

## **Crime Reduction through Substance Abuse Treatment: A Plan for New Orleans**

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*New Orleans has earned the reputation as one of the most violent cities in the nation with its murder per capita rates consistently ranking among the country's highest. Drug use and abuse clearly are leading contributors to the crime in the city; however, legal sanctions have focused solely on reducing the supply of drugs by punishing the drug seller, which has proven ineffective at best, and ignores the larger issue of rampant drug use and increasing demand. A demand reduction model which links prevention providers, treatment services, the criminal justice system, and the community at large, could effectively reduce the violent crime and recidivism rates in New Orleans.*

## **Overview**

Long before Hurricane Katrina, the City of New Orleans had a well-known history of violence and an even better well-known accessibility to alcohol and drugs. In 2006, New Orleans had the highest per capita murder rate in the country, its 161-recorded murders translates into 73 slayings per 100,000 residents, according to criminologists. By comparison, New York City had only seven slayings per 100,000. Crime has become the number one topic on the minds of New Orleanians, the number one source of criticism in the national media and proof positive to the many anti-New Orleans naysayers convinced that the City is now a wasteland and should not be rebuilt. It is quite obvious that New Orleans has a problem with violence, murder and accessibility to drugs and alcohol. The correlation between drug use and crime seems obvious and is often lamented; however New Orleans is noticeably lacking in social services designated to address these issues and substance abuse treatment is rarely mentioned in discussions regarding efforts to lower high crime rates. A prime example would be the September 2006 Crime Summit in New Orleans where there was no group representation or mention of substance abuse issues and the violent crime connection. This makes it appear that substance abuse is a non-issue that does not factor into the violent crime rate in New Orleans; this could not be further from the truth.

## **The Problem**

A study conducted by the Louisiana Department of Public Safety and Corrections stated that 80% of Louisiana inmates have a substance abuse problem that contributes to their criminality. Historically, legal sanctions have stressed reducing the supply of drugs by punishing the drug seller. Faced with its crime crisis, New Orleans has focused much attention on increasing police visibility in high crime areas and mandating overtime for officers in efforts to increase arrest numbers, hoping that these efforts will reduce crime. However, the crux of the drug trade is the demand for drugs; if there were no demand, there would be no need for a seller or supplier. To confront the city's substance abuse-related criminality, New Orleans needs to invest into a demand reduction program that promotes community awareness of drug problems, alerts drug users to legal sanctions, and coordinates a bridge between the criminal justice system and access to treatment.

There are multiple systems in New Orleans with the intent to eradicate drug abuse: prevention services, treatment programs including detox, residential treatment and outpatient services, the criminal justice system through police and courts, and the larger community as a whole. The problem with these multiple systems is that they are just that- multiple facets that do not blend together in a coherent system. Substance abuse issues and the resulting crime will not decrease or become resolved unless these multiple facets are coordinated into comprehensive procedures and structure. Not only fragmented from each

other, these services are noticeably diminished in numbers post –Katrina, with many operating with lower budgets and lower service availability. There is a severe need for additional services in New Orleans, and for these services to be coordinated.

Before Katrina, the City was severely lacking in a system of substance abuse care and treatment; now the need is intensified due to the severe trauma the storm has left in its wake. To illustrate the critical need for a coherent substance abuse system in New Orleans, research shows that 25 to 30 % of people exposed to severe trauma – and five to 10 % of people exposed to moderate trauma – will develop substance use problems. Katrina directly impacted 500,000 people, suggesting that up to 200,000 could develop a need for substance abuse treatment<sup>1</sup>. Add this increase in demand to the documented rise of illegal substances entering the New Orleans area and the implications for criminal activity is glaringly evident. A recent drug bust resulted in the seizure of 50 kilos of cocaine. Prior to Katrina, "Whenever we'd seize drugs destined for the greater New Orleans area, it was mostly five and 10 kilograms," said William J. Renton Jr., head of the DEA's New Orleans office. Now, however, "even guys who may not have been the biggest dope peddlers in the city went to Houston and met people who were involved in supplying, and new or deeper relationships developed."<sup>2</sup>

Now, in post-Katrina New Orleans, there is an increase in illegal drugs entering the city, an increase in the population susceptible to substance abuse and a lack of a coherent system to effectively manage these issues. With these factors in place, the heightened crime should not be unexpected. A demand reduction system for dealing with substance abuse issues and related crime is not out-of-reach; it simply requires buy-in from the involved parties. If the prevention providers, treatment programs, criminal justice system and community consolidated their efforts to reduce drug abuse the potential results could change the course of New Orleans' deplorable criminal problem.

Unfortunately, offenders are beginning their criminal careers younger and younger. According to the latest data from National Survey on Drug Use and Health (NSDUH), the average age of first use of any illicit drug is 16.8<sup>3</sup>. In New Orleans there are even less services for adolescent drug treatment than adult treatment; this is a problem that will only worsen as these teens grow older and their chemical dependencies become more severe. As substance abuse treatment services for individuals 18 and older are severely lacking, the services available for adolescents are virtually nonexistent. There is one provider in the city of New Orleans that deals with adolescent substance abuse; however, substance abuse is not the primary focus of this program so resources are very limited. It is common knowledge that the most effective way to stop crime is to cut it off at the source. Much of New Orleans's current violence is a

result of teens and preteens getting into the drug trade younger than ever and subsequently developing more severe and long lasting addictions. The way to cut off drug crime at the source in New Orleans is to invest resources in rehabilitating and educating at-risk adolescents.

### **Solutions: Creating the Demand Reduction System**

Drug abuse treatment can be incorporated into criminal justice settings in a variety of ways. These include treatment as a condition of probation, drug courts that blend judicial monitoring and sanctions with treatment, treatment in prison followed by community-based treatment after discharge, and treatment under parole or probation supervision. Outcomes for substance abusing individuals can be improved by cross-agency coordination and collaboration of criminal justice professionals, substance abuse treatment providers, and other social service agencies. By working together, the criminal justice and treatment systems can optimize resources to benefit the health, safety, and well being of individuals and the communities they serve<sup>4</sup>.

More specific procedures to creating a comprehensive anti-drug system are as follows:

- **Linking Criminal Justice with Treatment-** When an individual is arrested for any drug charges (from minor offense of public intoxication to major offense of violent or drug trafficking), substance abuse treatment should be mandated. Even if an individual goes to jail, s(he) should be mandated to submit to drug treatment once released from prison, or perhaps as the last year or six-months of their sentence. In most studies of substance-abuse treatment, researchers have found that coercion (e.g., legal mandate or conditional retention of one's job or professional license) produces more success than voluntary treatment, which patients feel free to leave when they begin craving the substance or encounter a psychosocial setback<sup>5</sup>. Also, time spent in jail differs significantly from time spent in treatment. Treatment programs, unlike jail time, address issues of self-esteem, anger management, emotional stress and decision-making skills issues that help people stay sober. As stated by Dr. Barbara Hardy, director of the Salt Lake County Division of Substance Abuse, "You cannot punish [substance abuse] out of someone."<sup>6</sup> This would also free much needed space in New Orleans's overcrowded jails.
- **Linking Criminal Justice with Prevention/Treatment-** Substance abuse treatment should be a foundation within the prison/jail system. Studies have proven that in-prison substance abuse treatment is effective and when combined with aftercare leads to major reductions in recidivism. One study in California showed that, after three years, only 27 % of prisoners who underwent drug abuse treatment while in prison returned to prison, compared to 75% recidivism rate for those not involved in the treatment program<sup>7</sup>. One of the major complaints in New Orleans is the

“revolving door” of the prison and court system. In-prison substance abuse treatment is a proven effective deterrent to continued substance abuse. In 2001, the Office of National Drug Control Policy estimated that there were five million people arrested on drug charges, and less than two million received treatment, which is a gap of almost 60%. Those individuals entered and left prison with the same addictions.

- Linking Prevention/Treatment with Criminal Justice in the Larger Community- Consistent community involvement in education and awareness regarding substance abuse is crucial to the success of a coherent system. The larger community as a whole needs to recognize the environmental factors that can lead to an increase in substance abuse. For example, too many liquor stores in a one-mile radius of a high-crime neighborhood is likely to be an exacerbation to the violence in the area. Also, there needs to be community acceptance and recognition of the recovery process. Substance abuse treatment facilities are providing services that no one wants, but everyone from the addict to the larger community needs. Substance abuse is a taboo issue and an immediate stigma is attached to individuals who have admitted seeking help for their addiction. If the community refuses to support individuals in the recovery process, individuals may fall back into drug addiction again. If one cannot find housing, or employment and is shunned from community involvement due to past addiction, there is a high chance that individual will relapse. Also, the community, specifically neighborhood associations, should be engaged to help identify areas of the City with substance abuse problems, and notify the police of such areas. Prevention agencies should educate these neighborhood associations on behaviors or signs of drug pockets in their area.

To most effectively address the chronic drug abuse in New Orleans, the City needs to integrate the divided substance abuse channels into one coherent demand reduction system, which has the potential to help alleviate some of the city’s reoccurring issues of violent crime and recidivism. It is critical to note that this must be a consistent effort across the board from prevention to treatment to criminal justice to the larger community. One cannot take away the supply without taking away the demand as well; all sides have to present a unified front to deterring substance abuse. Only then will New Orleans begin to reap the benefits of a city with reduced substance abuse issues and with the resulting reduced crime. The key here is address the need for services in the New Orleans area; it is abundantly clear that the city does not have the services it needs to combat the growing violence and drug use.

To begin to address these issues, a recommendation to the City of New Orleans would be to appoint a director similar to Gil Kerlikowske of the White House Office of National Drug Control Policy, whose

job it would be to unify the individual facets in New Orleans into a cohesive system of substance abuse care. This person's focus would be to coordinate systems between the prevention providers, treatment services, criminal justice agencies and larger community and should be given the authority to do so. The person in this position would identify sources of funding to appropriate to the continued system and work on re-diverting substance abuse funds back into the city that are currently being taken away and appropriated to other parts of the State. This money is being allocated away from New Orleans in major part due to the lack of a stable system to put these funds into use. A New Orleans "drug czar" could be the first step in the direction towards creating a cohesive system of substance abuse in the City.

There are also a number of additional recommendations that are necessary to create a unified demand reduction system of substance abuse care in New Orleans. First would be to expand prevention services, including environmental prevention. Prevention services, especially those that control the environment where drug use is likely, can simultaneously cut off both the supply and demand for illicit drugs. Also, there needs to be a significant increase in treatment beds in the City. Currently, there are approximately 200 beds; that number needs to rise to at least 2,000 residential treatment beds to adequately sustain the current rise in substance abuse. Detox beds are also critical. To enter the current treatment programs, individuals must be clean for 72 hours; however detox beds in the City are painfully low. OHL operates a small 8-bed social model detox, the only facility not located in a hospital. Including hospital detox units, the number of beds does not top 30. This leaves numerous individuals seeking treatment to fend for themselves for 72 hours; the obvious likelihood is that they will not detox by themselves and will instead seek more drugs to feed their addiction. New Orleans needs at a minimum 50 detox beds to prepare individuals for treatment programs. To create a continuum of care, outpatient services also need to be expanded throughout the City. Individuals who do graduate from treatment programs will need continued support to remain sober. Outpatient services are also crucial for individuals who are seeking therapy and counseling but are not able or willing to commit to full treatment in a residential facility. New Orleans should be equipped to offer 10,000 outpatient slots and case management services for 4,000. And, finally, one of the most important recommendations is a complete overhaul in services for adolescents. An entire family systems model needs to be implemented including 200 treatment beds, 3,000 outpatient slots, case management services for 2,000 as well as family counseling and treatment services for parents. All of these things should be combined with prevention programs and methods in an effort to eradicate drug use before it begins.

### **Case Studies: Successful Demand Reduction Plans in Other States**

As states across the nation struggle to balance budgets, there is a growing trend to make criminal justice reforms that both save money and increase public safety. As with most political/social issues, economics are always an underlying factor. Considering that it costs society an estimated \$18,400 to \$26,000 to keep a person in prison for a year and only \$1,800 to \$4,700 for a year of treatment, treatment seems to be the obvious option for most drug offenders<sup>8</sup>. It can certainly be agreed that the City of New Orleans is not in a monetary position for superfluous funds to be spent on drug offender's repeat jail sentences.

By taking a public health approach toward handling drug offenders, policymakers are saving their states millions of dollars with policies that are proven to be more effective in reducing drug abuse and crime than focusing on arresting and incarcerating drug offenders.

Numerous programs and collaborations in California can be used as examples of how a unified system of treatment providers, police and courts working together can effectively combat substance abuse and concurrent crime. One of the most innovative demand reduction plans to come out of California is Proposition 36, the Substance Abuse and Crime Prevention Act of 2000. Proposition 36 was passed by 61% of California voters on November 7, 2000. This vote permanently changed state law to allow first- and second-time nonviolent, simple drug possession offenders the opportunity to receive substance abuse treatment instead of incarceration. Following sentencing, individuals are supervised by the Adult Probation Department and receive substance abuse treatment and case management coordinated through the Department of Public Health, Treatment Access Program. Proposition 36 went into effect on July 1, 2001, with \$120 million for treatment services allocated annually for five years.

In its first four years, Prop 36 diverted over 140,000 Californians from incarceration into treatment. Half were in treatment for the first time. 60,000 Californians will complete substance abuse treatment in the program's first five years, while tens of thousands more will spend substantial amounts of time in treatment and make tangible progress toward recovery. Treatment access has expanded under Prop 36, with more than 700 new treatment programs licensed after the initiative took effect. Existing programs grew to serve tens of thousands more clients each year.

Meanwhile, the report found that California prisons saw a 32 percent drop in the number of people incarcerated for drug possession after Prop 36 was approved, while drug-related incarceration had risen steadily in the 12 years prior to Prop 36. Thanks largely to Prop 36, a women's prison was closed, and a

new men's prison was rendered unnecessary. By July 2006, Proposition 36 had had over 70,000 graduates and had saved California taxpayers about \$1.3 billion.

To narrow the comparison more specifically, a case study can be taken from San Francisco, which, like New Orleans, has a historically *laissez faire* attitude towards substance use. San Francisco's lax attitude, mostly towards marijuana use, began during the social revolution of the 1960s. The City of San Francisco has recognized the link between substance abuse and crime, and has created multiple partnerships between the treatment providers, the courts and police department, along with community-based planning, to be a leader in addressing substance abuse as a public health issue. San Francisco addressed the link between substance abuse and crime by creating collaborative justice courts, also known as "problem-solving" courts with rehabilitation services monitored by the courts with a focus on recovery. According to the City's website, "This practice emphasizes a coordinated effort among attorneys, law enforcement and community treatment and service agencies to address the complex social and behavioral health problems that have resulted in defendants repeatedly cycling through the courts and jails. In the past 15 years, collaborative justice courts have emerged as an effective strategy to improve outcomes for victims, communities and defendants."<sup>9</sup>

In addition to Drug Courts, which New Orleans does have, San Francisco has a number of collaborative justice programs including Behavioral Health Courts and Juvenile Programs such as the Youth Treatment and Education Center, which provides integrated case plans for substance abusing youth, and the Principals' Center Collaborative, a high school for youth on probation that integrates behavioral health services within the school day. In January 2007, the Superior Court received funding from the State Drug and Alcohol Program and Comprehensive Drug Court Implementation Program to establish a Dependency Drug Court in San Francisco targeted at substance abusing parents in the dependency court system who are homeless or at risk of losing their housing and the City has The San Francisco Drug Court Scholarship Fund, a program of the San Francisco Drug Court that provides funding for eligible Drug Court participants and alumni to pursue their educational, vocational, housing, or other personal goals. All of these programs are community-based and link the justice system to the treatment community, requiring buy-in and participation from all judges, police officers, and City officials. Everyone in this unified system takes a collective role in the rehabilitation and recovery of its citizens.

In violent crime comparisons, San Francisco, with a 2006 population nearing 800,000, recorded 85 murders in 2006 and 98 murders in 2007, numbers that have outraged the public and caused much criticism of its mayor. New Orleans registered 209 homicides in 2007, a nearly 30 percent increase from



the 161 recorded in 2006 with the estimated population topping out at 300,000. . The upswing comes despite continued patrols by the National Guard and state police and the addition of two new classes of police recruits in the past year<sup>10</sup>. While this significant contrast is not solely attributed to the difference in substance abuse treatment services, it is not too difficult to assess that a city with a cohesive system will fare better than a city with no system at all.

Other states have also focused attention on demand reduction with successful results. In 1996, Arizonans voted in favor of Proposition 200, the Drug Medicalization Prevention and Control Act of 1996, which sends first and second time nonviolent drug offenders to treatment rather than incarceration. According to a recent report conducted by the Supreme Court of Arizona, Proposition 200 saved Arizona taxpayers \$6.7 million in 1999. In addition, 62% of probationers successfully completed the drug treatment ordered by the court. Maryland also has a new treatment law that immediately diverts several thousand prisoners into drug treatment, saving the state's taxpayers millions of dollars a year in the process. It also provides \$3 million in additional funding for treatment and gives judges new discretion in sentencing.

### **Systems in Place**

There are substance abuse treatment providers in New Orleans who have long since recognized connection between drugs and violence and are instituting programs to help address this issue. Odyssey House Louisiana, Inc (OHL) has provided residential substance abuse treatment services for over 30 years to the city, and for the past two years has expanded its services to formerly incarcerated individuals, aiding their transition back into the community post-release. OHL has long-term working relationships with Federal drug courts to transition individuals into OHL's treatment facility.

Most directly addressing this population is OHL's Community Prisoner Reentry Initiative, which is designed to assist non-violent ex-offenders who are returning to their local communities through an employment-based program that incorporates housing, mentoring, job training and other services. The program is funded by a grant from the President's Prisoner Re-entry Initiative, one of only 30 such grants issued nationwide. It is the goal of the Community Prisoner Reentry Initiative to assist 400 adult ex-offenders in the greater New Orleans area with support services such as housing, mentorship, medical care, substance abuse and personal counseling, together with job placement, to prepare returning ex-offenders for new lives as productive workers.

OHL also has a partnership with the United States District Court Eastern District of Louisiana Probation Office to provide services to people on probation and parole. Under this contract, OHL will provide

outpatient and residential treatment, urinalysis, group and individual counseling, detox, and intake assessments to referrals from the Louisiana Probation Office. Through this partnership, OHL is able to connect probation and parolees with services from the Community Prisoner Reentry Initiative. Also in conjunction with the Prisoner Reentry Initiative, OHL is in the process of developing a pilot project with the Louisiana Department of Corrections to establish an in-custody substance abuse treatment program in New Orleans prisons. The proposed project, currently in negotiations, will utilize OHL's Therapeutic Community (TC) treatment model to better prepare prisoners with substance abuse problems and lack of education, for successful reintegration into the outside world. At each prison (DCI, LCIW, and EHCF), the program will serve 15 participants in 90-day cycles within three phases (a total of 270 days of treatment). The proposed model services the inmates for 90-days while actively in custody, the 90- days upon release from prison when they will be at OHL's residential facility and 90-days of outpatient treatment where they will transition back into the community while still receiving counseling and guidance from therapy sessions and substance abuse treatment groups. Recent evaluations of in-prison TC programs nationwide have shown that intensive residential treatment, when followed by community-based aftercare, reduces criminality and drug use for up to 3 years following release from prison. More recently, 5-year outcome data for similar programs has been reported to show findings that participation in in-prison TC programs significantly lowered 5-year recidivism rates.<sup>11</sup>

## **Conclusion**

Currently there is no system of care for substance abuse services in New Orleans and there are only a few treatment and prevention providers in the city. These organizations are providing services that no one wants, but everyone needs, and they are fighting a broken system at the same time. City funding for substance abuse services are at a bare minimum though alcohol and drug related issues are some of the largest problems the city faces. Only by addressing the crux of the crime issue can New Orleans rebuild bigger and better than before.

By creating a demand reduction system in New Orleans, Louisiana can set up a model that can be replicated in other cities throughout the State, and possibly the nation.

*For further discussion on the relationship between substance abuse and crime, and larger substance abuse issues, contact:*

Edward C. Carlson, MA, M.F.T.  
Executive Director  
Odyssey House Louisiana, Inc.  
1125 North Tonti Street  
New Orleans, LA 70119  
Ph: 504-494-9628  
Email: [ecarlson@ohlinc.org](mailto:ecarlson@ohlinc.org)  
[www.ohlinc.org](http://www.ohlinc.org)

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