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BEFORE

WHAT WORKS: AN INTERNATIONAL PERSPECTIVE
ON DRUG ABUSE TREATMENT AND PREVENTION RESEARCH

A CONFERENCE
SPONSORED BY NARCOTIC & DRUG RESEARCH, INC.
AND
NEW YORK STATE DIVISION OF SUBSTANCE ABUSE SERVICES

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NOTE: Because Director Stewart often speaks from notes, the address as delivered may vary from the text. However, he stands behind this speech as printed.

Thank you, and good morning.

When Doug Lipton invited me to speak this morning, his letter said this conference would go beyond its theme -- "What Works." Doug wrote that the conference also would look at what doesn't work in drug abuse treatment and prevention, and at what new methods are being investigated.

I want to contribute on what works and what doesn't, of course. But I also want to suggest how local criminal justice and drug treatment systems might work TOGETHER to make a greater impact. Neither our criminal justice system nor our treatment system, I submit, has been effective on its own in dealing with drug abuse. Now the problem is Domestic Problem Number One.

Finding out what works is often a trial-and-error process. The errors show us what doesn't work. That's the easy part.

Finding out what does work is much harder. In my view, this is a three-step process. The first step is defining the problem correctly. The second step is setting the right goals --making sure the results you want to see are the correct ones. The third step is having, and using, tools that can measure whether you're having any impact in producing the results you want.

In our nation's efforts to deal with drug abuse, there have been mistakes at all three steps.

One reason we have the drug problem we do today is that our society defined the problem incorrectly during the '60s and '70s. Many defined drug abuse solely as a problem for the criminal justice system. Most saw it as a crime, but a

victimless one. For some, it was primarily a health problem.

It wasn't seen as a societal problem -- as the responsibility of the family, the schools, the workplace and the community. Many abusers were turned over to the criminal justice system. Others went into public treatment programs. There often was little cooperation between the two.

The criminal justice system, for its part, was already overstressed. When a drug user was convicted, the judge as a rule gave him probation and referred him to treatment. Jail space, after all, was needed for criminals who were victimizing others. Some judges even considered drug use as a MITIGATING factor when they were deciding on punishment -- a person committing a crime under the influence of drugs was somehow "less guilty."

Like the courts, law enforcement agencies and officers had limited resources. Given that fact, and the lack of public interest in sanctioning users, they saw little point in expending time and resources in arresting users. Instead, they went after only the major dealers and importers. In many areas, possession and use of drugs were <u>de facto</u> decriminalized as a result.

Now we're paying the price.

Our society made another mistake in applying the second step to finding out what works -- in setting our goals. We picked a vague result. We decided that if enough drug users simply got referred into treatment, that was sufficient to take care of the

problem.

The National Institute on Drug Abuse for many years tracked admissions to treatment programs by primary drug of abuse. And there was some follow up to see whether drug users actually went to treatment. But comparatively few took the third step -- to measure whether the treatment efforts were having any impact.

Part of the problem was a lack of good tools to measure impact -- whether former users were staying clean. The early urine tests were not very sensitive, and programs relied heavily on detecting use through clinical signs.

Treatment agencies could say they were treating large numbers of people. But they weren't able to identify very well whether the people were continuing to use drugs. Treatment staff people, moreover, often bent over backwards NOT to act on usage infractions.

The criminal justice system, as a result, often had no way to measure if referring drug users to treatment was having the desired impacts.

All we had were estimates -- vague, phantomlike estimates about who was using how much of what, that were based on the users' self-reports. And, as you can imagine, clients of the criminal justice system are often less than honest about their drug involvement.

The lack of widespread routine monitoring of, and research on, drug use among criminals had another unfortunate result. In recent years, we have seen heroin, and then cocaine and crack,

become the drugs of abuse on the streets of our cities.

But long after these drugs emerged, most enforcement AND treatment programs were still focused on heroin abuse. As a result, we still don't know much about what works for cocaine abusers.

So two things handicapped us in dealing with drug abuse. First, it wasn't seen as a societal problem, but as something to be handled by the criminal justice system and public treatment programs. Both systems were overloaded, and often they didn't coordinate their efforts effectively. .

Second, we had no national base line of current information on what kinds of drugs were being used by the criminal population. We never had an objective profile of drug-using offenders.

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I am happy to say we are overcoming these handicaps. Research funded by the National Institute of Justice has helped spur people across the country to question and rethink how we view drug-related crime and drug-using criminals.

As the Department of Justice's chief research branch, NIJ itself has shifted its efforts. Sixty percent of NIJ's research funding today is directed at drugs.

We are examining drug-crime links, identifying trends, assessing innovations such as using civil laws and sanctions against dealers and sellers, and gathering data on how to make prevention and treatment work better.

We, too, are continuing to learn what works, and what doesn't.

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Before I go on, I want to recognize the pioneering work of our hosts, Narcotic and Drug Research, Incorporated. NDRI's interdisciplinary center for the study of the relationship of drug use to crime, which Dr. Bruce Johnson directed, produced much of the seminal research on the relationship of drug use to crime.

We also are indebted to NDRI for the loan to us of Dr. Eric Wish, an NDRI research scientist. Eric came to NIJ as a Visiting Fellow. He has contributed enormously to the body of knowledge about drug use among offenders, and to our research programs on drugs and crime.

I also want to acknowledge the work of Dr. Bernard Gropper of NIJ, who has managed, monitored and encouraged so much of the research on drugs-and-crime relationships. Eric Wish refers to Bud Gropper as the "Godfather" of much of this research, and with good reason. Bud will be moderating a panel on drug testing and surveillance here tomorrow afternoon.

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Our nation's view of the drug problem has changed in the last year or two. President Bush, Attorney General Dick Thornburgh, William Bennett, and members of Congress on both sides of the aisle -- are saying the problem clearly needs a collaborative effort.

The President's new national anti-drug strategy calls for a partnership between criminal justice and the rest of society. It specifically calls for one between criminal justice and treatment. It calls for reducing demand as well as supply.

Research has a great deal to offer in the anti-drug effort. NIJ, for example, has a national program for measuring recent drug use among the people who are the greatest risk to society -- those arrested for crimes. It's called the Drug Use Forecasting Program, or DUF for short. I mentioned earlier the need for information about drug use by criminals and criminal suspects. The DUF program is providing that information. DUF, developed and operated by NIJ, is co-funded by the Bureau of Justice Assistance.

You may be interested in a little history of DUF, because it's an example of building on research and also of how, so often, new findings lead to new questions.

In 1983, NIJ-sponsored researchers in Baltimore reported that addicts were four to six times more active in crime when using drugs. They also found that when the addicts got off drugs, their criminal behavior dropped sharply. But when they went back on drugs, it rose again.

The Baltimore study raised questions in our minds. Although it had followed hard-core addicts over time, for much of that time they were not involved with the criminal justice system. We wondered how the Baltimore findings would apply to drug users who were involved with the justice system. We decided to focus

on two specific questions with respect to defendants on pretrial release.

Question One was: "When defendants are given pretrial release, how does the behavior of those who are drug users compare to that of those who don't use drugs? Are drug users on pretrial release really involved in more crime and misconduct?"

Previous analyses hadn't been conclusive, partly because they depended on self-reports to identify the drug users.

Question Two was: "How would we affect the behavior of drug-using defendants if we could accurately identify them as such, make their release conditional on staying drug-free, and then really monitor their compliance?"

To answer the first question, we funded an NDRI research study in 1984. Over a six-month period, Eric Wish and his colleagues at NDRI interviewed some 6,400 male arrestees at Manhattan Central Booking, and got voluntary urine specimens from them. Then they tracked both users and non-users until disposition of their cases.

Dr. Douglas Smith, a professor at the University of Maryland, in an analysis of these data, found that users, particularly multiple-drug users, had much higher rates of pretrial misconduct -- as measured by re-arrest -- and failure to appear. To answer the second question, NIJ sponsored and evaluated a full-scale pretrial drug-testing program in the District of Columbia. All arrestees were urine-tested before arraignment. Information on their drug status was then used in

setting conditions for release. For those testing positive, one condition was that they not use drugs. Compliance with that condition was monitored by regularly-scheduled urinalysis, and violators could be sanctioned.

I'll tell you more about the D.C. program shortly. The important point now involves the preliminary findings -- the results of urine tests at the time of arrest.

In both D.C. and New York, more than 55 percent tested positive for opiates, cocaine, PCP or methadone. That was nearly double the figure expected. And they were spread across all offenses -- not just drug-related ones. The tests, moreover, could identify only recent drug use, so these were minimum percentages of drug use among arrestees.

Though the percentages of drug positives were about even in the two cities, the drugs of preference were different --cocaine in New York and PCP in D.C. This was in 1984 and, of course, we saw cocaine use soar in both cities over the next two years.

Again, the research findings raised new questions: "Were these startlingly high rates -- and in 1984 and '85, they were startlingly high -- simply anomalies? Or was drug use among arrestees in other cities comparable?

Was it high among all offenders, or just those arrested for possession or sale? And did the drug of preference vary in other cities as it did in New York and Washington?

There was one other element driving DUF -- some work Eric Wish had done on an NIJ-NIDA grant in 1979-80. The findings

suggested that urine tests of arrestees had shown a heroin epidemic in Washington one to one-and-one-half years earlier than other community indicators of drug use. If we could do broader urine testing of arrestees, would the results give us a leading indicator of drug epidemics nationally, or at least city-by-city?

We decided we had to find out, and that was the beginning of DUF. We pilot-tested DUF late in New York in 1986, and began implementing it early the next year. DUF is now in 22 sites, and we expect to extend it to three more.

DUF involves obtaining anonymous voluntary interviews and urine samples from a sample of the people arrested at each city's central booking facility every three months. To make sure that a range of felony offenses are represented, arrestees charged with drug offenses are intentionally undersampled.

For this reason, DUF estimates of drug use represent the minimum of what would be found in the total arrestee population, which contains many more people charged with drug crimes.

DUF response rates are consistently high. More than 90 percent of the arrestees approached agree to be interviewed. Of these, more than 80 percent also voluntarily provide a urine specimen.

There is no coercion of arrestees. They remain anonymous. No names are taken. The information that is obtained is not used against them, and their cases are not affected by whether or not they provide a specimen.

We use the EMIT immunoassay system, a highly reliable testing system, and analyze the specimens for ten drugs.

Within three months after the DUF data are collected, NIJ sends each city a computer-readable data file that is, in effect, a unique profile of that city's arrestees.

The data from DUF are showing us all sorts of useful things. Let me tell you about some of them. Overall, about 70 percent of arrestees are testing positive for one or more drugs. The actual percentage varies across the country. But in every city, it's nearly twice the number who admit to recent drug use.

One surprise in the national data is how much the type of drugs used vary from city to city. PCP has been detected primarily in Washington, D.C., and St. Louis. Amphetamines are limited mostly to San Diego and Portland, Oregon. Female arrestees everywhere are much less likely than males to be marijuana users, but are just as likely to be involved in hard drugs.

Information about these geographic and gender differences can help treatment organizations allocate funding and decide what types of treatment are needed.

No one has been able to find reasons for these differences. They are areas for researchers to look at further.

As you know, drug use is a dynamic situation, changing all the time -- city to city, week to week, month to month. But DUF gives us regular repeat monitoring, so we can track trends for

each city and nationwide.

Some people, for example, have speculated recently that heroin use is becoming popular again. DUF has not found any evidence of that yet in the arrestee population, however. We will keep watching the quarterly DUF results for signs of any increase.

DUF is revealing other important trends. One is the spread of drug use among women, particularly of cocaine. During the last quarter of 1988, higher percentages of women arrestees than men tested positive for cocaine use in New York, Washington, Kansas City, Portland, and San Diego. And in interviews, among those women who report injecting drugs, exceptionally high proportions report injecting cocaine. This finding highlights the potential for an additional set of problems -- addicted infants, HIV-positive infants, and increases in child neglect.

Because DUF tracks trends and patterns, it can tell us more than just what drugs are being used. We hope to use it to track the effectiveness of our efforts to educate, treat, enforce, and to seize drugs.

If, as has been the case for the last several years, drug use among arrestees continues to go up, we will know our efforts with that group have not been effective. We will need either to intensify them, or to try something else.

Up to now, DUF has been used mostly like a thermometer -- basically taking the temperature of the country. I'd like to see it used as a barometer -- as a predictor -- of better

weather or of more storms in our fight against drugs.

One study we sponsored through the Institute for Social Analysis shows DUF has this potential -- to predict crime rates six months to a year in advance. The study was done by Adele Harrell, a researcher now at the Urban Institute. It also suggests that trends in arrestee drug use, as measured by urine tests, may be able to predict trends in drug-related child abuse cases, emergency room admissions, and overdose deaths by up to a year in advance. These are clearly areas where more research needs to be done.

Several NIJ studies suggest that for drug-involved offenders, their early drug-use and crime history may predict how effective treatment will be. Treatment seems to work best for offenders who were not heavily involved in crime before their addiction.

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Pretrial drug testing can also be a valuable tool. I mentioned the NIJ-sponsored pretrial experiment in Washington, D.C., a few minutes ago. It showed us pretrial testing can both help control crime and reduce demand for drugs by those on pre-trial release.

Now judges in D.C. Superior Court routinely use the results of drug tests at arrest in setting conditions of release. Earlier research had shown that drug users were twice as likely as nonusers to commit more crimes while awaiting trial.

Given the pressures on jail space, the judge may release

them until trial, if they promise not to use drugs and to come in for testing once a week. The point is to make them accountable for their actions. If it turns out they are still using drugs, the judge can apply progressively stronger sanctions. The sanctions may be as mild as having them come in more frequently for testing.

If they keep doing drugs, the next step may be to have them spend eight hours in the court's holding cell. If they still don't get the message, perhaps it's time to put them back in jail.

The D.C. pretrial testing program is being replicated in five other cities, and in the federal pretrial program. Evaluations of several of those programs are under way. But D.C. is already convinced. It's made drug testing a standard part of its pretrial release programs.

With a strong testing program, those awaiting trial quickly become aware that the criminal justice system can detect drug use, fast and very accurately, and that something happens when it does. This could be an important factor in cutting drug use, even without treatment.

Doug Anglin of UCLA, with NIDA funding, has done an evaluation of the California civil addict program. It shows clearly that treatment with surveillance works better than treatment without it.

In a recent monograph for NIJ, Doug Lipton and Harry Wexler advocate using the power of the criminal justice system to

mandate treatment for drug-involved offenders, to keep them in treatment and to test them for compliance. Dr. Michael Smith, who has done much work in treating drug users with acupuncture here in New York, says the criminal justice system is one agent in our society for getting people to change their behavior. It's one place where we have control over people.

Let's use that to get drug using offenders into treatment, and to keep them there. Let's use drug testing to check whether they're complying with the terms of their probation to remain drug free.

* * *

Many people see urinalysis as an invasion of privacy. Some of you may be among them. Others fault urine tests because they reveal use of most illicit drugs only for the previous 48 hours, the time it takes the body to eliminate the drugs. For marijuana and PCP, the time frame can be longer.

Hair analysis may be the answer to such concerns. Hair analysis can pick up where urinalysis leaves off, and say "yes" or "no" for any drug use over many months.

As many of you know, the hair on our heads, as it grows, absorbs elements from our bloodstream, including drugs. It provides a record of substances in our bloodstream at specific times in the past, much as a tape recorder preserves sounds.

The hair grows about a half-inch a month. So if you have a hair sample three inches long, you have six months of data on whether a person used drugs. We're still trying to resolve how

precisely hair can tell when in the last six months the person used drugs, and whether the person was a light, moderate or heavy user.

Hair analysis has important implications for treatment. A client may "slip off the wagon," and urine tests that are randomly administered can miss that period of time. Hair analysis can provide a much more complete history -- a bigger window.

The National Institute of Standards and Technology -- formerly the National Bureau of Standards -- is validating the research to date on hair analysis. NIST also is developing a standard method for the analysis, so everyone will do it the same way.

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We are in a position to marry the best of criminal justice supervision with the best of drug treatment. I say, let's do it.

When a judge refers a person to treatment, let's use testing to be sure the person stays drug free, as most good treatment programs do today. If the offender doesn't participate and cooperate, let's use the leverage we have. Make him face criminal justice consequences, such as a proceeding for contempt of court.

After all, when we're trying to help people already in the criminal justice system, we're going after the drug users who represent the most serious threat to our society. Their

continued drug use has almost immediate repercussions on the rest of us.

When criminal justice and treatment professionals have tried to attack the drug problem separately, it's led only to frustration for both. Working together, we can show tremendous results in containing the deadly commerce of drugs on our streets.

Thank you. I hope many of you will join me in discussing these subjects further at lunch.

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