

Crime Reduction through Substance Use Disorder Treatment: A Plan for New Orleans

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 misuse 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. Worsened by the burgeoning opioid and polysubstance use crises, compounded by the impacts of the COVID-19 pandemic on both treatment providers and the community, our foe is not 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 the city of New Orleans. Although this plan is tailored for New Orleans, the crises we face are shared and nationwide, and the principles established herein are generally applicable towards treatment and recovery that can be adapted throughout the country and much of the world.

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Editors 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 18 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 little progress made to address the rampant drug trade and drug misuse that continues to plague New Orleans. Now, as the city stands amidst an opioid epidemic made increasingly worse and more difficult to address by the COVID-19 global pandemic, New Orleans' homicide rates are skyrocketing and overdose death rates are worse than they have ever been. The demand for illicit drugs is undeniably tied to the two most pressing problems killing New Orleans citizens: opioid overdose and drug-related violent crime.

Since not enough resources have been dedicated to addressing the issue of drug demand in New Orleans, the thesis of this paper is and remains the same from nearly 18 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 topped all-time murder record highs for the city, which were almost excused as part of the rebuilding efforts. However, in 2020, just as our nation came to grapple with the COVID-19 pandemic, the city recorded 198 homicides, climbing 64% from 2019 and marking a sharp reversal for a city that was experiencing a three-year decline in homicides¹. Then in 2021, New Orleans marked 218 homicides², and in 2022, at least 280³. New Orleans often prides itself on having a small-town feel in a big city; however, it is vastly outpacing most big cities on a violent crime per capita basis. The city’s murder rate has more than doubled in the last five years and is on track to triple, considering the homicide rate in 2019 was 121 and at that time New Orleans ranked fourth among America’s deadliest cities⁴. It is evident that this situation is not a temporary flare up post-disaster; violence is becoming a permanent state for our home.

New Orleans annual homicide totals, 2009-2022

Year	2015	2016	2017	2018	2019	2020	2021	2022
Total	164	174	157	147	121	198	218	280

There is also a familiar danger that is killing our citizens at alarming rates: opioids. Prior to 2018, when our state enacted stricter opioid prescription limits, there were more opioid prescriptions in Louisiana than people.⁵ Although the rate of opioid prescriptions in Louisiana has declined, our state consistently exceeds the national average; in 2020, Louisiana accounted for 74 opioid prescriptions per 100 people, while the national average is 43 opioid prescriptions per 100 people, per the U.S. Centers for Disease Control and Prevention (CDC).⁶ The rate of opioid prescriptions in Orleans Parish (52 opioid prescriptions per 100 people in 2020) has somehow managed to remain below the state average, but has remained above the national average by approximately 10 prescriptions per 100 people annually.⁷

National, State, and Local opioid prescription rates per 100 people, 2017-2021

Year	2015	2016	2017	2018	2019	2020	2021
National Avg.	71	67	59	51	47	43	–
Louisiana Avg.	113	110	122	87	80	74	72
New Orleans Avg.	68	65	59	64	58	52	51

It is also a reality that more Americans now die from drug overdoses than they do in motor vehicle crashes every year, and that number is accelerating. Opioids—a class of drugs that include prescription pain medications, heroin and fentanyl—have been involved in at least one million deaths nationwide since 1999, with opioids being present in 75% of drug overdose deaths in both 2020 and 2021.⁸

New Orleans is experiencing this epidemic in full force. In 2009, there were 10 heroin fatalities in all of Louisiana. Ten years later, in 2019, there were 241 accidental drug related deaths in New Orleans alone⁶. In 2020, Orleans Parish reported 365 accidental drug related fatalities (51% increase from 2019), and, in 2021, drug overdose deaths totaled 492 lives lost in our city alone (35% increase from 2020).¹⁰ Just last year, the Orleans Parish Coroner’s office reported 499 overdose deaths, a 107% increase since 2019.¹¹

Compounding the problem is the use of fentanyl, a synthetic opiate most often illicitly manufactured and mixed in with street-dealt heroin. New Orleans Coroner Dr. Dwight McKenna continues to release reports highlighting the rate of accidental drug overdose as being “fueled by a highly lethal, synthetic opiate known as fentanyl.” In 2021, Dr. McKenna identified fentanyl as being present in 434 of overdose deaths (94%), compared to 284 (78%) in 2020, 137 (57%) in 2019, 106 (51%) in 2018, and 87 (40%) in 2017. The numbers are staggering, and it is undeniably an epidemic: in 2021, 434 people died in our city with fentanyl in their system and 406 in 2022 (89%), compared to just 13 in 2015. New Orleans is an epicenter for overdose fatalities.

New Orleans overdose death rates and fentanyl toxicity, 2015-2022

Year	2015	2016	2017	2018	2019	2020	2021	2022
Total	92	211	219	208	241	365	492	499
Involved Opiates	81 (88%)	166 (79%)	166 (76%)	168 (81%)	–	–	–	–
Involved Fentanyl	13 (14%)	48 (23%)	87 (40%)	106 (51%)	137 (57%)	284 (78%)	434 (94%)	406 (89%)

These issues of substance misuse and violent crime—particularly that of homicides and opioids—are unquestionably related, and have been highlighted in the past. At an April 2017 New Orleans City Council meeting, former New Orleans Police Superintendent 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 unsolved¹². Obviously not much has changed since that time. Historically, legal sanctions have stressed reducing the supply of drugs by punishing the drug seller. Faced with its crime crisis, New Orleans has focused much attention on increasing police visibility in high-crime areas and mandating overtime for officers in efforts to increase arrest numbers, hoping that these efforts will reduce crime. However, the crux of the drug trade is the demand for drugs; if there were no demand, there would be no need for a seller or supplier. To confront the city’s substance misuse-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 quite obvious that New Orleans has a problem with violence, murder, and accessibility to drugs and alcohol. The correlation between drug use and crime seems obvious and is often lamented; however, New Orleans is noticeably lacking in social services designated to address these issues, and substance use disorder treatment is all too often left out of discussions regarding efforts to lower high crime rates. At the height of tensions post-Katrina in 2006, 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 use issues and the violent crime connection. At the Mayor's Crime Summit in 2011, much the same. Since that time, we have been unable to move the needle and address this issue head on. This has made it appear that substance misuse is a non-issue that does not factor into the violent crime rate in New Orleans, which couldn't be further from the truth.

CURRENT SYSTEM IN NEW ORLEANS

New Orleans is challenged by an aggressive drug trade, widespread opioid and polysubstance misuse, and an inadequate system to effectively manage these issues. With these factors in place, the heightened rate of crime should not be unanticipated. There are multiple avenues to tackle substance misuse: 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, these avenues are largely ignored and underfunded, with the exception of the criminal justice system. The criminal justice system, however, is involved once a crime has already taken place; there are ways to reduce drug-related crimes before they happen, yet we are not investing in those avenues. The city's response 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 before they occur.

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 misuse 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/response team, treatment providers, courts, and the community at large. A demand reduction system for dealing with substance use disorder issues and related crime is not out-of-reach; it simply requires buy-in from the involved parties. If the prevention providers, treatment programs, criminal justice system and community consolidated their efforts to reduce drug misuse, the potential results could change the course of New Orleans' deplorable criminal problem.

Treatment providers in New Orleans who have long since recognized the connection between drugs and violence and are instituting programs to help address this issue. Odyssey House Louisiana, Inc. (OHL) has provided residential substance use treatment services for over 50 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, case management, and sober living – 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 appropriate, coordinated resources to that citizen immediately. OHL and other providers have long-standing relationships with the court systems, probation and parole, 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.

SOLUTION: CREATING A DEMAND REDUCTION SYSTEM OF PREVENTION, INTERVENTION, AND TREATMENT

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 use disorder treatment providers.

Treatment providers are the frontline and should be utilized to develop a cohesive plan to address the current situation. Frankly, no one understands substance use and misuse like providers. Similarly, without a coordinated plan that utilizes this provider expertise, this epidemic will not stop or even slow down.

Substance use 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, police, policymakers, and the community at large—real systematic societal change can begin to take place. Treatment providers must be leaned on within policymaking spaces.

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

1. Prevention

Treatment providers can work together to educate policymakers and the community at large as to the severity of the opioid epidemic. The vast majority of people do not understand the nature of the disease or

how to effectively treat it. As such, 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 help drive people into treatment.

2. *Intervention*

Substance use disorder 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 individuals with substance use disorders can be improved by cross-agency coordination and collaboration of criminal justice professionals, 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 charged with drug-related crime, substance use disorder treatment should be mandated. Even if an individual goes to jail, s(he) should be mandated to submit to drug treatment once released from prison, or perhaps as the last year or six months of their sentence. In most studies of substance use disorder 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 setback¹³. 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, resulting in less drug-related crime.
- **Linking Criminal Justice with Prevention/Treatment-** Substance use treatment should be a foundational component within the prison/jail system. Studies have proven that in-prison substance use disorder treatment is effective and, when combined with aftercare, leads to major reductions in recidivism. One study in California showed that after three years only 27% of prisoners who underwent substance use treatment while in prison returned to prison, compared to a 75% recidivism rate for those not involved in the treatment program¹⁴. One of the major complaints in New Orleans is the “revolving door” of the prison and court system. In-prison substance use disorder treatment is a proven effective deterrent to continued substance misuse. With the integration of in-prison treatment, these individuals could have an opportunity to leave prison without the same addictions. We also

know that individuals are at much greater risk for fatal overdose immediately upon release from incarceration, and most often would be greatly benefited by additional treatment services upon release. Thus, we must prioritize treatment in criminal justice settings as well as aftercare to treatment as necessary for individuals upon release and work to establish better coordination between treatment providers and courts/jails. Additionally, there should be a substantial increase in the number of drug court programs and participation in these programs throughout the state. Drug court is effective, and participation in such programs should not bear a financial cost to the individual whose addiction led in part to drug-related crimes. Expecting payment from an individual to participate in drug court is abhorrent considering the cost savings associated with treatment.

- **Linking Prevention/Treatment with Criminal Justice in the Larger Community-** Consistent community involvement in education and awareness regarding substance use disorder is crucial to the success of a coherent system. The larger community as a whole needs to recognize the environmental factors that can lead to an increase in substance misuse. For example, too many liquor stores in a one-mile radius of a high-crime neighborhood is likely to be an exacerbation to the violence in the area. Also, there needs to be community acceptance and recognition of the recovery process. Substance use disorder treatment facilities are providing services that no one wants, but everyone from the individual addicted to the larger community needs. Substance use disorder is a taboo issue, and an immediate stigma is attached to individuals who have admitted seeking help for their addiction. If the community refuses to support individuals in the recovery process, individuals may fall back into drug addiction again. If one cannot find housing or employment, and is shunned from community involvement due to past addiction, there is a high chance that individual will relapse. Additionally, the community, specifically neighborhood associations, should be engaged to help identify areas of the city with substance misuse problems, and notify the police of such areas. Prevention agencies should educate these neighborhood associations on behaviors or signs of drug pockets in their area. Community coalitions are increasingly used as a vehicle to foster improvements in community health. Community coalitions include professional and grassroots members committed to working together to influence long-term health and welfare practices in their community. Activities of such coalitions include outreach, prevention, education, service delivery, capacity building, community action, and systems change.

3. Expanding Treatment Services

One of the largest components of this plan is expanding the capacity of New Orleans' treatment providers so that they are able to meet the 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 programs in the city that provide for 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 only one adolescent residential facility in the entire state, which is in Shreveport, only eight beds, and accepts only males. There is also a significant shortage statewide of residential women and dependent children's programs, with none being operated in New Orleans; the state elected *not* to use federal Family First funding to strengthen treatment services for adolescents or for women with families, all while provider capacity for these populations dwindled statewide. Odyssey House Louisiana (OHL) has previously operated New Orleans-based treatment programs for both adolescents and women with dependent children, however those programs have long since closed due to funding instability, insufficient lengths of stay, and referral shortages attributable to systemic failures from the state child welfare system to screen and refer mothers with substance use disorders to treatment.

Also importantly, funding for long-term treatment should be included in the demand-reduction model. Currently, providers are funded for 28 days of treatment through Medicaid. This is woefully short of the six- to eight-month stays recommended for long-term, positive outcomes by the American Society for Addiction Medicine (ASAM). The current 28-day funding is just 1/3 of the standard Best Practices of 90 days of treatment. But even after 90 days, long-term treatment is recommended, and bed availability for these services is extremely limited throughout the state. Were more long-term beds available for individuals stepping down for short term residential treatment, individuals could stay connected with treatment services rather than transition back into the community before they are ready.

Coordinating Efforts Between Prevention, Intervention and Treatment

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

COST-BENEFIT ANALYSES

Substance use disorder has a powerful effect on the health of individuals, their families, and their communities and 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 substance misuse—including alcohol and tobacco—is more than \$740 billion per year and growing¹⁵. In addition, drug and alcohol use can lead to other chronic diseases such as diabetes and heart disease, mental and substance use disorders may soon surpass all physical diseases as a major cause of disability worldwide. Costs are further multiplied due to the relationship between untreated addiction and HIV /AIDS infection and other blood-borne diseases such as Hepatitis. 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. Thus, 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 use treatment is a sound investment. Literature reviews show that every published cost-benefit analysis of drug treatment has found that investing one dollar yields much 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 find that every dollar invested in substance use disorder treatment yields between \$1.33 and \$23.33 in economic benefits, including savings from health care and criminal justice related costs¹⁶. Given the well-documented return on investment, purely from a fiscal standpoint, investing in treatment creates a stronger economy.

The City of New Orleans unfortunately does not make a substantial investment into treatment services. Given the continued increase in drug-related crime and documented return on investment from treatment, the City is losing money and missing a critical opportunity. In 2019, the City took a bold step in partnering with Odyssey House Louisiana (OHL) to open a Sobering Center, where publicly intoxicated individuals could go or be brought by New Orleans Police (NOPD) or Emergency Medical Service (EMS) to sober up, as a safe alternative to remaining on the street¹⁷. In this setting, people with repeated alcoholism and substance use issues could be identified and referred to treatment, and although the program temporarily closed during the COVID-19 pandemic, it has reopened and been fully funded by the city with enhanced outreach capabilities.

Since reopening the program in 2022, the OHL Sobering Center has admitted over 2,300 individuals, of which 78 subsequently elected to transition directly to detox and/or residential treatment services. This represents thousands of intoxicated individuals engaged by police or EMS that were diverted from the emergency room or jail, creating a safer environment for tourists, workers, and citizens all around. The introduction of the Sobering Center, however—though certainly a step in the right direction in terms of addressing the overall issue—is but little in comparison to the hundreds of millions of dollars spent combatting the negative effects of substance misuse and its correlating crime. Further, the Sobering Center program is not treatment itself, but is meant to serve as a critical intervention point for individuals in need of treatment, regardless of whether they are seeking it at that particular time.

In 2017, OHL 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, close to 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.¹⁸ These numbers were realized on OHL’s approximately \$11 million budget; since that time, OHL’s agency budget has more than tripled, as has its expected economic impact. If the City of New Orleans invested even comparable funding for 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 OHL and others to partner with in addressing the community need for services on the ground floor.

POTENTIAL FUNDING STREAMS AND ALLOCATION

There are a number of 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. In 2016, the last time an alcohol sales tax enhancement was considered by the legislature, it was estimated that revenue raised would generate \$19.2 million annually for the state¹⁹. It only seems logical that revenues continually generated from a substance that helps to contribute to one of the state’s core problems be designated to a correlating investment.

Money generated from such taxes and/or any investment from the City could 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. Such investments made into treatment from the City could be channeled through MHSD to local area

providers, similar to how federal funds are dispersed through the state to MHSD and other such entities throughout Louisiana. This is a system that providers are familiar with, so there would be a seamless transition and funding flow. MHSD could retain a 10% or so administrative fee, while contracting out the bulk of the funding to local nonprofit providers to create and provide for services as needed. Further, it is always in the City's best interest to have a strong working relationship with MHSD as the primary provider of behavioral health services for the region, and cities across the state should work more closely with their respective local governing entities (LGEs).

Also, new monies anticipated from the national opioid settlements could certainly be leveraged for treatment services, in terms of expanding beds and access to services, as well as tending to special populations, and ensuring the full continuum of care is available throughout New Orleans. Although the first round of opioid settlement dollars has not yet been dispersed, providers have many existing needs which could be met by these funds and the City should try to help address these needs.

CASE STUDIES: SUCCESSFUL DEMAND REDUCTION PLANS IN OTHER STATES

As states across the nation struggle to balance budgets, there is a growing trend to make criminal justice reforms that both save money and increase public safety. As with most political/social issues, economics are always an underlying factor. 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. In fact, a majority of prison inmates nationwide have a substance use disorder and only 10 percent receive any sort of treatment services while incarcerated²⁰. In 2013, it was estimated that if just 10 percent of eligible offenders were instead treated in a community-based program instead of going to prison, the criminal justice system would save almost \$5 billion. Additionally, if 40 percent of eligible offenders received treatment instead of prison, the savings would total almost \$13 billion. Thus, treatment seems to be the obvious and sensible option for most drug offenders. And by taking a public health approach toward handling drug offenders, policymakers elsewhere are saving their states countless millions with policies that are proven to be more effective in reducing substance misuse and crime than focusing on arresting and incarcerating those committing drug-related crimes.

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 misuse 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

opt for probation and community-based drug treatment instead of incarceration. Following sentencing, individuals are supervised by the Adult Probation Department and receive 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 treatment²¹. Half were in treatment for the first time. 84,000 Californians completed substance use treatment in the program's first seven 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 hundreds of 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. Prop 36, which was initially a five-year, \$120 million investment by State, had over 70,000 graduates and had saved California taxpayers about \$1.3 billion by July 2006.

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 misuse 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 misuse as a public health issue. San Francisco addressed the link between substance misuse 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, these problem-solving courts work to "address issues that have led to a participant's criminal justice involvement through the use of restorative justice and treatment services for substance use, mental health, and other primary health issues."²²

In addition to Drug Courts, which New Orleans does have, San Francisco has a number of collaborative justice programs including Behavioral Health Courts and Juvenile Programs such as the Youth Treatment and Education Center, which provides integrated case plans for substance abusing youth, and the Principals' Center Collaborative, a high school for youth on probation that integrates behavioral health services within the school day. In January 2007, the Superior Court received funding from the State Drug and Alcohol Program and Comprehensive Drug Court Implementation Program to establish a

Dependency Drug Court in San Francisco targeted at substance abusing parents in the dependency court system who are homeless or at risk of losing their housing. 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. All of these programs are community-based and link the justice system to the treatment community, requiring buy-in and participation from all judges, police officers, and City officials. Everyone in this unified system takes a collective role in the rehabilitation and recovery of its citizens.

In homicide comparisons, San Francisco, with a population of approximately 875,000, recorded 47 murders in 2020 (approx. 5.37 per 100,000 residents). Meanwhile New Orleans, with a population of less than 400,000 people, had 198 people murdered in the same timeframe (approx. 48.75 per 100,000 residents). Although in 2020 homicide rates nationwide rose from the previous year by an average of 21 percent, homicides spiked in New Orleans by more than 60 percent, and have continued to rise. While there are obviously numerous factors at play and this significant contrast cannot solely be attributed to the difference in substance use treatment services, it stands to reason that a city with a cohesive system will fare better than a city with barely any system at all.

ADDITIONAL EXPERT RECOMMENDATIONS

In concert with a coordinated effort to establish a demand reduction system in New Orleans that prioritizes treatment, there are three areas in particular in which the state should focus specific effort to enhance provider capability and capacity:

- First, a needs assessment should be conducted in the region and statewide to determine network adequacy. It is a reality that there are just not enough beds to fill the current demand, and that there is insufficient access to treatment for many in the city and throughout the state. A needs assessment would show where to most efficiently and urgently enact regulatory change, enhance provider capacity, and infuse supplemental funding where critically needed.
- Second, there should be a continuous review of productivity from treatment programs at all levels. We understand that not all treatment programs are alike, as all individual patients are not alike. However, there are questions we can be asking of any provider to measure program success, such as: Are we filling caseloads? Are we breaking down barriers to access? What are the success rates of our clients? What are the monetary barriers to accessing our services? These and other queries are intended to cultivate a firm understanding of where treatment programs may seek to improve services and productivity, and to affirm cities/the state and funders that dollars invested in treatment services are attaining the maximum impact.

- Third, and finally, we should be measuring patient outcomes across the board as it pertains to national outcomes measures (NOMs) for the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant. SAMHSA has identified ten domains “which embody meaningful, real-life outcomes for people who are striving to attain and sustain recovery, build resilience, and work, learn, live, and participate fully in their communities. The NOMs matrix represents a reporting system that, in turn, will create an accurate and current picture of substance use and mental health services.” These domains include (1) Abstinence from Drug/Alcohol Use, (2) Increased/Retained Employment/Education, (3) Decreased Criminal Justice Involvement, (4) Increased Housing Stability, (5) Increased Access to Services/Capacity, (6) Increased Retention in Treatment, (7) Increased Social Supports and Connectedness, (8) Client Perception of Care, (9) Cost Effectiveness, and (10) Use of Evidence Based Practices. Ultimately, we want to take and use that data to continuously improve treatment outcomes.

CONCLUSION

Many New Orleans agencies and offices are struggling with the city’s crime and addiction issues. It is also extremely troubling to residents who call our beloved city home. These are huge issues that affect every single citizen, even those not engaged in illicit activities. These problems affect our tourism, our public safety, our public health and our economy, and 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 leadership. A demand reduction model will not only encourage healthier and more productive citizens, but 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 which prioritizes prevention, intervention, treatment, and long-term recovery, Louisiana can set up a model that can be replicated in other cities throughout the State, and possibly even the nation.

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

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