THE OTHER SIDE OF THE COIN: DEMAND-SIDE POLICY ALTERNATIVES TO THE DRUG WAR

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Abstract

Since President Richard Nixon declared a national war on drugs in 1971, the United States has spent upwards of one trillion dollars cracking down on illicit substances. Thousands of incarcerations and millions of dollars of drug interdictions have focused on the supply side of the drug equation and have produced few tangible results. This paper analyzes the question: are demand-side programs a more effective and economical means for addressing America's drug crisis? Through five case studies, this paper considers policy alternatives from in-patient treatment centers to outpatient drug courts. Specific attention is given to the cost of both programs within the context of the cost of the War on Drugs. This study demonstrates that demand-side treatment programs may be a better option, both for financial and recidivistic purposes.

Introduction

American states are frequently referred to as "laboratories of democracy." Individual policies can be tested on a microscale before being applied to the entire nation. At the national level, the United States federal government has militantly waged the War on Drugs since the Nixon administration. Drug interdiction efforts cost the federal government between $20 and $25 billion per year, and the United States maintains the highest per capita prison population in the world (Porter, 2012). From 1993 to 2009, approximately one-third of admissions to state and federal prisons were for drug crimes (Rothwell, 2015). While this data is concerning in its own right, African Americans are three to four times more likely to be arrested for drug crimes and nine times more likely to receive prison sentences for a drug-related offense than their white counterparts (Rothwell, 2015). Between 1993 and 2011, the United States saw three million drug-related state and federal prison admissions in addition to thirty million drug-related arrests (Rothwell, 2015). From a strategic perspective, all of these federal policies focus on the supply side of the drug market by reducing the amount of drugs to which people have access.

In light of these issues, states have begun to respond by individually creating similar programs to address the problem of substance abuse and reform the incarceration process. These programs address the other side of the coin—the demand side. Rather than interdicting drugs at border checkpoints, these state programs seek to reduce demand for drugs among the general public, specifically among substance abusers. While each state is different, these programs share the common goal of reducing overall drug dependency among the most vulnerable populations. This study seeks to determine whether these demand-side policies offer a better national policy option than the War on Drugs. Through case study analysis, research will be conducted to answer the question: in the long run, are demand-side policies more cost-effective than supply-side efforts at reducing drug dependency? This study hypothesizes that demand-side programs are a more cost-effective method. If this hypothesis is correct, state-level substance abuse programs may offer viable public policy alternatives at the federal level.

Literature Review

The War on Drugs has clearly failed. Rates of substance abuse continue to skyrocket, and entire communities in rural America are overcome by heroin abuse. Suchman, Pajulo, DeCoste, and Mayes (2006) found that maternal substance abuse is the primary cause of children entering the child welfare system in the United States. Further, Shepard and Blackley (2005) found a substantial correlation in New

York State between increases in per capita arrests for hard drug possession and higher rates of violent and property crime. In part, this correlation may have been triggered by the diversion of limited police resources. Hobson (2014) noted that the government misallocated national resources by using private military and security companies (PMSCs) to prosecute the War on Drugs in Latin America, neglecting underlying socio-economic issues. Bartilow (2014) found that counter-narcotic aid from the United States correlates with severe human rights abuses in Latin America.

Yet, finding effective, politically-viable alternatives to the drug war will not be easy. As Scherlen (2012) noted, economic inefficiency and program failure are not politically-sufficient reasons to end the Drug War. Rather, there must be a substantial shift in public perception about the policy. Scherlen further noted that such support will only emerge if one of two conditions are met. There must either be proof that continuing in the status quo will lead to "sure loss" or convincing evidence that a "sure bet" alternative policy exists. Further, Sánchez-Moreno (2015) found that the body of international law dealing with the drug trade needs substantial reform to effectively fight organized crime and drug abuse worldwide.

While there is agreement that the status quo is failing, there is division within the medical and public policy community as to appropriate, effective policy alternatives. Tiger (2011) found that designating substance abuse as a medical issue entrenches the racism inherent within the drug war by taking substance abuse out of the political realm and into the medical field. Such categorization can cripple the ability of minorities to address the systemic racial biases present within substance abuse policy. Lyons (2013) expressed concern that the therapeutic role judges have taken in drug treatment courts may compromise their neutrality. However, Baker (2013) discovered that the uniquely hybridized system of drug treatment courts provides an effective division between treatment and punishment, to the benefit of both the patient and society.

After Gallagher's (2014) study of a Texas county's drug treatment program, he concluded that successful program completion significantly reduced a participant's likelihood of recidivism. Similarly, Ungemack et al. (2015) demonstrated that Connecticut has successfully instituted a parental substance abuse program within the child welfare system that keeps families out of drug courts while offering users the help they need. On the national level, Douglas, Raudla, and Hartley (2015) discovered that collaboration between state, federal, and local government officials can have positive effects on drug court participation and effectiveness. Ultimately, the findings of Gallagher (2014), Ungemack et al. (2015), and Douglas et al. (2015) indicated that a federally-supported, state-by-state approach to substance abuse may have the greatest likelihood of ending the drug crisis.

Data and Methods

Demand-side substance abuse programs are as diverse as America herself. There are multiple variations of in-patient and out-patient, court-ordered and voluntary, and in-prison and out-of-prison demand-side programs. All of these programs attempt to heal and assist a diverse group of people with unique economic, geographic, and therapeutic needs. Welsh (2002) identified four kinds of demand-side drug abuse treatment programs: education programs, outpatient treatment, therapeutic communities, and ancillary groups. Each of these can exist inside and outside of a prison context. Therapeutic communities offer intensive residential substance abuse treatment, and ancillary groups provide self-help, peer counseling, and relapse-prevention groups. Ancillary groups are designed to serve a supplemental function to the other three program styles. In a similar vein, successful job training programs—often coupled with rehabilitation efforts—prepare the individual to re-enter society in a contributive manner. While successful drug rehabilitation ends the social, legal, and economic strain that drug abusers may place on society, successful job training programs enable participants to reintegrate into their communities.

In light of Welsh's categories, this paper defines "demand-side drug abuse programs" as any combination of holistic treatment options that attempt to reduce individual consumption of illicit substances. These programs may exist in a variety of contexts. In a federal system, no single evaluative method or metric exists across state programs. Therefore, given regional differences and strategic diversity, this paper evaluates demand-side substance abuse programs by examining five case studies. For the sake of geographical balance, this paper draws representative case studies from a variety of regions. Case studies are selected to offer both geographic and programmatic diversity.

For the purposes of this study, successful drug treatment programs are evaluated by two criteria. Successful drug treatment programs reduce (1) individual demand for illicit substances and (2) prison recidivism rates. The success of these drug treatment programs is compared with national data. In addition to success, the cost of each program relative to the cost of traditional incarcerations and interdictions is identified as an important metric to place programs within an economic context. When cost data is available, figures are adjusted to 2017 dollars using the Consumer Price Index from the Bureau of Labor Statistics ("CPI Inflation Calculator," n.d.). This allows all data to be easily compared, contrasted, and contextualized.

Secondary survey data covers five key regions: the West Coast, the Pacific Northwest, the Midwest, the East Coast, and the South. Surveys from Los Angeles County, Washington State, Illinois, Pennsylvania, and Dallas County are employed as case studies. These studies were conducted by a wide-variety of sources, including

Temple University's Center for Public Policy, Northwest Professional Consortium, Inc., (NPC) Research, and the University of Washington. These studies take into consideration drug courts, pre-incarceration efforts, and therapeutic communities. Data about prison populations, incarceration rates, and overall cost of imprisonment is drawn from the Bureau of Justice Statistics' annual nationwide surveys.

Research

The East Coast: Pennsylvania

In 1999, Temple University's Center for Public Policy (CPP) embarked on a partnership with the Pennsylvania Department of Corrections (PA-DOC) to study the therapeutic communities available for incarcerated substance abusers in the state (Welsh, 2002). These in-prison therapeutic communities offer an intensive, long-term, highly-structured, residential treatment option for serious drug users who have been convicted of a criminal offense. For twelve to eighteen months, participating inmates are separated from the general prison population and immersed into a radical lifestyle change within the residential treatment environment. Therapeutic communities incorporate individual and group counseling, positive peer pressure, role models, and positive and negative incentive structures.

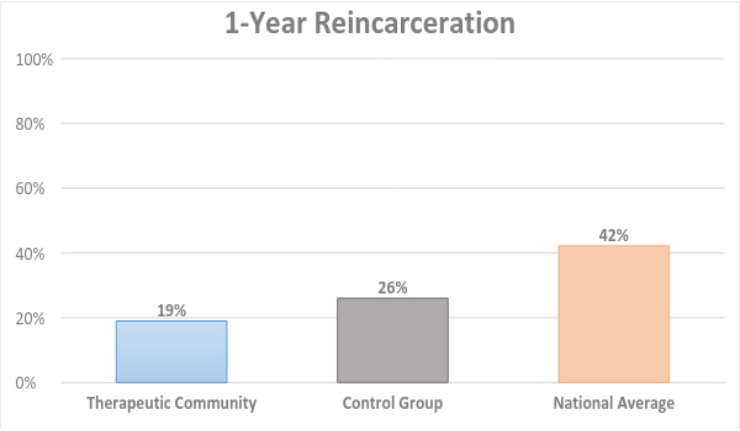

Figure 1. Comparison of reincarceration rates.

Temple University's study compared a sample of 2,981 therapeutic community inmates with a control group of therapeutic community-eligible inmates who instead participated in less-intensive treatments (Welsh, 2002). These less-intensive programs include efforts such as short-term drug education, outpatient groups, etc.

Researchers conducted prison surveys and inmate interviews and recorded monthly admission and discharge information. Inmates who successfully completed the therapeutic community program were 7% less likely to be reincarcerated after one year of release (Welsh, 2002). Inmates who completed the therapeutic community program had a 19% reincarceration rate, while inmates in the control group receiving less-intensive treatment had a 26% reincarceration rate (Welsh, 2002). In contrast, inmates incarcerated for drug crimes have a 42% one-year recidivism rate nationally (DuRose, Cooper, & Snyder, 2014). Figure 1 portrays the comparison between the three groups.

When studying likelihood of drug relapse, the Temple University researchers found that inmates who had successfully completed the therapeutic community program had a 36% likelihood of drug relapse, compared with a 39% likelihood for the control group (Welsh, 2002). Figure 2 portrays these statistics. Recidivism rates were substantially lower for inmates who obtained full-time employment after release, at 19%, 25%, and 27% for three of the prisons that were surveyed (Welsh, 2002). While data is not available from the Pennsylvania Department of Corrections on the per-prisoner cost of in-prison therapeutic communities, the National Institute of Health conducted research in 2008 that discovered that therapeutic communities cost, on average, an additional $3956.76 per participant per year, adjusted for inflation, in addition to standard prison costs (French, Popovici, & Tapsell, 2008).

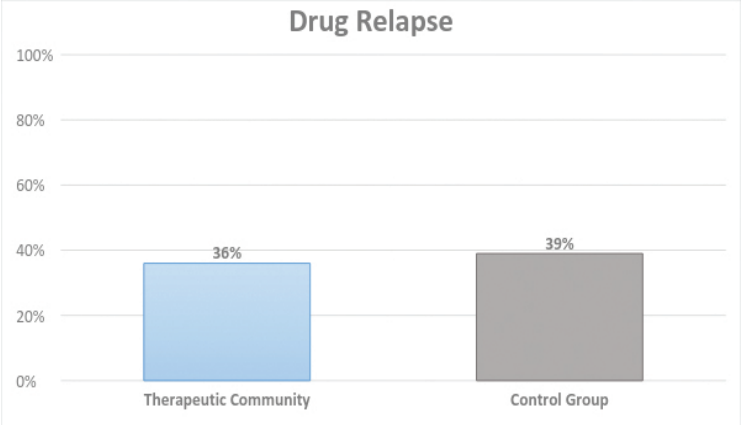

Figure 2. Comparison of drug relapse rates.

The West Coast: California

In 2008, Northwest Professional Consortium, Inc., (NPC) Research released a three-year longitudinal study of a cohort of California substance abuse treatment

participants who entered two distinct programs from 2002-2003 (Carey, Pukstas, Waller, Mackin, & Finigan, 2008). Researchers tracked and compared individuals who participated in drug courts with individuals who participated in state-mandated drug treatment programs as provided by the Substance Abuse and Crime Prevention Act (SACPA). The study compared these two programs in San Joaquin County and El Monte in Los Angeles County.

California's drug court program required intense court supervision and monitoring of participant attendance at treatment. Participant behavior was rewarded and sanctioned, and successful participants received a graduation ceremony. In a highly-personalized setting, participants were assigned a team that assessed, strategized, and determined participant completion. In contrast to in-prison treatment options, California's drug courts allowed substance abusers to remain in their communities (Carey et al., 2008).

Like California's drug courts, SACPA offered an opportunity for nonviolent offenders with a history of substance abuse to remain in their communities, in lieu of incarceration. SACPA was quite decentralized, as the state of California allowed county-to-county program development. In contrast to the highly-personalized regime of drug courts, SACPA programs lacked such intense, direct supervision. There was no support team specifically created to design a plan and supervise each program participant. However, SACPA offered a large number of treatment providers that could provide more specific and nuanced treatment options than California's drug courts offered. At the same time, SACPA did not require regular drug testing of participants (Carey et al., 2008).

At the time of the study, the 62,000-member population of San Joaquin County, in California's Central Valley, was 58% white, 7% black, 11% Asian, and 31% Hispanic/Latino (Carey et al., 2008). The county faced high poverty rates in 2006, at 17.7% (Carey et al., 2008). In contrast to the relatively suburban-rural population of San Joaquin County, the city of El Monte in Los Angeles County had a population of 130,000 people dwelling within a dense, urban environment (Carey et al., 2008). El Monte's demographics were majority Hispanic (82%), followed by Asian (13%) and white (4%) in 2006 (Carey et al., 2008). The population was plagued by relatively high poverty, at 26% in 2006 (Carey et al., 2008).

San Joaquin County's drug court program was exclusively offered to felony offenders, excluding large-scale drug sellers and violent criminals. Prospective participants were offered entry into the drug court as part of a plea on an eligible case. While threats of jail time could be used as a motivational sanction, participants remained members of their communities during treatment. Teams of representatives from the court, the district attorney's office, the public defender's office, and other offices formed a steering committee for each participant. In addition to the steering committee, each participant had a case manager who produced weekly progress

reports. Drug courts were grounded in incentive structures, offering tangible rewards (e.g., keychains, pens, etc.) and sanctions (e.g., verbal reprimands, jail time, etc.). In order to graduate, members had to participate in the program for at least twelve months, stay drug-free for at least 120 days, and remain crime free (Carey et al., 2008).

Similarly, El Monte's drug court program offered eligibility to drug offenders with no prior serious or violent felony convictions, no strike convictions, and no sales or trafficking convictions. Drug court participants received suspended jail time and passed through three treatment phases and an alumni program. The first phase was an intensive set of three to five group treatment sessions per week, at least one individual treatment session per week, and court sessions every two weeks. Only one treatment agency provided these services for participants; however, the agency offered additional recovery services such as mental health facilities and GED and parenting classes. Each participant's assigned drug court supervision team met once or twice per week to evaluate progress reports. Like San Joaquin's drug court program, the El Monte drug courts employed a system of rewards and sanctions to motivate participants. To graduate, individuals had to complete all program requirements, remain clean for six months, and be either employed or in school full-time (Carey et al., 2008).

In contrast to the drug court system, San Joaquin's SACPA program gave access to a wide variety of treatment providers. At arraignment, the SACPA program was offered to prospective participants who were referred to treatment providers by their probation office. Like the drug courts, participants were allowed to remain free members of society, fully incorporated into their communities. SACPA included four intensity levels, the selection of which was determined by the level of need identified during the probation officer's assessment. Depending on the assessed need, SACPA participants received as little as outpatient treatment twice-per-week or as much as residential treatment with self-help groups. Participants remained in the program for at least two to three months, with a minimum of one year of aftercare following program completion (Carey et al., 2008).

Similarly, El Monte's SACPA program had a network of one-hundred treatment providers offering three levels of treatment—from eighteen weeks to forty weeks. Many treatment providers also offered ancillary services for participants. While substance abusers attended quarterly court sessions and received monthly progress reports, there was no direct supervisory team providing team meetings, rewards, or sanctions. El Monte's SACPA also offered a significant amount of grace to participants, allowing positive drug tests, missed drug tests, or missed counseling sessions before being terminated from the program. In order to complete SACPA, participants had to be clean for thirty days, pay all associated fees, attend all of their

treatment sessions, and participate in at least six months of aftercare (Carey et al., 2008).

When taken as a whole, there were a few distinctions between the SACPA program and the drug courts in El Monte and San Joaquin. While drug courts only offered a couple of treatment providers, SACPA gave participants access to a relatively large number. Drug courts offered reward systems, personalized meetings and court appearances, and alumni support systems. SACPA lacked these elements. Likewise, drug court participants were assigned a personalized team that met weekly to discuss his or her progress, but SACPA did not create such a committee. Prior to the passage of SACPA, drug courts were California's primary out-of-prison, court-ordered substance abuse treatment program. After SACPA's creation, more difficult cases began to be diverted to the drug courts, so the National Institute of Justice study accordingly measured the success rates of drug courts both before and after SACPA's creation (Carey et al., 2008).

When measuring completion in San Joaquin County's programs, NPC Research found that 29% of drug court participants graduated from the program pre-SACPA and 23% of participants graduated after SACPA's implementation (Carey et al., 2008). 31% of San Joaquin's SACPA participants completed the program during the NPC Research study (Carey et al., 2008). El Monte saw somewhat better results. 80% of pre-SACPA drug court participants completed the program, compared with 50% of post-SACPA drug court participants (Carey et al., 2008). On the other hand, 33% of SACPA participants successfully finished the program (Carey et al., 2008).

As a measure of programmatic success, NPC Research also tracked re-arrest rates of drug court and SACPA participants in both San Joaquin and El Monte. After three years, the average number of re-arrests for pre-SACPA drug court participants in San Joaquin was 2.2 (Carey et al., 2008). The average number of re-arrests for post-SACPA drug court participants was 4.1, and the average number of re-arrests for SACPA participants was 4.2 (Carey et al., 2008). This data is reflected in Figure 3. El Monte's re-arrest rates were comparatively lower. Pre-SACPA drug court participants possessed an average re-arrest rate of 1.7 per person after a three year period (Carey et al., 2008). Post-SACPA drug court participants had an average of 2.6 re-arrests per person average, and SACPA participants had an average of 2.8 rearrests (Carey et al., 2008). This data is reflected in Figure 4.

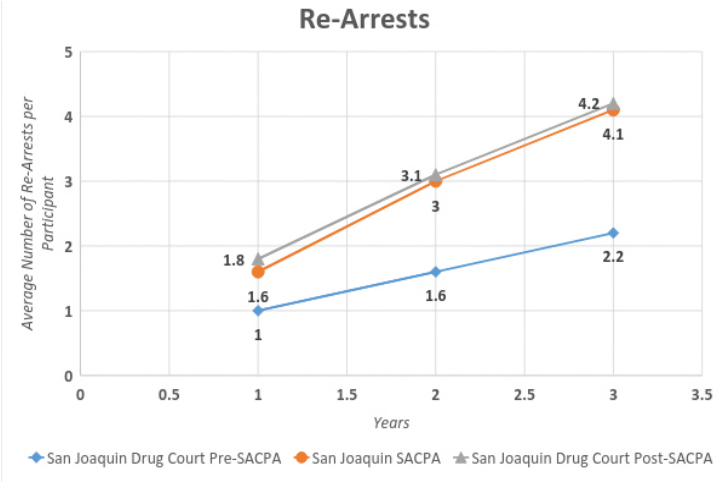

Figure 3. Comparison of re-arrest rates in San Joaquin.

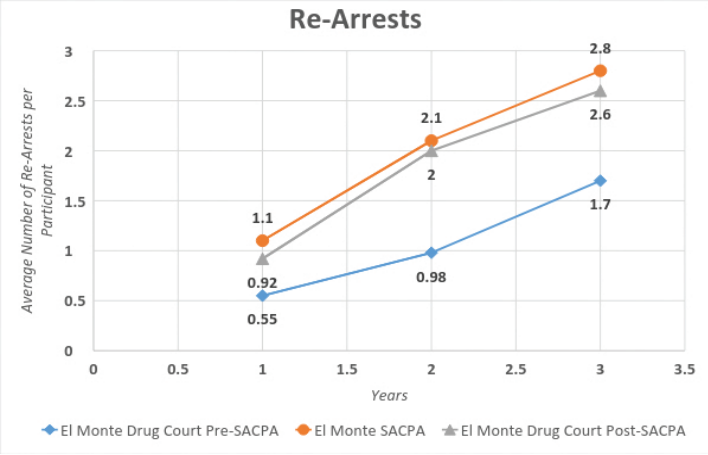

Figure 4. Comparison of re-arrest rates in El Monte.

Over the course of the two programs, the total cost per participant—including both programmatic and outcome costs—in San Joaquin was $52,952 for the drug court and $60,931 for the SACPA program (Carey et al., 2008). El Monte's costs were slightly lower, at $46,067 for the drug court and $57,641 for SACPA (Carey et al., 2008).

The South: Texas

Researchers from Texas Christian University and the University of Kentucky (TCU-UK) conducted a study on a Texas Judicial Treatment Center (Knight, Simpson, & Hiller, 2003). This residential substance abuse facility was a Therapeutic Community (TC), a type of long-term residential treatment designed to divert drug-involved felony offenders from lengthy incarcerations. It offered judges one of the most restrictive options to impose before requiring state jail or prison terms. Participants went through three stages: orientation, main treatment, and re-entry into the community. The program offered counseling, life skill training, peer-to-peer therapy, and vocational and educational instruction.

The TCU-UK study tracked 429 probationers admitted in 1998 (Knight et al., 2003). The group was 70% male, 48% African American, and 40% white, with an average age of thirty-two years old (Knight et al., 2003). Researchers compared the results of a control group with participants who graduated and participants who dropped out of the program prior to completion. Programmatic success was operationalized based on participant recidivism rates. One year after graduation, 20% of dropouts, 17% of graduates, and 13% of the comparison control group had been re-arrested (Knight et al., 2003). However, two years after graduation, an additional 10% of the drop-out group and 10% of the comparison control group had been rearrested, in contrast to only an additional 4% of the graduated group (Knight et al., 2003). The relationship between these percentages is reflected in Figure 5. On the whole, the overall impact of participants graduating from the Judicial Treatment Center appears to emerge most strongly in the second year after completion.

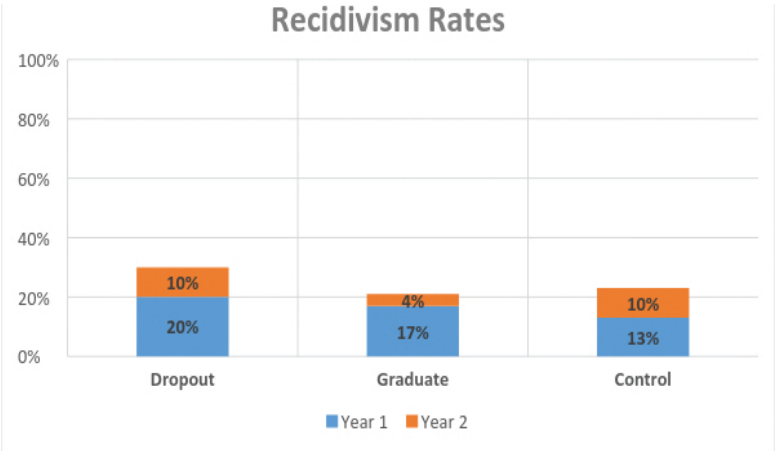

Figure 5. Comparison of recidivism rates.

The Pacific Northwest: Washington State

In 2015, the University of Washington released its longitudinal study of the success of Washington State's Law Enforcement Assisted Diversion (LEAD) program (Collins, Lonczak, & Clifasefi, 2015). Researchers tracked 203 adult LEAD participants in comparison to a 115-member control group (Collins et al., 2015). The study group was 60% African American, 26% white, 2% Asian, 3% Latino, and 4% Native American/Pacific Islander (Collins et al., 2015). The group was predominantly male, with females constituting only 34.18% of the group (Collins et al., 2015). This statistical disparity was due to the ratios of male-to-female drug-related arrests. Participants were suspected of either violations of the uniform controlled substances act (VUCSA) or prostitution offenses. For predictability's sake, individuals with a significant criminal history (e.g., kidnapping, sexual offense, domestic violence, etc.) were disqualified from the study. The control group was selected from individuals who would have met all of the qualifications for the LEAD program under other circumstances. However, these control group members were arrested either during "redlight shifts," when all arrestees are ineligible, or in non-LEAD-eligible neighborhoods, according to state and local guidelines (Collins et al., 2015).

Case managers in the LEAD program connected participants with existing community resources such as legal advocacy, job training, housing assistance, and counseling. At its core, these services were designed to maximize harm-reduction and minimize barriers to access. The study analyzed a number of informative variables to ascertain program effectiveness. The following were all identified as relevant data points: the number of jail bookings, number of jail days, percentage of participants incarcerated in a prison, overall criminal and legal system costs, percent of participants with one or more arrests over the course of the entire LEAD evaluation, and percent of participants charged at least once across the entire LEAD evaluation (Collins et al., 2015).

Pre-evaluation for the LEAD program, the LEAD group averaged 1.65 jail bookings per year, compared to 1.36 jail bookings per year for the control group (Collins et al., 2015). After completing the LEAD program, participants dropped to an average of 1.19 jail bookings per year, compared with an increase for the control group to 2.27 bookings per year (Collins et al., 2015). The average number of jail days per year reflected a similar trend. LEAD participants spent an average of 32.44 days in jail per year before entering LEAD and only 22.84 days per year after completing LEAD (Collins et al., 2015). On the other hand, members of the control group averaged 24.87 days in jail per year before the study, increasing to 52.51 days per year in their post-evaluation (Collins et al., 2015). Seven percent of LEAD group participants were incarcerated prior to joining the program, but only 2%

were incarcerated after completion (Collins et al., 2015). The control group reflected similar statistics at the outset, with 6% of members having been incarcerated prior to the study (Collins et al., 2015). However, in their post-evaluation, 13% of control group members had been incarcerated at some time after release (Collins et al., 2015). Figure 6 reflects this trend.

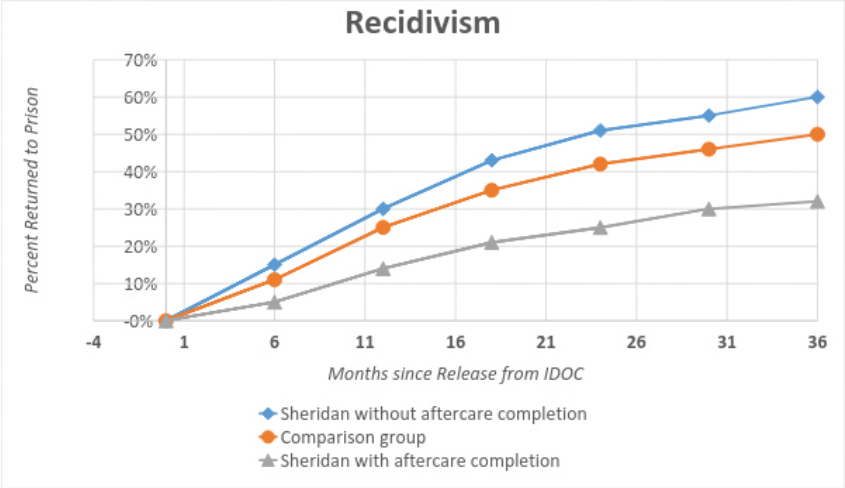

Figure 6. Comparison of recidivism rates for the LEAD program.

The LEAD program demonstrated a positive return on investment for the state. The average yearly criminal and legal system cost per individual in the LEAD group was $7,131 prior to joining the program (Collins et al., 2015). This dropped by over $2,000 to $4,949 per year after completion (Collins et al., 2015). In contrast, costs for the control group spiked. The control group averaged a yearly legal and criminal cost of $5,958 before the study but averaged $12,152 by the end, since their cycle of criminal activity was never broken (Collins et al., 2015).

While 83% of LEAD group participants had at least one arrest prior to the LEAD study, only 58% had one or more arrests over the course of the evaluation (Collins et al., 2015). 77% percent of control group participants had at least one arrest on their record prior to the study (Collins et al., 2015). This number increased to 80% over the course of the evaluation (Collins et al., 2015). The percent of participants charged at least once during the study was the single variable in which both the LEAD group and the control group decreased. 73% of LEAD group members had been charged at least once prior to evaluation, but only 45% were charged during the study (Collins et al., 2015). Similarly, 70% of the control group had been charged at least once prior to evaluation, but only 57% were charged during the study (Collins

et al., 2015). While both groups decreased in charges, the individuals in the LEAD group saw a greater improvement overall.

Individualized costs of the LEAD program were estimated from monthly expense reports, the annual salary and benefits of the prosecutors reviewing the case, and the annual salary and benefits of the public defenders associated with LEAD project management and legal services. Based on these variables, the study determined that the LEAD program cost approximately $934 per participant per month, for a total of $11,208 per participant per year when start-up costs were included in the data (Collins et al., 2015). However, the cost dropped to $553 per participant per month by the end of the study, once start-up costs were appropriately phased out of the calculation (Collins et al., 2015).

The Midwest: Illinois

In 2011, the Illinois Criminal Justice Information Authority released a study of the Sheridan Correctional Center Therapeutic Community (TC) (Olson, 2011). At the time the Sheridan TC was in its sixth year of existence. Participants in the program voluntarily opted in, but individuals with murder or sex-offense convictions were excluded. The eligibility requirements mandated that at least nine to thirty-six months remain on an individual's prison sentence, in order to allow for sufficient time to complete the program (Olson, 2011).There are approximately 1,650 offenders enrolled in the program (Olson, 2011). If prisoners successfully complete the program, they can receive reduced prison time, which saves the state money. Between 2005 and 2010, the state of Illinois saved $18.4 million from reduced incarceration costs because of early release from the Sheridan TC (Olson, 2011).

The Sheridan Correctional Center, structured on a Therapeutic Community model, offered the most intensive drug treatment program available to prison inmates in the state of Illinois. Participants in the program undertook tasks like helping lead treatment sessions and resolve disputes. While the TC offered substance abuse treatment, it also sought to treat underlying personality disorders that may have triggered or contributed to addiction. Employment assistance services, job preparedness training, and vocational services were all offered through various vendors including Illinois Valley Community College and Home Builders Institute. Graduates of the TC were required to participate in aftercare funded by the Illinois Department of Corrections. This aftercare generally lasted around ninety days and involved halfway houses, transitional homes, etc. (Olson, 2011).

The study measured the relative success rate of the TC based on post-release patient recidivism. Thirty-six months after completing the program, 50% of participants who had fully completed the aftercare element of the program returned to prison (Olson, 2011). For comparison, 50% of the control group had returned

to prison, and 60% of TC participants who failed to complete aftercare were reincarcerated (Olson, 2011).

Over half of Sheridan TC admittees were eligible for reduced prison sentences through Illinois' Earned Good Conduct Credit (EGCC) for participation in a substance abuse program. During the first six years of Sheridan TC's operation, the EGCC program generated an annual total of 119 years of reduced incarceration time (Olson, 2011). Reduced incarceration time from the Sheridan TC alone resulted in an annual savings of $3.07 million (Olson, 2011). Reduced incarceration time also enabled an increased number of Sheridan TC participants, as individuals with EGCC-reduced sentences were phased out of the program and released, making room for new substance abusers.

The overall cost for a Sheridan participant was calculated to include incarceration costs during treatment as well as post-release costs. Thus, the total cost per participant includes security and treatment services for inmates and post-release clinical case management, aftercare treatment, employment referrals and placements, and housing-related referrals and placements. Incorporating all of these factors, the Sheridan TC cost around $34,500 per person per year in FY2008 (Olson, 2011).

Conclusion

The number, style, and cost of drug treatment programs throughout the United States is as varied and diverse as the states themselves. Based on the five evaluated case studies, there is not conclusive data that any single methodology is superior to any other. Nonetheless, the data collected in this survey indicates that relatively high initial costs for drug treatment programs generate an overall positive return on investment in the long run. These benefits are reflected through reduced recidivism rates, reduced re-arrest rates, and reduced drug relapses. While treatment program costs are generally higher than the cost of regular incarceration, they appear to pay off in the long run as participants spend less time in the criminal justice system, draining less prosecutorial and public defense resources. The data confirms the paper's hypothesis that programs that target the individual's affinity for drugs—demand-side policies—are more cost-effective in the long run than programs that exclusively seek to incarcerate substance abusers without providing treatment or job training options. Although, it is important to note that perhaps these state programs are successful primarily because they are used in conjunction with federal drug interdiction policies. All of these case studies were evaluated while the federal government has been involved in an active War on Drugs. Likewise, there is a possibility that policymakers should balance a combination of both demand-side and supply-side programs to craft effective substance abuse programs.

However, America is in desperate need of innovative reforms to drug policy. As of 2010, 48% of the federal prison population was incarcerated for drug offenses, costing the government over $4 million, notwithstanding lost economic output and court costs (Carson & Sabol, 2012; Kyckelhahn, 2014). The results of this study offer a hopeful indication that the plethora of drug treatment programs will continue to be tested, developed, and improved at the state level so that eventually the best programs or combination of programs can be implemented nationwide. Overall, it appears that state-based democratic laboratories have succeeded in slowly but surely developing useful, cost-effective, healing alternatives to the persistent, militant War on Drugs.

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