuse. Drug Use in America: Problem in Perspective. Appendix, vol. III: The Legal System and Drug Control. Washington, D.C.: Government Printing Office, March 1973. pp. 810-852.

#### PURPOSE

The majority of crimes committed by addicts fall under the jurisdiction of state courts. Therefore, it is apparent that state correctional systems have a key role to play in the treatment and rehabilitation of drug-involved offenders. In order to obtain an overall picture of what states are currently doing to help the drug addict, a study was undertaken to: (1) review readily available literature on relevant programs in the corrections area, with emphasis on state agencies and institutions; (2) review published statistics on length of sentence and time served by drug-related offenders in state systems; and (3) survey institutions, probation and parole or after-care agencies in selected populous states with large urban areas and high proportions of drug-related offenders.

#### SUMMARY

##### Literature Review

Three types of programs were found in the literature: programs for institutionalized drug users (primarily prison populations); programs for users partially integrated into the community (halfway houses and community-based residential facilities); and outpatient programs for users who are monitored but who reside independently. The essential concern of all the literature examined was opiate addiction. There generally was a lack of evaluative information on treatment programs for criminal offenders. A large proportion of the information that was available described programs in California, probably because that state was the first to provide for the compulsory civil commitment of narcotic addicts to treatment programs.

Geis (1966) reported critically on the East Los Angeles Halfway House, a program that was intended to bridge the gap for paroled felon narcotic addicts between institutions and the community. The House staff concluded that the "therapeutic community" model used in the design of the House was inappropriate to a halfway house. There was conflict between the staff's commitment to an essentially nonauthoritarian therapeutic approach on the one hand, and its institutional obligation to impose sanctions on certain types of behavior on the other. Also, the random assignment of addicts to the House and the encouragement of readmission of relapsed addicts were perceived as not conducive to a positive atmosphere. Berecochea (1972) evaluated another halfway house in Los Angeles for civilly committed narcotic addicts. Comparing the post-release experience of residents of the Parkway Community Correctional Center with controls, Berecochea found no significant differences between the two groups.

Katz (1971) reviewed the entire California civil commitment program; he objected to the fact that over 80% of those committed to the programs were felons, when the legislative intent was to commit misdemeanor offenders. Thus, the program became a haven for fugitives from prison sentences and lost all therapeutic value. Other deficiencies detailed were: the staff over-identified with the patients, thus losing their objectivity; the use of Nalline testing was decreased, and subsequently surreptitious drug use increased; and pressure was exerted on staff to keep patients on parole, even when they should have been re-institutionalized, in order to make the program look good.

##### Selected Penal Statistics

Data on length of sentence and time served for sentenced drug offenders (mainly heroin) and offenders in other serious crime categories were obtained from the U.S. Department of Justice National Prisoner Statistics and Statistical Report for the fiscal years 1966 to 1970. Overall, there was an increase in average length of sentence and average length of time served for all offenses. There was, however, a decline for marihuana. In 1966, marihuana offenders served 32.3 out of 52.7 months; in 1970, they served 18 out of 48 months.

The data for drug law offenders were different from those for other offenders. The average sentence length for narcotic offenders increased sharply (from 66.4 months in 1966 to 76.1 months in 1970), while time served slightly decreased (41.6 and 39.6, respectively). Average sentence length and average time served decreased for marihuana law offenders (from 32.3 out of 52.7 months to 18.0 out of 48.0 months). Parole was becoming more available to the drug offender, but less available for other serious crime offenders. Parole rates for all drug offenders increased from 13.5% in 1966 to 39.3% in 1970; for marihuana offenders the increase was from 74.1% to 72.1%, while for narcotics offenders it was from 11.9% to 26.0%. This could be the result of a change in public sentiment--a relaxation of attitudes toward marihuana, and a realization of the need for alternatives to a penal solution for narcotic use.

#### Survey of State Correctional Institutions

Seventeen drug treatment and rehabilitation programs at correctional institutions in seven states were examined. Data were obtained by reviewing official records; by interviewing administrative or supervisory staff of the agencies offering the programs; and by making site visits to the programs. All agencies responded differently to the drug-involved offender, but there was a strong tendency to view drug use as a symptom of deeper personal or social adjustment. Generally, the programs were plagued by lack of financial, medical, community and informational resources. In addition, there was a general lack of knowledge of how to deal with the drug offender and a clear lack of coordination of program efforts. The programs contained varying degrees of the generalized elements of drug control, drug treatment, and surveillance. Marihuana use was generally considered less serious than other drug use. Overall needs of existing programs ranged from improved staff training to inclusion of specific services which would enable the drug-involved offender to function more effectively in the community. Resources for meeting the needs of the drug-involved offender within the criminal justice system are inadequate. The correctional apparatus is permeated by a lack of clarity about the phenomenon of drug use and drug users.

DRUG	Opiates
SAMPLE SIZE	2,491
SAMPLE TYPE	Parolees
AGE	Adults (18-64)
SEX	2,119 Male; 372 Female
ETHNICITY	368 Black; 1,008 Mexican-American; 1,095 White; 20 Other
GEOGRAPHICAL AREA	California
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Official Records
DATE(S) CONDUCTED	1967
NO. OF REFERENCES	2

#### PURPOSE

In order to determine the effectiveness of the California Rehabilitation Center (CRC), a one-year follow-up study of all residents released from the Center to the Narcotic Addict Outpatient Program (NAOP) during 1967 was conducted.

#### METHODOLOGY

A follow-up was conducted of each resident of the Center for one year from the date of release. For residents released more than once during 1967, each separate release experience was examined. Satisfactory performance in outpatient status (OPS) meant that the subject: (1) had no OPS violations of Conditions of Release, and remained in active OPS during the entire year following release; and (2) had violated Conditions of Release but was reinstated to active OPS. Unsatisfactory performance included being returned to CRC for violation of the Conditions of Release, being suspended because of OPS violations (largely releasees-at-large), and being jailed. Performance rates were examined in relation to various resident and program variables. All data were then compared to statistics obtained in a follow-up study of 1966 releases.

#### RESULTS

Twenty-one percent of the male releases demonstrated satisfactory performance. This represented a 10% drop from the figure for 1966 releases. The decrease in the percentage was largely accounted for by corresponding increases in suspension, and releases being returned to CRC. In contrast to the data for men, there was an 8% increase in the satisfactory outcome rate for women first releases from 1966 to 1967. A 4% increase was noted for all women releases. Data indicated that 36% of the women first releases adjusted satisfactorily, and 30% of all the women demonstrated

satisfactory performances. In regard to satisfactory performance rates by ethnicity, the data indicated decreases from 1966 to 1967 across the three major ethnic groups (white, Negro, Mexican-American) for men. The women's data showed increases within each ethnic group. Worth noting were the 16% decrease for Negro men, the 11% increase for Mexican-American women, and the 17% increase for Negro women. In examining the percentage of satisfactory completions by quarter of release, gradual and consistent decrease in satisfactory performance for men was indicated beginning in the second quarter of 1966 and continuing through the last quarter of 1967. Although the women's satisfactory completion rate increased from 1966 to 1967, the increase simply brought the women's rate back in line with pre-1966 results.

In general, the drop in men's satisfactory completion rates from 1966 to 1967 was accompanied by a corresponding increase in detected drug use and criminal convictions. Corresponding to the increased success rate for women was a decrease in the percentage of those receiving new criminal convictions; detected drug use remained the same for both years. The relationship between time in residence before release and satisfactory performance rates was positive for 1967 first releases. The longer stay group of releases had a higher rate of satisfactory adjustment (32% for men, 38% for women) than the shorter stay groups (18% for men, 34% for women). This was the exact opposite of the relationship found for first releases in 1966. There appeared to be no relationship between outcome figures and particular dorm lived in; there also appeared to be little or no effect of counselor turnover on dorm outcome rates. In examining the satisfactory performance rates for the various Narcotic Addict Outpatient Districts, it was found that the rates for men and women reflected the overall 1966 to 1967 decreases and increases. In general, the metropolitan areas of Los Angeles County and the San Francisco Bay Area reflected the lowest success rates in the state for both 1966 and 1967.

#### CONCLUSIONS

The decrease in success rates for men appears to be something other than atypical fluctuation, since there was a gradual and consistent decrease in positive outcome rates for each quarter of release through 1966 and 1967. One possible explanation could be that in early 1967, CRC was unable to handle the steady stream of new admissions and returns. As a result, the residents' length of stay was decreased. Some institutional and field staff felt this decrease in length of stay could have negatively affected men's satisfactory performance rates in several ways. It was suggested that prerelease planning was hurried and often inadequate, especially in terms of finding work for those released. The shortened length of stay also had the effect of flooding the Outpatient program with a surge of releases. Adequate supervision of outpatients was apparently hampered by increased caseloads, curtailed use of cars, and the necessity of agents performing clerical tasks. The women's unit at CRC did not have an overcrowded program; although there was also a reduction in women's length of stay, the proportionate increase in women's outpatient caseloads was less than for men. Further investigation is needed to determine the role of time in institution and dorm residence in bringing about satisfactory performance rates.

Sing, George E. A One Year Follow-up of all Residents Released from the California Rehabilitation Center to Outpatient Status in 1969. California Civil Addict Program, Report No. 12. Corona, California: Civil Addict Program Research Unit, October 1971. 21 pp.

DRUG	Opiates
SAMPLE SIZE	Not Specified
SAMPLE TYPE	Treatment (inpatient); Treatment (outpatient)
AGE	Not Specified
SEX	Both Sexes
ETHNICITY	Mexican-American; White; Black
GEOGRAPHICAL AREA	California
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	1969
NO. OF REFERENCES	0

#### PURPOSE

A one year follow-up was made of all civil addicts released from the California Rehabilitation Center (CRC), and the California Correctional Institution (CCI), Tehachapi, to the Narcotic Addict Outpatient Program (NAOP) during 1969. The purpose was to compare the results presented in the previous one-year studies in order to identify any changes which have occurred within the program over time, and to examine these results in relationship to various resident and program variables.

#### METHODOLOGY

Comparisons were made with the results of the 1966, 1967, and 1968 one-year follow-up studies. This study focused upon the relationships between the following three groups of factors or variables: resident variables, program variables, and outpatient follow-up variables. Resident variables included sex, ethnic group, and release designation (whether a resident was being released for the first, second, third, or fourth-plus time). Program variables included: California Rehabilitation Center (CRC) branch and dorm from which the resident was released; length of time at CRC immediately prior to the release under consideration; and the Narcotic Addict Outpatient Unit to which the resident was released. Outpatient follow-up variables included: outpatient status (OPS) at the end of one year (active, returned, suspended, or discharged or died), detected drug use, and type of return (limited placement, regular return or return with new commitment).

## RESULTS

For the male first releases, 40% of the whites, 34% of the Mexican-Americans, and 27% of the Negroes were in active outpatient status (OPS) one year following release. For the male second-plus releases, the whites and Mexican-Americans both had 28% in active OPS, and the Negroes 19%. The women's data for first releases indicated that 49% of the whites, 41% of the Mexican-Americans, and 27% of the Negroes were in active OPS one year following release. Thirty percent of the white second-plus releases were in active OPS as compared to 34% for the 1968 releases.

Thirty-six percent of the men and 43% of the women first releases were in active outpatient status one year following release. Approximately 40% of the men were detected using drugs during the one-year follow-up. The drug use figures for women varied between 32% and 37%. A relatively small positive relationship was found between the dorm outcomes from one year to the next, when the 1969 dorm outcome rates were correlated with the 1968 results. Twenty-nine percent of the male releases to the Los Angeles units were in active outpatient status one year following release.

## CONCLUSIONS

The drug use figures were the lowest obtained since program research began in 1966. Previous results have been in the 60%-70% range for men and between 45%-60% for women. The 43% OPS for women is the first time a one-year outcome figure has fallen in the 40% range. In general, there appears to be only a very small positive relationship between the dorm outcome figures from one year to the next. Also, the trend appears to be toward greater uniformity in outcome. The data for the women seem to suggest relationships between length of inpatient stay and percent in active OPS that are the exact opposite of those found for the men.

Vaillant, George E. A twelve-year follow-up of New York narcotic addicts: I. The relation of treatment to outcome. American Journal of Psychiatry, 122:727-737, 1965.

DRUG	Opiates
SAMPLE SIZE	100
SAMPLE TYPE	Treatment
AGE	Adults (18-50)
SEX	Male
ETHNICITY	50 Black; 50 White
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Interviews; Program/Clinic Statistics; Official Records
DATE(S) CONDUCTED	1952 - 1965
NO. OF REFERENCES	15

#### PURPOSE

One hundred male New York City addicts admitted to the Public Health Service Hospital at Lexington, Kentucky, between August 1952 and January 1953 were followed until 1965 in order to examine the types of treatment they received and to understand the relationship of treatment to periods of abstinence. Most had been severely addicted prior to hospitalization. The significance of the presence of constructive, enforced compulsory supervision was assessed.

#### METHODOLOGY

The study focused on the problem of the postwar urban addict. Consequently, it excluded all subjects over age 50 and all Chinese. The first 50 Negro and the first 50 white addicts were selected for follow-up from an arbitrarily ordered list of all male New York City residents coming to Lexington Hospital between August 1, 1952, and January 31, 1953.

Background information was recorded on the family (cultural origins, history of family drug use and antisocial behavior) and the addict (employment, drug used, court and medical histories). For each subject a history of drug use or abstinence, hospitalization, imprisonment or employment was compiled for the period from 1940 to 1965. Data were obtained from institutional records and Brill's follow-up study (1952 to 1961), which provided 3 to 6 years of good documentation on 95% of the subjects. Other records included those of the Federal Bureau of Narcotics, the Federal Bureau of Prisons, the New York State Departments of Mental Hygiene and of Parole, the New York City Departments of Corrections and Health, and the New York City Police.

Since bad outcome could be followed from the multiple institutional records, attempts also were made to interview all patients personally, and to contact relatives of all subjects who were known to have done well. The information obtained from institutions was combined with that from the subject and his relatives. Data were obtained at a minimum of five different points in time for every patient who lived beyond 1955. Subjects were recorded as dead, lost, addicted, addicted?, well, well?, marginal, and institutionalized.

## RESULTS

Ninety-four out of the 100 subjects were followed until their death or for 10 years after discharge, none for less than 4 years. At least 41% of all subjects were off drugs and living in the community by 1962. Only 47% were institutionalized or addicted. Addicts became increasingly abstinent over time. Thirty subjects were considered good outcomes, despite the fact that when admitted to Lexington all were confirmed addicts. However, despite voluntary admission and the favorable conditions of treatment, within 2 years virtually all patients who had been physically addicted and had not died, had relapsed. Prior to Lexington, 46% had been imprisoned. After leaving, 92% had been imprisoned.

Concerning the relation of treatment to abstinences of at least a year, 270 voluntary hospitalizations were followed by only 11 abstinences. Frequent hospitalization was associated with a reduction in criminal convictions. Length of stay at Lexington correlated positively with length of short-term, but not long-term abstinence. Short imprisonment (under 9 months) did not correlate with abstinence; but long imprisonment, followed by a year of parole supervision, produced a year's abstinence in 20 out of 30 cases. Most of these had been refractory to other treatment.

The addict's social background appeared to be related to treatment response: 96% of the subjects came either from a broken home, or a family with a parent from a different culture, or lived with a female relative at age 30 or more. Thus, when young they had experienced disrupted supervision or supervision at variance with the culture they were born into. After addiction they remained overly dependent on the very family background that had failed them.

## CONCLUSIONS

There were a number of limitations to this study. (1) Due to the exclusion of female, elderly, and Oriental addicts, the findings cannot be applied to all urban addicts. (2) Addiction, delinquency, residence, and broken homes are probably interdependent, but the study used no control group of nonaddicts matched for these other variables. (3) The data were gathered from many sources, and not all data sources were used on each subject. (4) Abstinence was defined operationally, not biochemically.

The study's most significant result was that 30% of the subjects had made a good social adjustment within 10 years of first admission to Lexington. This contrasts with the poor outcome immediately after discharge. Age was shown as positively correlated with abstinence and also clearly correlated with compulsory supervision.

Both prison sentences without provisions for parole and purely voluntary programs are often contraindicated in the treatment of urban addiction. The effectiveness of long sentences occurs when they are followed by an enforced period of community supervision (parole). Fifty-five percent of the addicts who became abstinent on parole maintained abstinence; this was true of only 46% of those who became voluntarily abstinent after hospitalization, or after imprisonment alone. Other studies support this finding.

Addicts may differ from most psychiatric patients in that addiction appears peculiarly refractory to voluntary treatment. The addict's history of positively reinforced drug seeking activity encourages relapse and avoiding or stopping voluntary treatment. The addict has experienced too little consistent concern. Authoritarian treatment may work because it enforces, and hence meaningfully cares about, the addict's need to remain drug free, to return to work, and to have an "external superego."

Vaillant, George E. A 20-year follow-up of New York narcotic addicts. Archives of General Psychiatry, 29:237-241, August 1973.

DRUG	Opiates
SAMPLE SIZE	100
SAMPLE TYPE	Posttreatment
AGE	Adults
SEX	Male
ETHNICITY	50 White; 50 Black
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics; Official Records
DATE(S) CONDUCTED	1952 - 1972
NO. OF REFERENCES	18

#### PURPOSE

The commonly-held belief about addiction is expressed in the formula, "once an addict, always an addict." In order to disprove this and to temper recent criticism of methadone maintenance, civil commitment, and therapeutic communities, proper understanding of the natural history of narcotic addiction is crucial. To this end, a 20-year follow-up study was made of 100 New York City heroin addicts.

#### METHODOLOGY

The sample consisted of 100 male heroin addicts from New York City who were first admitted to the U.S. Public Health Service Hospital in Lexington, Kentucky, in 1952. The sample chosen included 50 consecutive black and 50 consecutive white first admissions. Thirty percent of the combined sample were of Puerto Rican or Central American heritage. Eighty-two percent had been addicted for more than a year; over half (56) had been involved in delinquent behavior prior to addiction. Seventy-five percent had come to Lexington voluntarily, and the average age at first admission was 25. Of the 100 men, 98% were followed with certainty for 10 years, and 96% were followed with certainty for 15 years after the start of their addiction. Information from 1965 to 1971 was less thoroughly researched. Data were obtained from official records, including police statistics, treatment program records, FBI records, and public health statistics.

#### RESULTS

By 1970, 35 men had achieved stable abstinence. By 1964, 32 of these had achieved a minimum of 3 years and an average of 8 years of documented community abstinence. Fourteen men were working regularly from 1962 to 1971. During the 18th year after hospitalization, only 25 of the original

sample were thought to be still addicted. Except for periods of prolonged institutionalization, none of these 25 men had ever achieved more than 3 consecutive years of abstinence. Since 1952, each of these 25 men had averaged 7 voluntary hospitalizations, 8 imprisonments, and had spent an average of 4 years in institutions.

Seventeen men were classified as "uncertain status" 18 years after hospitalization; 7 were known to have survived until the present; 10 had not been heard from for over five years. Data for this group were sketchy, and thus the current status of the men was uncertain.

As of 1971, 23 addicts were reported or assumed to be dead; death was documented by New York City death certificate in 17 cases. Nearly half died from causes related directly to their addiction, and virtually none of the addicts died of natural causes. Differences between the addicts who died and those who survived included: (1) only 17% of the dead, versus 28% of the living, were above-average in intelligence; (2) twice as many of the dead tended to have lived with a female relative past the age of 30; and (3) only half as many had served in the Armed Forces.

The 25 men actively addicted for 20 years were compared with the 35 men who, by 1970, had achieved the most stable abstinence. Neither the number of years of addiction nor the amount of drugs used before entering Lexington affected prognosis. Similarly, the question of whether an addict rapidly relapsed after first hospitalization or had sought admission voluntarily had no effect on prognosis. Education, race, and severity of delinquency also failed to identify addicts who would recover. Three variables did differentiate the best and worst outcomes: (1) employment prior to first hospitalization ( $p < .01$ ); (2) having lived in the culture in which one's parents had been raised; and (3) being married. Such data support the hypothesis that chronic addiction is a substitute for stable human relationships.

Among various modes of treatment, it appeared that 12 or more months of parole supervision following nine months or more of imprisonment was effective; from 1952 to 1964, 67% of those so treated subsequently became abstinent. This figure was only 13% for those whose treatment involved long imprisonment only (9 or more months), 3% of those who had a short imprisonment (less than 9 months), and 3% who voluntarily entered treatment. Similar statistics were found for the period 1965-1970. Also during this period, 67% of those in methadone treatment subsequently abstained from heroin.

In general, the addicts in this study had extremely poor work records; only four men had worked regularly during the 1965-1970 period, and five to seven worked half-time. Mental illness did not appear to be a major characteristic of this sample. In 20 years, only 10% of the addicts were known to have had brief psychiatric hospitalization for reasons other than drug addiction. Only four were diagnosed as psychotic.

#### CONCLUSIONS

The pessimistic reports of other investigators regarding the prognosis for heroin addicts are not supported here; rather, the findings suggest that urban heroin addicts who achieve more than three years of abstinence can usually maintain this abstinence indefinitely. The data also verify the efficacy of strict community supervision. Addicts who achieved stable abstinence received more than twice as many long imprisonments with parole as had the addicts who subsequently died; the addicts who died had, during their lives, received twice as many voluntary hospitalizations and twice as many short imprisonments as those who achieved stable abstinence.

Waldorf, Dan. New York's big push. In: Waldorf, Dan. Careers in Dope. Englewood Cliffs, New Jersey: Prentice-Hall, 1973. pp. 94-115.

DRUG	Opiates
SAMPLE SIZE	375
SAMPLE TYPE	Treatment (inpatient and aftercare)
AGE	Adults (mean age: 25 years)
SEX	280 Male; 95 Female
ETHNICITY	Black; Puerto Rican; White
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Interviews; Program/Clinic Statistics; Field Reports
DATE(S) CONDUCTED	1968 - 1969
NO. OF REFERENCES	0

#### PURPOSE

During 1965 and 1966, addiction and the crimes associated with it became a major political issue in New York. A coordinated, comprehensive plan for treating and controlling addicts was inaugurated, including civil and criminal certification to control narcotic addicts. New York adopted most of the elements of the California civil commitment program; after a medical examination and hearing by a jury trial, if requested, persons were to be certified as civil certifications for an indefinite period of up to three years and as criminal certifications (for persons convicted of felonies) for an indefinite period not to exceed five years. The first facility opened in April 1967.

Five of these facilities were investigated: Bayview, Edgecombe, Woodbourne, Manhattan Rehabilitation Center, and the narcotics unit of Manhattan State Hospital. The idea behind the New York facilities was to keep the addict in the community, close to his family, and whatever resources he might have, rather than isolating him from the community as in the California program. The crux of the treatment, in all facilities except Woodbourne, was group therapy. The length of the first stay in all of the facilities except Manhattan Rehabilitation was usually nine months. Any second stay was usually for three or four months. Upon release, persons were sent to one of six aftercare centers. The major efforts of aftercare were to help the client find a stable place to live and work, and to control his drug abuse through urine testing.

#### METHODOLOGY

The study of civil commitment programs was part of a larger study of narcotics treatment facilities and addict career lifestyles. The primary data were collected from life-history interviews

with 280 male heroin users in the four different treatment facilities located in New York State, and 95 female heroin users at the Manhattan Rehabilitation Center. Periodic record checks were made on all those interviewed. These quantitative data were supplemented by field reports which dealt principally with the various treatment facilities being evaluated.

Most of the information was gathered from the male sample, the majority of whose members were raised within New York City. Of the civil commitment sample (N=375), 44% were black, 29% were Puerto Rican, and 27% white. Only a few, mostly whites, came from middle-class homes. This ethnic breakdown was similar to that found by the New York City Health Department's Narcotic Registry. The average age was 25.

## RESULTS

Information available from the New York State Narcotic Addiction Control Commission (NACC) showed that 44% of 1,892 "rehabilitants" were returned to the community and placed on aftercare as of December 31, 1968, and had not resumed drug use. This figure of 44% varied considerably from the study data. Thirteen months after the initial interviews (October 1969), when everyone should have had some opportunity to go to aftercare, only 26% of the 375 persons were in the "good outcome" (still in aftercare and not returned to a treatment facility) category. A similar proportion (27%) had escaped a facility, absconded from aftercare, or been sent to prison. Furthermore, 29% had been returned at least once to a rehabilitation center for some violation of the rules of aftercare, usually drug abuse or failure to report to the aftercare center.

Individual facilities among the five surveyed showed considerable variation in effectiveness. Woodbourne, a relatively high-security center, whose approach was most obviously correctional in nature, was effective with only 10% of its inmates and had a failure rate ("bad outcome") of 77%. Interestingly, Manhattan State Hospital, with a rather free and easy atmosphere according to the residents, with a psychiatric orientation and very few security provisions, had a similarly low success rate (13%) and a high failure rate (77%). This, however, is not unexpected; the effectiveness rate of Lexington Hospital, whose approach was similar, was just as low. The most effective facilities were Bayview and Edgecome, with similar success and failure rates (23% and 64% for Bayview, and 27% and 63% for Edgecombe).

Older residents were less likely to respond to the program; only 10% of those over 26 years of age had "good outcomes." The effect of age upon "treatment results" was easily understood. Age was related both to length of heroin use and to extent of criminality. Race and ethnicity of residents also figured in the outcome of the New York State program. Whites, who made up 27% of the sample, responded best, while Puerto Ricans, who made up 29%, responded worst. More than one-third of the white group had "good outcomes," compared to only 16% of the Puerto Ricans, possibly because of the exclusive use of English in both therapy and education programs in all facilities.

## CONCLUSIONS

This study did not by any means cover all the state facilities, but it did investigate a good cross-section of them. None of the five facilities was very effective in its treatment or rehabilitation of addicts. Major changes ought to be made in the state program. If anything is known about addiction, it is that addicts are not all alike. For some reason NACC does not realize this, and treats nearly everyone alike. The principal criterion for placement in a facility has been available bed space; persons were sent to wherever there was an empty bed. From the onset, the Commission should have assumed a more experimental attitude about their facilities. In reality, all the facilities are nearly all alike; the only difference among them is their degree of security. The facilities conceived and operated by the Commission are like another kind of penitentiary or jail. New York State should give up the hypocrisy of calling a "lock-up" program "treatment" or "rehabilitation" and cease to spend taxpayers' money on programs that obviously do not work.

Civil commitment exists in New York only to keep addicts off the streets; there has been no real change in the way addicts are treated today compared to the way they were treated before the institution of the civil commitment programs. After the first year of operation, addicts who genuinely sought treatment had learned to stay away from the program. The number of voluntary civil commitments has steadily declined since the program's first year, while criminal certifications have increased. The program is quickly becoming a refuge for persons who "cop" to being addicts instead of going to prison for felonies.

Wieland, William F., and Novack, Janet L. A comparison of criminal justice and non-criminal justice related patients in a methadone treatment program. In: National Association for the Prevention of Addiction to Narcotics. Proceedings of the Fifth National Conference on Methadone Treatment. Washington, D.C., March 17-19, 1973. Vol. 1. New York: The Association, 1973. pp. 116-122.

DRUG	Opiates; Methadone
SAMPLE SIZE	261
SAMPLE TYPE	Treatment (outpatient)
AGE	Adults (median age: 30 years)
SEX	78% Male; 22% Female
ETHNICITY	Black; White; Puerto Rican
GEOGRAPHICAL AREA	Philadelphia, Pennsylvania
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	1972
NO. OF REFERENCES	0

#### PURPOSE

Recently, criminal justice pressure has been utilized to encourage treatment as an alternative to trial or to incarceration. This approach has been formalized by changes in some state laws and by federally-funded Treatment Alternative to Street Crime (TASC) programs. Little is known about the similarities or differences between cases coming to treatment under criminal justice pressure and those that are not under such pressure, yet this information is crucial in planning appropriate treatment services and in determining the validity of outcome studies. Furthermore, there is a lack of parametric studies to define the extent and duration of criminal justice pressure required to produce optimal results in various populations of addict offenders. Accordingly, in order to determine the outcome differences between criminal justice cases and noncriminal justice cases, patients in a Philadelphia methadone treatment program were studied.

#### METHODOLOGY

Subjects consisted of 261 consecutive admissions who began treatment prior to September 1, 1972. Of the 261 patients, 141 (54%) were criminal justice cases (CJC) and 120 (46%) were noncriminal justice cases (NCJC). Criminal justice cases were defined as those patients under probation or parole or with cases pending, whether they were referred by the criminal justice system or came voluntarily. The reason for this definition is that all of these patients were experiencing some degree of legal pressure which might be alleviated if they responded favorably and might be intensified if they responded poorly. None of these patients was civilly committed to treatment or referred to treatment in lieu of trial or incarceration. Hence, the degree of legal pressure varied from "mild" to "moderate."

The two populations were compared by age, sex, race, marital status, and arrest history. Treatment outcome was measured by retention rate, dosage of methadone, urine tests, employment, and subsequent arrests. Outcome data were determined as of December 15, 1972, so that all patients had been in treatment for 3.5 to 8.5 months with a mean of about 5 months.

## RESULTS

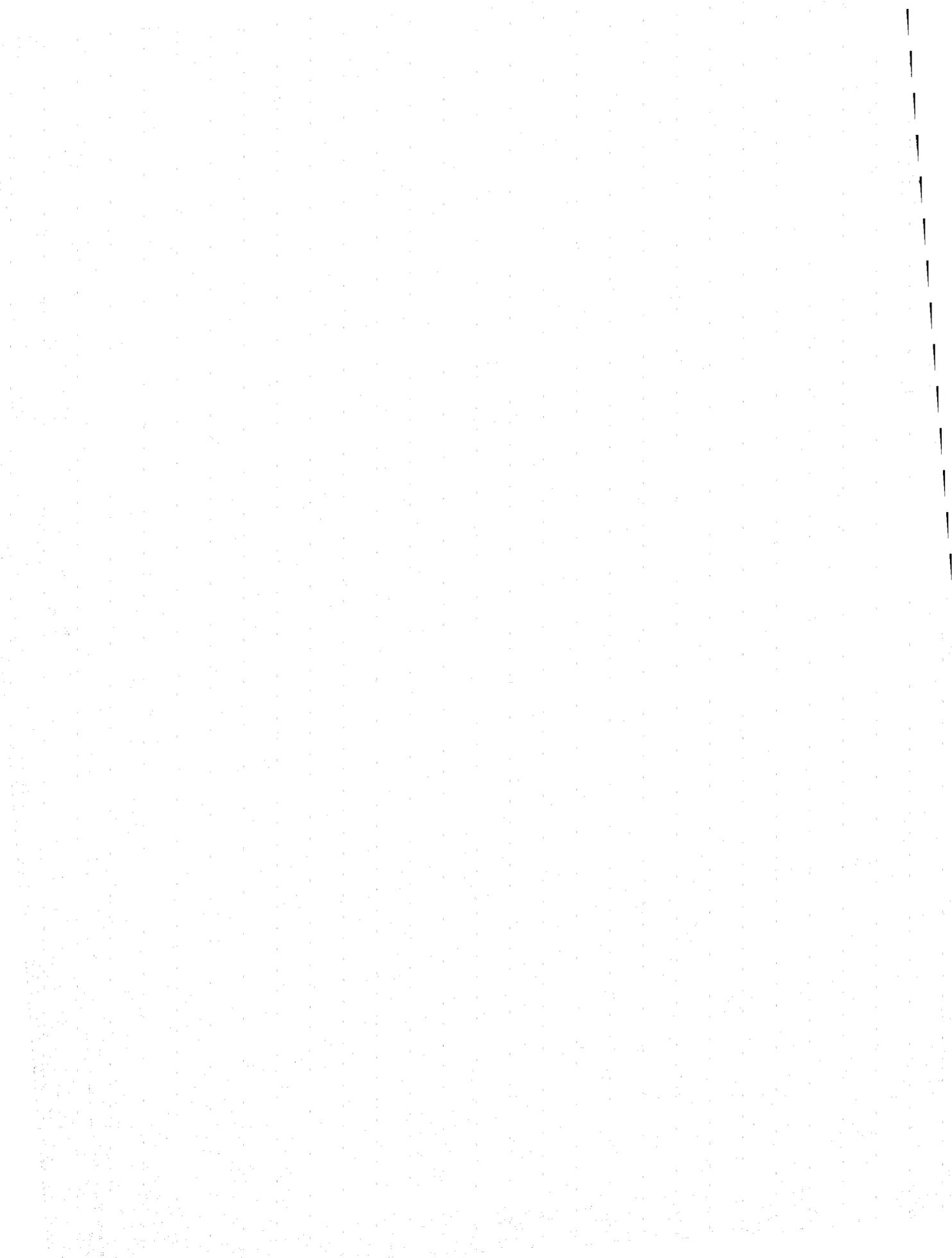
There were no significant differences between the two groups on the variables of age, sex, and ethnicity. The data showed that CJC had a slightly higher proportion of single patients and a slightly lower proportion who were married, but these differences did not reach statistical significance. Based on arrest histories of 54% of CJC and 43% of NCJC, it was found that the first arrest of CJC occurred an average of 12.8 years prior to treatment, and there was an average of 11.1 arrests per arrestee. By contrast, the first arrest of NCJC occurred an average of 11.8 years prior to treatment, with an average of 7.2 arrests per arrestee. The most recent arrest for CJC occurred an average of 1.4 years before treatment; while the most recent arrest for NCJC occurred an average of 2.8 years before treatment. Twenty-two percent of CJC were arrested in 1972 prior to program entrance and only 6% of NCJC were arrested in the same period.

Among CJC, 21.3% terminated treatment, while 16.7% of the NCJC terminated. However, this difference was not statistically significant. The reasons for termination varied between the two groups, with the CJC having more incarcerations and voluntary detoxifications. The age and sex ratios did not distinguish between the two groups, but there was a greater percentage of termination among black CJC (26%) than among white CJC (13%). The mean dose for active CJC was 77.8 mg; for NCJC it was 72.1 mg. The mean dose of terminated CJC was 58.7 mg; for terminated NCJC it was 46.5 mg. Based on urine tests, it was found that CJC tended to abuse drugs in every category except barbiturates more often than did NCJC. These results were significant at less than the .05 level of confidence.

Of the 77 CJC on whom arrest records were obtained, 18 (23%) experienced an arrest during treatment. Of the 52 NCJC on whom arrest records were obtained, 9 (17%) were arrested during treatment. This difference was in the predicted direction, but was not statistically significant.

## CONCLUSIONS

The criminal justice cases were slightly more disturbed (according to marital status and arrest history) than the noncriminal justice cases and had a slightly poorer outcome (according to retention rates, urine tests, etc.). It cannot be determined, however, whether the criminal justice pressure contributed in a positive or negative way, or whether the poorer outcome can be accounted for solely on the basis of the greater degree of disturbance. Clinically, there appeared to be individual cases where the criminal justice pressure was positive, others where it was negative, and others where it was neutral. However, these were subjective impressions, and no attempt was made to rate them. Further studies should be performed specifying the degree of pressure, the amount of disturbance, the modality of treatment, and the outcome.



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# Indexes

When terms reflect the content of the abstract as a whole, they are indexed only to the first page of each abstract. Otherwise, terms are indexed to the specific page.

## DRUGS

The general and specific names of drugs mentioned in each abstract, as used by the author of the document.

## GEOGRAPHIC LOCATORS

Organized by state, includes the cities, counties, or regions where the study was carried out, or any references to geographic locations within an abstract.

## INSTITUTIONS

The actual institution where research was conducted, or any references to institutions within an abstract.

## INSTRUMENTS

The specific instruments or scales used in the research reported by the study.

## INVESTIGATORS

All authors named in the citation to each abstract and in the supplementary bibliography. Also included are the names of persons mentioned in the abstracts.

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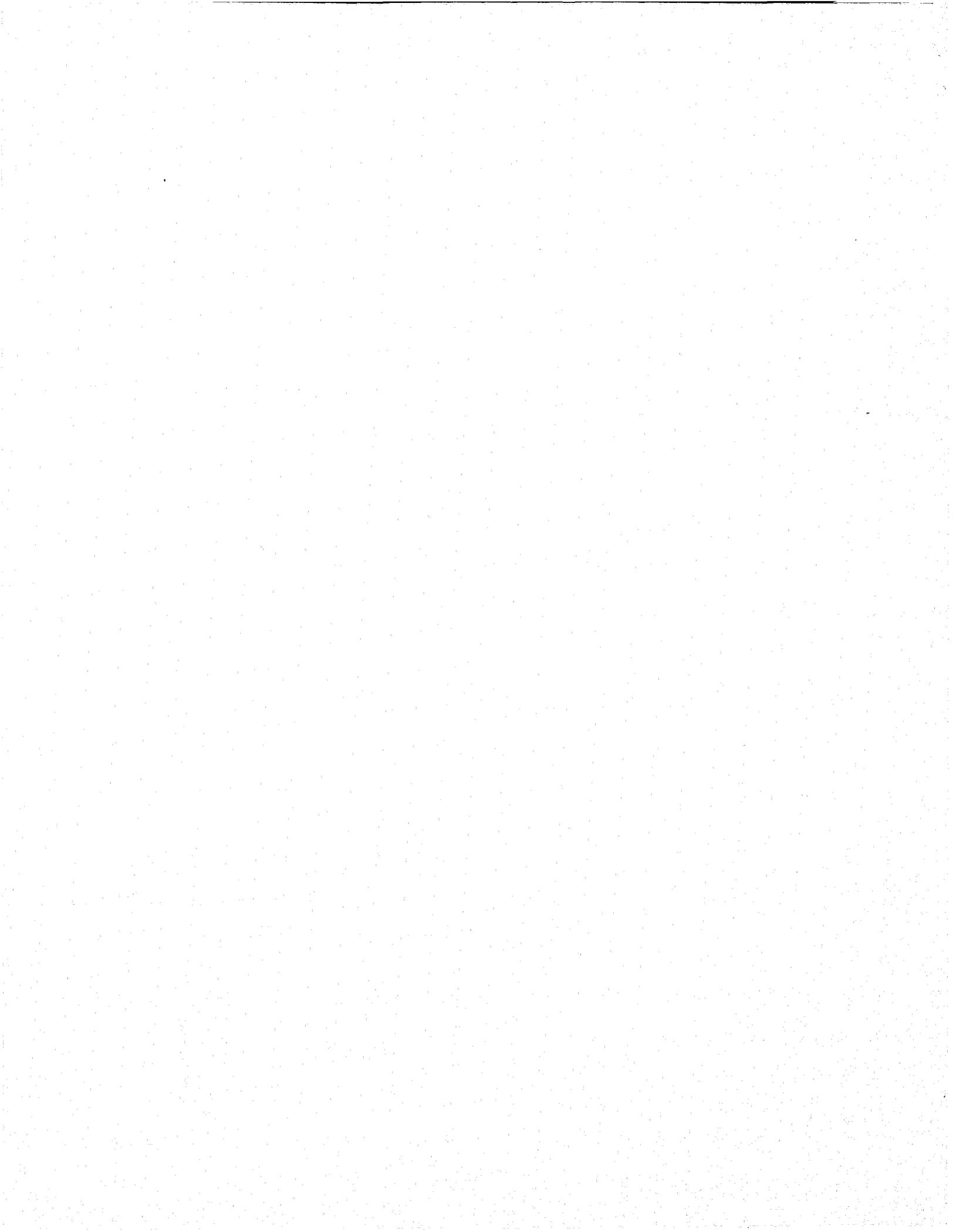
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