

## **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 and user, which has proven ineffective at best, and ignores the larger issue of rampant drug use and increasing demand. Now compounded by the current opioid crisis, our foe is no longer just simply a dealer or a gang, but a network of modern medicine that fosters addiction. A **demand reduction model** that 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.*

*Editor's Note:*

*This paper was originally drafted in 2008, as New Orleans was still reeling from the aftermath of Hurricane Katrina. In addition to the unprecedented loss of lives, property and infrastructure, post-Katrina New Orleans was also inundated with illegal drug activity, which resulted in a marked increase in drug-related crime and murder.*

*As New Orleans has reestablished itself nearly 12 years after Katrina, this paper has undergone several modifications to stay current. However, while the city has found new life post-disaster, there has been virtually no progress made to address the worsening drug trade and drug abuse that continues to plague New Orleans. Now, the city stands amidst an overwhelming opioid epidemic, and drug overdoses now exceed New Orleans' skyrocketing homicide rates. The demand for illicit drugs is indisputably tied to the two most pressing problems killing New Orleanians: opioid overdose and drug-related violent crime.*

*Yet, virtually no resources - or even an open dialogue - have been dedicated to addressing the drug demand in New Orleans. Due to the city's inability to recognize the motivating factors behind its ever-climbing murder and drug-related death rates, the thesis of this paper remains the same from nearly 10 years ago when it was first drafted: New Orleans will remain a mecca for murders and drug-related deaths until it addresses the demand side of the drug trade in the city.*

## **THE PROBLEM**

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. Post-Katrina years saw previously unsurpassed murder records exceeded, while civic leaders excused the violence as a painful reality of rebuilding. However, nearly 12 years later, the city has recorded more than 300 shootings by mid-year 2017. It's evident that this situation is no longer a temporary flare up post-disaster. Right now, our international reputation has become our day-to-day reality: violence is becoming a permanent state for New Orleans. A total of 13 people were shot in a 24-hour span on June 2, 2017, making it the most violent day of 2017. To place that into perspective, New Orleans crime analyst Jeff Asher said having 13 people shot in one day in New Orleans is the per capita equivalent of 90 people being shot in one day in Chicago<sup>1</sup>. New Orleans often prides itself on having a small-town feel in a big city, but it is now vastly outpacing the most violent big cities on a per capita basis. From 2010 to 2015, the five-year homicide rate for New Orleans topped all other cities with populations above 250,000 per capita<sup>2</sup>. While Chicago has the most murders, its per capita rate is only one-third of that of New Orleans.

Compounding this issue, there is another danger that is killing New Orleans citizens at alarming rates: opioids. Today, Americans are more likely to die from a drug overdose than in a car crash, and that probability is growing every day. New data from the Centers for Disease Control and Prevention (CDC) show that opioids—a class of drugs that include prescription pain medications and heroin—were involved in 28,648 deaths nationwide in 2014. That is nearly triple the number of overdose-related deaths in 2010.

New Orleans is experiencing this epidemic in full force. In 2009, there were 10 heroin fatalities in all of Louisiana. In 2015, there were 127 heroin overdose deaths just in Orleans, Jefferson and St. Tammany parishes combined. The heroin crisis has become so pervasive in our community that New Orleans Coroner Jeffrey Rouse called this recent explosion in heroin overdoses “a public health crisis.” Compounding the problem is the use of fentanyl, a synthetic opiate, mixed with street-dealt heroin. Rouse says, “Not only is fentanyl over 10 times as potent [as heroin], it is approximately 10 times cheaper to produce. Thus, illicit drug suppliers have begun to introduce it into the Greater New Orleans market.”

New Orleans’ opioid crisis has exceeded what was once already considered an epidemic. New Orleans EMS, which previously responded to two heroin overdoses per day, is now responding to about five. Rouse released a grim report in March 2017 highlighting accidental drug-related deaths in 2016, a year that saw more than double the deaths of 2015 and was likely the first time that drug-related deaths have surpassed homicides in the history of the city. Last year alone, opiates were discovered in 166 drug-related deaths compared to 81 in 2015. Within that particular group of accidental opiate-related deaths in New Orleans, Rouse said there was a more than threefold increase in the frequency of fentanyl. In 2016, 48 people died accidentally with fentanyl in their system, compared to 13 in 2015, and cocaine was present in 105 accidental drug-related deaths in 2016 as compared to 34 in 2015. The numbers are staggering, and we are indisputably in the midst of an epidemic.

These two issues—homicides and opioids—are unquestionably related. At the April 2017 New Orleans City Council meeting, New Orleans police chief Michael Harrison stated that the spike in homicides is largely due to the opioid epidemic. He said drugs are at the core of the crime problem in New Orleans and also the reason many homicides remain unsolved<sup>3</sup>. Additionally, a study conducted by the Louisiana Department of Public Safety and Corrections stated that 80 percent 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 significant 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 the demand diminished, there would be no need for a seller or a 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.

It is painfully apparent 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. Still, 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. At the height of the violence in 2006, the City of New Orleans held a Crime Summit to discuss ways to reduce crime and violence, and yet 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.

### **CURRENT SYSTEM IN NEW ORLEANS**

Currently New Orleans is a city riddled with an aggressive drug trade, widespread opioid 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. There are multiple avenues 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. In New Orleans, almost all of these avenues are largely ignored and underfunded, with the exception of the criminal justice system. However, the criminal justice system is involved once a crime has already taken place. Leaders must support ways to reduce drug-related crimes before they even happen, but currently, the city is not investing in those avenues. Right now, all action is reactionary, not preventative. Rather than focusing on sanctions for crimes after they are committed, the city should focus on a demand-reduction model with aims to prevent drug-related activities from taking place. It will make the city a safer, healthier and more prosperous place for all New Orleanians to live.

In order to make a noticeable impact, these separate avenues need to: (1) receive more attention and funding; and (2) converge into a coherent system of care that involves prevention, intervention and treatment. Substance abuse issues and the resulting crime will not decrease or become resolved unless

these multiple facets are coordinated into comprehensive procedures and structure that involves prevention providers, NOPD and its Crisis Intervention Team (CIT), treatment providers, courts, and the community at-large. 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 all consolidated their efforts to thwart drug abuse, the potential results could change the course of New Orleans' persistent and growing crisis in criminality.

### **SOLUTIONS: CREATING THE DEMAND REDUCTION SYSTEM**

The current violent crime and opioid epidemics are complicated issues, but New Orleans has a valuable resource to help address this epidemic: its network of substance abuse treatment providers. Treatment providers are the frontline to assist in combatting the opioid epidemic and should be utilized to develop a cohesive plan to address the current situation. There is no one who understands opioid use and misuse like providers.

Similarly, without a coordinated plan that uses this provider expertise, this epidemic will not stop or even decelerate. Substance abuse treatment facilities are often thought of as solutions for the individual clients they treat, but if more and more individuals pass through the treatment system and change their behaviors through this treatment—with support and sustained coordination with the courts, NOPD and the community at large—real systematic societal change can begin to take place.

A three-pronged approach focusing on prevention, intervention and expanding treatment services can help New Orleans address this critical issue.

#### ***Prevention***

OHL and other providers can work cooperatively to educate policymakers and the community at large as to the severity of the opioid epidemic. Since most people do not understand the nature of the disease or how to effectively treat it, addiction continues to remain criminalized at enormous cost to the state. Another prevention tactic could be for New Orleans to implement a large-scale public education campaign that could aid in destigmatizing addiction and encourage people to consider treatment.

#### ***Intervention***

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.

More specific procedures for 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 required 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>4</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. Dr. Barbara Hardy, director of the Salt Lake County Division of Substance Abuse, explains: "You cannot punish [substance abuse] out of someone."<sup>5</sup> This approach would also free much-needed space in New Orleans' 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 percent of prisoners who underwent drug abuse treatment while in prison returned to prison, compared to a 75 percent recidivism rate for those not involved in the treatment program<sup>6</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 percent. Predictably, 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 must 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.

Furthermore, community recognition of the recovery process and acceptance of those in the midst of it are crucial to holistic treatment and lasting results. 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, or is shunned from community involvement due to past addiction, there is a high chance that individual will relapse.

Additionally, prevention agencies should educate the community, especially neighborhood associations, on how to identify areas of the city where substance abuse problems are rampant. Once they have done so, these community members should notify the police immediately.

Finally, the city should call upon community coalitions, whose members include professional and grassroots leaders committed to working together to influence long-term health and welfare practices in their community, to foster improvements for the places they live. Their efforts should include outreach, education, prevention, service delivery, capacity building, empowerment, community action and systems change.

### ***Expanding Treatment Services***

One of the largest components of this plan is expanding the capacity of New Orleans providers so that they can meet the area's growing need. It is critical that all barriers to treatment be removed. This includes expanding the length of stay in treatment programs payable by Medicaid, securing funding for housing during treatment and establishing significantly more treatment centers in the city that provide a full continuum of care. Additionally, New Orleans should consider adding program capacity to some of its most critically underfunded services, namely adolescent services and detox services for the Medicaid population. Currently, there is one 16-bed adolescent facility and one 18-bed detox facility for the entire city. These services are totally insufficient to address the compounding crisis in New Orleans.

The demand-reduction model should also include funding for long-term treatment. Currently, providers are funded for 28 days of treatment through Medicaid. This is woefully short of the six- to eight-month stay recommended for long-term, positive outcomes. The current 28-day funding is one-third of the standard Best Practices of 90 days of treatment. Even after 90 days, long-term treatment is recommended.

### ***Coordinating Efforts Between Prevention, Intervention and Treatment***

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 must 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 the resulting reduced crime.

The key is to address the need for services in the New Orleans area. Right now, it is abundantly clear that the city does not have the services it needs to combat the growing violence and drug use.

### **COST-BENEFIT ANALYSIS**

Substance use disorder has a powerful effect on the health of individuals, their families and their communities. It is among the top conditions that cause disability and carry a high burden of disease in the United States, resulting in significant costs to families, employers and publicly funded health systems. The financial cost to society of untreated addiction is nearly \$50,000 per individual each year. In 2014, an estimated 22.5 million Americans aged 12 and older self-reported needing treatment for alcohol or illicit drug use. In addition, drug and alcohol use can lead to other chronic diseases, such as diabetes and heart disease and, by 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide. Addressing the impact of substance use alone is estimated to cost Americans more than \$600 billion each year<sup>7</sup>. These costs are further multiplied due to the relationship between untreated addiction and HIV /AIDS infection and other blood-borne diseases, such as Hepatitis.

Numerous studies have demonstrated that co-morbidity decreases sharply as individuals gain access to treatment for addiction. Such co-morbidities are further contained as the patient remains in treatment. There are also many studies that demonstrate crime rates fall as the patient enters and remains in treatment. The longer individuals remain in treatment, the greater the likelihood of them returning to work and general health and social functioning, thus becoming a contributing member of society.



Cost-benefit analyses consistently find that substance abuse treatment is a sound investment. Literature reviews show that every published cost-benefit analysis of drug treatment has found that investing one dollar yields more than one dollar in economic benefits. The economic benefits include: reduced criminal activity, reduced criminal justice and health care costs and increased employment earnings. More specifically, studies of outpatient treatment find that every dollar invested yields between \$1.33 and \$23.33 in economic benefits. Studies of residential treatment find that every dollar invested yields between \$1.68 and \$9.70 in economic benefits<sup>8</sup>.

A nationwide study found that all treatment modalities reduce robberies by more than 65 percent. Thus, even when looking only at the benefits of reduced robberies and ignoring all other benefits of treatment, the benefits still far exceed the associated costs<sup>9</sup>.

An estimated \$275 billion is spent annually in the U.S. on medical expenses, lost work productivity, costs associated with drug-related crimes and on other expenses related to drug and alcohol abuse compared to approximately \$18 billion in public money spent annually on drug and alcohol treatment<sup>10</sup>. Given the well-documented return on investment, purely from a fiscal standpoint, investing in treatment creates a stronger economy.

Currently, the City of New Orleans invests *zero* dollars into treatment services. In addition to being a disservice to citizens, this lack of commitment means New Orleans is actually *losing* money by not making this a priority. Meanwhile, the city spends hundreds of millions of dollars combating the negative effects of substance abuse and its correlating crime, including \$45 million in the 2017 budget for the city jail, yet dedicates no resources to reducing one of the core problems.

Odyssey House Louisiana recently commissioned an independent economic impact study to analyze how investments in its treatment programs impact the city and state. The results yielded \$14.7 million in overall economic impact in 2016, an employment impact of 209 jobs, nearly half a million dollars in state and local tax revenue and a cost-savings of approximately \$79.1 million to the State of Louisiana by investing in treatment programs.<sup>11</sup>

These numbers are realized on OHL's approximately \$11 million budget. If the City of New Orleans invested similar (or increased) funding to these services, these cost-savings could expand exponentially in terms of decreased criminal justice costs, decreased health care costs, and increased employment. New

Orleans has resources like Odyssey House at its disposal, yet thus far has refused to acknowledge their positive impact, resulting in literally a waste of money.

### **POTENTIAL FUNDING STREAMS AND ALLOCATION**

There are several ways New Orleans could create new revenue to invest in treatment. One suggestion would be to impose additional taxes on alcohol sales in the city or to dedicate a portion of the current tax back into treatment. Revenue raised from alcohol tax generates \$19.2 million annually for the state<sup>12</sup>. It only seems logical that revenues generated from a substance that helps contribute to one of the state's core problems are designated to a correlating investment. Governor John Bel Edwards called passing the new alcohol taxes to help preserve higher education and health care services a "no brainer;"<sup>13</sup> however, it makes the most sense to reinvest this tax into treatment programs that can generate additional cost-savings to the community and make a societal impact as well. Similarly, as the nation, state and city all grapple with an ever-increasing opioid epidemic, a tax could be levied on opioid prescriptions at the pharmacy level.

Money generated from these taxes and/or any investment from the City of New Orleans can be funneled through Metropolitan Human Services District (MHSD), which is a state-governed entity that provides and coordinates a range of services to address mental health, addictive disorder and developmental disability needs among the citizens of Orleans, St. Bernard and Plaquemines parishes. Investments made into treatment from the city would be channeled through MHSD to local area providers, similar to how state funds are dispersed through MHSD. This is a system that providers are familiar with, so there would be a seamless transition and funding flow. MHSD could retain a 10 percent administrative fee, while contracting out the bulk of the funding to local nonprofit providers to create services as needed.

### **CASE STUDIES: SUCCESSFUL DEMAND REDUCTION PLANS IN OTHER STATES**

As states across the nation struggle to balance budgets, there is a growing trend to institute criminal justice reforms that both save money and increase public safety. As with most political/social issues, economics is 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>14</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 offenders' 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. 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.

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 completed substance abuse treatment in the program's first five years, while tens of thousands more spent substantial amounts of time in treatment and made 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, 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 more than 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>15</sup>”

Like New Orleans, San Francisco has a system of drug courts. But, their city also has collaborative justice programs, including behavioral health courts and juvenile programs, which provide integrated case plans for substance-abusing youth. They also have 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. The City also 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. 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 homicide comparisons, San Francisco, with a population of approximately 860,000, recorded 59 murders in 2016, while New Orleans, with a population of fewer than 350,000 people, had 175 people murdered in the same timeframe. While there are obviously numerous factors at play and this significant contrast cannot solely be attributed to the difference in substance abuse treatment services, it stands to reason that a city with a cohesive system will fare better than a city with no system at all.

## **SYSTEMS IN PLACE**

There are substance abuse treatment providers in New Orleans who have long since recognized the connection between drugs and violence, and they are instituting programs to help address this issue. Odyssey House Louisiana, Inc. (OHL) has provided residential substance abuse treatment services for more than 44 years to the city, and over the past decade has expanded its services to offer comprehensive services and effective support systems – including prevention, treatment, physical and mental healthcare, life-skills and vocational training, job placement, counseling and case management – that enable individuals to chart new lives and return to their communities as contributing members. OHL’s

encompassing continuum of care includes multiple levels of treatment that can address clients at their individual levels of need.

This is the ultimate goal for New Orleans: to have a system in place that can recognize a citizen in crisis and be able to offer coordinated resources to that citizen immediately. OHL has long-standing relationships with the court systems, probation and parole, other treatment providers and similar mission-minded community partners to create this organized system of care. It is not out of reach for the city. It simply takes the initiative and buy-in from the top levels of government down to the multiple involved agencies.

## **CONCLUSION**

Many New Orleans agencies and offices are struggling with the city's crime and addiction issues. These are serious issues that affect every single citizen, even those not engaged in these activities. These problems affect our tourism, our public safety, our public health and our economy.

The current approach to minimizing violent crime and addiction simply does not work. A new approach is needed and needed with the full support of the city. A demand-reduction model will not only encourage healthier and more productive citizens, but it also has the potential to realize significant cost-benefits. Only by addressing the correct crux of the crime issue by focusing on demand can New Orleans achieve its full potential. 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.

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