

DRUG WAR FACTS

Treatment

1. "Domestic enforcement costs 4 times as much as treatment for a given amount of user reduction, 7 times as much for consumption reduction, and 15 times as much for societal cost reduction."

Source: Rydell, C.P. & Everingham, S.S., Controlling Cocaine, Prepared for the Office of National Drug Control Policy and the United States Army (Santa Monica, CA: Drug Policy Research Center, RAND Corporation, 1994), p. xvi.

2. "An additional cocaine-control dollar generates societal cost savings of 15 cents if used for source-country control, 32 cents if used for interdiction, and 52 cents if used for domestic enforcement. In contrast, the savings from treatment programs are larger than control costs: an additional cocaine-control dollar generates societal cost savings of \$7.48 if used for treatment."

Source: Rydell, C.P. & Everingham, S.S., Controlling Cocaine, Prepared for the Office of National Drug Control Policy and the United States Army (Santa Monica, CA: Drug Policy Research Center, RAND Corporation, 1994), p. 42.

3. The RAND Corporation found that the additional spending needed to achieve a 1% reduction in the number of cocaine users varies according to the sort of program used, and that treatment is the most cost-effective:

Control Program	Additional spending needed to achieve a 1% reduction in number of cocaine users
Source-Country Control	\$2,062,000,000
Interdiction	\$964,000,000
Domestic Enforcement	\$675,000,000
Treatment	\$155,000,000

Source: Rydell, C.P. & Everingham, S.S., Controlling Cocaine, Prepared for the Office of National Drug Control Policy and the United States Army (Santa Monica, CA: Drug Policy Research Center, RAND Corporation, 1994), p. 36.

4. The US Office of National Drug Control Strategy estimated that the federal government spent \$2.942 billion on treatment and treatment research in 2006 and an estimated \$2.943 billion in 2007.

Source: "National Drug Control Strategy: FY2008 Budget Summary," Office of National Drug Control Policy (ONDCP) (Washington, DC: Executive Office of the President, Feb. 2007), p. 9, Table 1.

5. In 2002, federal funding for drug treatment totaled \$3,587,500,000, representing 19.1% of the \$18,822,800,000 drug war budget. The FY2003 request for treatment funding was \$3,811,700,000, which represents 19.9% of the \$19,179,700,000 requested drug war budget. Combined, federal prevention and treatment funding -- the demand-side -- totaled \$6,136,100,000 in FY2002, and a requested \$6,285,100,000 for FY2003. Law enforcement and interdiction -- the supply-side of the equation -- ate up the remaining two-thirds of federal drug war spending, or \$12,686,700,000 in FY2002, and \$12,894,600,000 requested in FY2003.

Source: "National Drug Control Strategy: FY2003 Budget Summary," Office of National Drug Control Policy (ONDCP) (Washington, DC: Executive Office of the President, Feb. 2002), p. 6, Table 2.

6. "In 2005, an estimated 22.2 million persons aged 12 or older were classified with substance dependence or abuse in the past year (9.1 percent of the population aged 12 or older) (Figure 7.1). Of these, 3.3 million were classified with dependence on or abuse of both alcohol and illicit drugs, 3.6 million were dependent on or abused illicit drugs but not alcohol, and 15.4 million were dependent on or abused alcohol but not illicit drugs.

"Between 2002 and 2005, there was no change in the number of persons with substance dependence or abuse (22.0 million in 2002, 21.6 million in 2003, 22.5 million in 2004, and 22.2 million in 2005).

"There were 18.7 million persons aged 12 or older classified with dependence on or abuse of alcohol in 2005 (7.7 percent). This estimate has remained stable since 2002."

Source: Substance Abuse and Mental Health Services Administration, "Results from the 2005 National Survey on Drug Use and Health: National Findings," (Rockville, MD: Office of Applied Studies, SAMHSA), NSDUH Series H-30, DHHS Publication No. SMA 06-4194, p. 67.

7. The National Survey on Drug Use and Health estimated that "In 2005, the number of persons aged 12 or older needing treatment for an illicit drug or alcohol use problem was 23.2 million (9.5 percent of the population aged 12 or older) (Figure 7.6). Of these, 2.3 million (0.9 percent of persons aged 12 or older and 10.0 percent of those who needed treatment) received treatment at a specialty facility. Thus, there were 20.9 million persons (8.6 percent of the population aged 12 or older) who needed treatment for an illicit drug or alcohol use problem but did not receive treatment at a specialty substance abuse facility in the past year."

Source: Substance Abuse and Mental Health Services Administration, "Results from the 2005 National Survey on Drug Use and Health: National Findings," (Rockville, MD: Office of Applied Studies, SAMHSA), NSDUH Series H-30, DHHS Publication No. SMA 06-4194, p. 75.

8. According to the National Treatment Improvement Evaluation Study (NTIES), "The results show substantial reductions in criminal behavior and arrests after treatment: Selling drugs declined by 78 percent; Those who reported shoplifting declined by almost 82 percent; Before treatment, almost half the respondents reported "beating someone up." Following treatment that number declined to 11 percent; a 78 percent decrease; Changes in arrest rates were less striking than those in self-reported criminal behavior, but the 64 percent reduction in arrests for any crime was still dramatic; and The percentage who largely supported themselves through illegal activity dropped by nearly half - decreasing more than 48 percent."

Source: National Clearinghouse for Alcohol and Drug Information, US Dept. of Health and Human Services, "National Treatment Improvement Evaluation Study - Costs of Treatment," from the web at <http://ncadi.samhsa.gov/govstudy/f027/crime.aspx?>, last accessed Sept. 22, 2006

9. According to the 1997 National Treatment Improvement Evaluation Study (NTIES), "Treatment appears to be cost effective, particularly when compared to incarceration, which is often the alternative. Treatment costs ranged from a low of about \$1,800 per client to a high of approximately \$6,800 per client. While the cost of incarceration was not examined by NTIES, widely reported studies such as one reported by the American Correctional Association, gave an estimated 1994 cost of incarceration as \$18,330 annually."

Source: National Clearinghouse for Alcohol and Drug Information, US Dept. of Health and Human Services, "National Treatment Improvement Evaluation Study - Costs of Treatment," from the web at <http://ncadi.samhsa.gov/govstudy/f027/costs.aspx?>, last accessed Sept. 22, 2006.

10. In January 2001, the National Center on Addiction and Substance Abuse at Columbia University published an analysis of costs to states from tobacco, alcohol and other drug addiction. According to the report, "States report spending \$2.5 billion a year on treatment. States did not distinguish whether the treatment was for alcohol, illicit drug abuse or nicotine addiction. Of the \$2.5 billion total, \$695 million is spent through the departments of health and \$633 million through the state substance abuse agencies. We believe that virtually all of these funds are spent on alcohol and illegal drug treatment."

Source: National Center on Addiction and Substance Abuse at Columbia University, "Shoveling Up: The Impact of Substance Abuse on State Budgets" (New York, NY: CASA, Jan. 2001), p. 24.

11. In January 2001, the National Center on Addiction and Substance Abuse at Columbia University published an analysis of costs to states from tobacco, alcohol and other drug addiction. According to the report, "The justice system spends \$433 million on treatment: \$149 million for state prison inmates; \$103 million for those on probation and parole; \$133 million for juvenile offenders; \$46 million to help localities treat offenders; \$1 million on drug courts. Treatment provided by mental health institutions for co-morbid patients totals \$241 million. The remaining \$492 million is for the substance abuse portion of state employee assistance programs (\$97 million), treatment programs for adults involved in child welfare services (\$4.5 million) and capital spending for the construction of treatment facilities (\$391 million). (Figure 4.B)"

Source: National Center on Addiction and Substance Abuse at Columbia University, "Shoveling Up: The Impact of Substance Abuse on State Budgets (New York, NY: CASA, Jan. 2001), p. 24.

12. "The Panel anxiously awaits the time when the disease of addiction is no longer treated as a criminal justice issue, but as a public health problem. Moreover, the Panel embraces the notion of a society that enables any individual with a substance abuse problem, regardless of criminal history, to receive treatment in a safe and respectful environment. The Panel hopes to create a climate in which people who are at risk for, suffering from, or in recovery from alcohol or other drug addiction are valued and treated with dignity."

Source: US Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, "Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative; Panel Reports, Public Hearings, and Participant Acknowledgements" (Washington, DC: SAMHSA, November 2000), p. 41.

13. "According to the ONDCP's 1999 National Drug Control Strategy, there are approximately 4 million chronic drug users in the United States. This closely aligns with the 1998 National Household Survey on Drug Abuse, which found that 4.1 million people were in need of drug treatment. The NIAAA report, Improving the Delivery of Alcohol Treatment and Prevention Services, estimates there are 14 million alcohol abusers, whereas the 1998 National Household Survey on Drug Abuse finds approximately 9.7 million people in need of alcohol treatment. Regardless of the source, a conservative estimate of those in need of substance abuse treatment is between 13 and 16 million people. In contrast, both the 1997 Institute of Medicine (IOM) report, Managing Managed Care, and the 1998 National Household Survey conclude that approximately 3 million people receive care for alcohol or drugs in one year. Although, as previously stated, neither the estimates of need nor the estimates of those in treatment are all inclusive, the picture remains the same - more than 10 million people who need treatment each year are not receiving it."

Source: US Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, "Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative; Panel Reports, Public Hearings, and Participant Acknowledgements" (Washington, DC: SAMHSA, November 2000), p. 6.

14. A study by researchers at Substance Abuse Mental Health Services Administration has indicated that 48% of the need for drug treatment, not including alcohol abuse, is unmet in the United States.

Source: Woodward, A., Epstein, J., Gfroerer, J., Melnick, D., Thoreson, R., and Wilson, D., "The Drug Abuse Treatment Gap: Recent Estimates," Health Care Financing Review, 18: 5-17 (1997).

15. Treatment decreased welfare use by 10.7% and increased employment by 18.7% after one year, according to the 1996 National Treatment Improvement Evaluation Study.

Source: Center for Substance Abuse and Treatment, National Treatment Improvement Evaluation Study (Washington DC: US Government Printing Office, 1996), p. 11.

16. A study of heroin maintenance in Switzerland for the World Health Organization concluded:
- A. The health of participants improved.
 - B. Illicit cocaine and heroin use declined greatly.
 - C. Housing situation improved and stabilized- most importantly there were no longer any more

homeless participants.

- D. Fitness for work improved considerably, those with permanent employment more than doubled from 14% to 32%.
- E. The number of unemployed fell by half (from 44% to 20%)
- F. A third of the patients that were on welfare, left the welfare rolls. But, others went on to welfare to compensate for their lost income from sales of drugs.
- G. Income from illegal and semi-legal activities decreased significantly, from 69% of participants to 10%.
- H. The number of offenders and offenses decreased by about 60% during the first 6 months of treatment.
- I. The retention rate was average for treatment programs. 89% over 6 months, and 69% over 18 months.
- J. More than half of the dropouts did so to switch to another form of treatment. 83 of the participants did so to switch to an abstinence-based treatment, and it is expected that this number will grow as the duration of individual treatment increases.
- K. There were no overdoses from drugs prescribed by the program.

Source: Robert Ali, et al, Report of the External Panel on the Evaluation of the Swiss Scientific Studies of Medically Prescribed Narcotics to Drug Addicts (New York, NY: The World Health Organization, April 1999).

17. In 1996, voters in Arizona passed an initiative which mandated drug treatment instead of prison for non-violent drug offenders. At the end of the first year of implementation, Arizona's Supreme Court issued a report which found:
- A) Arizona taxpayers saved \$2.6 million in one year;
 - B) 77.5% of drug possession probationers tested negative for drug use after the program;
- The Court stated, "The Drug Medicalization, Prevention and Control Act of 1996 has allowed the judicial branch to build an effective probation model to treat and supervise substance abusing offenders... resulting in safer communities and more substance abusing probationers in recovery."

Source: State of Arizona Supreme Court, Drug Treatment and Education Fund: Implementation Full Year Report: Fiscal Year 1997-1998, 1999.

18. According to CASA (National Center on Addiction and Substance Abuse), the cost of proven treatment for inmates, accompanied by education, job training and health care, would average about \$6,500 per inmate. For each inmate that becomes a law-abiding, tax-paying citizen, the economic benefit is \$68,800. Even if only one in 10 inmates became a law-abiding citizen after this investment, there would still be a net social gain of \$3,800.

Source: National Center on Addiction and Substance Abuse at Columbia University, Behind Bars: Substance Abuse and America's Prison Population, (New York, NY: National Center on Addiction and Substance Abuse at Columbia University, January 8, 1998), Foreword by Joseph Califano.

19. "The percentage of recent drug users in State prison who reported participation in a variety of drug abuse programs rose from 34% in 1997 to 39% in 2004 (table 9). This increase was the result of the growing percentage of recent drug users who reported taking part in self-help groups, peer counseling and drug abuse education programs (up from 28% to 34%). Over the same period, the percentage of recent drug users taking part in drug treatment programs with a trained professional was almost unchanged (15% in 1997, 14% in 2004).
"Participation in drug abuse programs also increased among Federal inmates who had used drugs in the month before their offense, from 39% in 1997 to 45% in 2004. While there was no change in percentage of these inmates who had undergone drug treatment with a trained professional (15% in both years), the percentage taking part in other drug abuse programs rose from 32% in 1997 to 39% in 2004."

Source: Mumola, Christopher J., and Karberg, Jennifer C., "Drug Use and Dependence, State and Federal Prisoners, 2004," (Washington, DC: Bureau of Justice Statistics, Dept. of Justice, Oct. 2006) NCJ-213530, p. 8.

20. "In 2004, about 642,000 State prisoners were drug dependent or abusing in the year before their admission to prison. An estimated 258,900 of these inmates (or 40%) had taken part in some type of drug

abuse program (table 10). These inmates were more than twice as likely to report participation in selfhelp or peer counseling groups and education programs (35%) than to receive drug treatment from a trained professional (15%).

"In Federal prison, a higher percentage of drug dependent or abusing inmates (49%) reported taking part in some type of drug abuse programs. Nearly 1 in 3 took part in drug abuse education classes, and 1 in 5 had participated in self-help or peer counseling groups. Overall, 17% took part in drug treatment programs with a trained professional, and 41% had participated in other drug abuse programs."

Source: Mumola, Christopher J., and Karberg, Jennifer C., "Drug Use and Dependence, State and Federal Prisoners, 2004," (Washington, DC: Bureau of Justice Statistics, Dept. of Justice, Oct. 2006) NCJ-213530, p. 9.

21. Among those prisoners who had been using drugs in the month before their offense, 15% of both State and Federal inmates said they had received drug abuse treatment during their current prison term, down from a third of such offenders in 1991.

Among those who were using drugs at the time of offense, about 18% of both State and Federal prisoners reported participation in drug treatment since admission, compared to about 40% in 1991.

Source: Bureau of Justice Statistics, Substance Abuse and Treatment, State and Federal Prisoners, 1997 (Bureau of Justice Statistics, Washington, DC: US Department of Justice, January 1999), p. 10.

22. "Despite the many factors that contribute to the gap, the Panel agrees with many in the field that inadequate funding for substance abuse treatment is a major part of the problem. Over the last decade, spending on substance abuse prevention and treatment has increased, albeit more slowly than overall health spending, to an estimated annual total of \$12.6 billion in 1996 (McKusick, Mark, King, Harwood, Buck, Dilonardo, and Genuardi, 1998). Of this amount, public spending is estimated at \$7.6 billion (McKusick, et al., 1998). The public spending includes dollars from Medicaid and Medicare, as well as other Federal funds from the Department of Defense, the Department of Veterans Administration, the Department of Justice, and the Substance Abuse Prevention and Treatment (SAPT) Block Grant. The SAPT Block Grant provides Federal support to addiction prevention and treatment services nationally through State and local governments. Private spending includes individual out-of-pocket payment, insurance, and other nonpublic sources, and is estimated at \$4.7 billion (McKusick, et al., 1998)."

Source: US Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, "Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative; Panel Reports, Public Hearings, and Participant Acknowledgements" (Washington, DC: SAMHSA, November 2000), p. 12.

23. "One of the main reasons for the higher outlay in public spending is the frequently limited coverage of substance abuse treatment by private insurers. Although 70 percent of drug users are employed and most have private health insurance, 20 percent of public treatment funds were spent on people with private health insurance in 1993, due to limitations on their policy (ONDCEP, 1996b). In the view of the Panel, private insurers should serve as the primary source of coverage, with public insurance serving as the safety net."

Source: US Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, "Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative; Panel Reports, Public Hearings, and Participant Acknowledgements" (Washington, DC: SAMHSA, November 2000), p. 12.

24. "'Changing The Conversation' initiated the first intensive exploration of the stigmas and attitudes that affect people with alcohol and drug problems. The Panel addressed stigma as a powerful, shame-based mark of disgrace and reproach that impedes treatment and recovery. Prejudicial attitudes and beliefs generate and perpetuate stigma; therefore, people suffering from alcohol and/or drug problems and those in recovery are often ostracized, discriminated against, and deprived of basic human rights. Their families, treatment providers, and even researchers may face comparable stigmas and attitudes. Ironically, stigmatized individuals often endorse the attitudes and practices that stigmatize them. They may internalize this thinking and behavior, which consequently becomes part of their identity and sense of self-worth.

"Public support and public policy are influenced by addiction stigma. Addiction stigma delays

acknowledging the disease and inhibits prevention, care, treatment, and research. It diminishes the life opportunities of the stigmatized."

Source: US Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, "Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative; Panel Reports, Public Hearings, and Participant Acknowledgements" (Washington, DC: SAMHSA, November 2000), p. 38-39.

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