REPORT TO SUBCOMMITTEE NO. 4
COMMITTEE ON THE JUDICIARY
HOUSE OF REPRESENTATIVES

Narcotic Addiction Treatment And Rehabilitation Programs In The County Of Los Angeles

B-166217

BY THE COMPTROLLER GENERAL OF THE UNITED STATES

JULY 21, 1972

COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON D C 20548

B-166217

Dear Mr Chairman

In accordance with your October 15, 1971, request, the General Accounting Office has obtained information on narcotic addiction treatment and rehabilitation programs in the county of Los Angeles, California This is the second in a series of five reports. Other reports will cover New York, N Y , Chicago, Ill , and San Francisco, Calif We have previously sent you our report on Washington, D C.

We have discussed the contents of this report with program officials of the various agencies involved, and their comments were considered in preparing this report

We plan to make no further distribution of this report unless copies are specifically requested and then only after your agreement has been obtained or public announcement has been made by you concerning the contents of the report

Sincerely yours,

Elmer B. Staats

Comptroller General
of the United States

The Honorable Don Edwards
Chairman, Subcommittee No 4
Committee on the Judiciary
House of Representatives

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ABBREVIATIONS

GAO	General Accounting Office
NARA	Narcotic Addict Rehabilitation Act
OEO	Office of Economic Opportunity
UCLA	University of California at Los Angeles
VA	Veterans Administration

CHAPTER 1

INTRODUCTION

Our Nation today is faced with a serious narcotic addiction problem. The President, in his January 20, 1971, state of the Union message, remarked that.

> "A problem of modern life which is of deepest concern to most Americans--and of particular anguish to many--is that of drug abuse. For increasing dependence on drugs will surely sap our Nation's strength and destroy our Nation's character."

Throughout the Nation the question is being asked as to what is the most effective way to deal with this problem. Criteria setting forth the results expected from treatment and rehabilitation programs are vague and frequently are lacking. Results of varying methods of treatment are debated by experts. Information on numbers of addicts in the Nation is based on educated guesses, at best. Data on people in treatment throughout the country is generally lacking, as is information on program costs and results achieved.

Because of the seriousness of this problem and the need for information to arrive at rational decisions, the Chairman, Subcommittee No. 4, House Committee on the Judiciary, requested the General Accounting Office (GAO) to assist the Congress in obtaining information on the progress being made in the rehabilitation of narcotic addicts. The Chairman asked that GAO's review include programs receiving Federal, State, or local funds in five cities--Washington, D.C., New York, N.Y., Chicago, Ill., and Los Angeles and San Francisco, Calif.--and that individual reports be prepared for each city. A report entitled "Narcotic Addiction Treacment and Rehabilitation Programs in Washington, D.C." (B-166217), was issued to the Chairman on April 20, 1972.

The Subcommittee is concerned that, in developing legislation related to the treatment and rehabilitation of narcotic addicts, adequate provision be made for program assessment so that the Congress and the executive agencies will have a basis for improving the programs.

This report covers treatment and rehabilitation programs in the county of Los Angeles. Our review encompassed selected treatment programs located throughout the county because prime responsibility for providing drug rehabilitation services rests with the county instead of the city.

EXTENT OF NARCOTIC PROBLEM

The exact extent of the county's narcotic[1] addiction problem is not known. Estimates as to the number of narcotic addicts in the county range from 15,000 to over 60,000. County officials informed us that the reliability of any estimate of the number of addicts is questionable because there is no reliable or complete reporting system for compiling such statistics and because there is no commonly accepted definition for the term "narcotic addict." The Los Angeles County Sheriff's Department advised us that, due to the insufficiency of data, it was not able to estimate the number of narcotic addicts in the county or the annual monetary loss resulting from crimes committed by narcotic addicts.

Notwithstanding the lack of reliable estimates on the number of addicts, several indicators point up the seriousness of the county's problem. In fiscal year 1971 there were 483 deaths attributable to accidental drug overdoses, of which 229 involved the use of narcotics. Drug arrests in the county during this period totaled 61,935; 7,361 of these involved narcotic-related charges. Also, more than 3,900 addicts from Los Angeles County are in the State's Civil Addict Program.

TREATMENT AND REHABILITATION PROGRAMS AND RELATED COSTS

There is no single agency, department, or organization in Los Angeles County designated to coordinate and evaluate the efforts of the hundred or more organizations offering some type of service to drug abusers in the county. Programs are financed and sponsored by a variety of agencies,

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[1] Throughout this report the term "narcotic" refers to drugs which are derived from opium, such as heroin, morphine, and codeine.

including Federal, State, and local government organizations and private groups. The total amount spent by these agencies on narcotic treatment and rehabilitation programs had not been compiled by the county at the time of our review.

Our estimate of the amount of public funds currently being spent annually on major programs in the county--identified through discussions with knowledgeable officials--is presented in the following table. The information shown in the table is not all inclusive, but it does provide an indication of the magnitude of treatment programs.

Type of agency or group operating the program	Estimated costs			
	Federal	State	Local	Total
	000 omitted			
Federal	$1,114	$ -	$ -	$ 1,114
State	690	5,115	-	5,805
Local government (cities and county)	764	2,715	5,672	9,151
Community organizations	2,336	-	89	2,425
Total	$4,904	$7,830	$5,761	$18,495

To furnish the information requested by the Chairman of the Subcommittee on--program goals, treatment modalities and their costs, patients in treatment and services available, source of funding, criteria used to select patients for treatment, extent of program assessment efforts, and results of assessment efforts--we visited the following types of treatment and rehabilitation programs:

--County-operated programs.

--State of California's Civil Addict Program.

--A narcotic addict rehabilitation program operated by the Bureau of Prisons, Department of Justice.

--Privately funded programs.

--A drug dependency program operated by the Veterans Administration.

--A community program funded by the Office of Economic Opportunity.

--A community-operated program jointly funded by the National Institute of Mental Health; Department of Health, Education, and Welfare, and the Department of Housing and Urban Development.

--A program sponsored by the University of California at Los Angeles, jointly funded by the University and the Law Enforcement Assistance Administration, Department of Justice.

We reviewed selected programs of the types identified above to acquire an overview of the programs operating in the county. These involved several different types of treatment modalities and financing sources. Information gathered on these programs is presented in subsequent chapters of this report. Needs of treatment and rehabilitation programs in Los Angeles--as described by various officials and addicts--are discussed in chapter 11.

CHAPTER 2

COUNTY OF LOS ANGELES NARCOTIC PROGRAM

The county of Los Angeles has been concerned with the drug abuse problem for many years. In 1963 the Los Angeles County Board of Supervisors established a Narcotics and Dangerous Drugs Commission for the purpose of recommending new drug programs and legislation. The commission was successful in effecting several changes in State law. The commission was also instrumental in the formation of an interdepartmental committee to coordinate proposals for drug programs submitted by county departments. In September 1970 the California State Legislature enacted legislation requiring counties with populations of over 40,000 to formulate comprehensive drug abuse control plans. In response to this requirement, Los Angeles County developed a plan called "Outline for Development of the Los Angeles County Drug Abuse Plan 1970-71."

Essentially, the county's goals were to

--treat drug abusers' physical and mental health needs,
--convert individuals to productive members of society,
--reduce the actual rate of drug use, and
--reduce drug-related criminal activity.

The principal agencies of the county providing treatment and rehabilitation services to narcotic addicts are the Department of Hospitals, the Department of Probation, the Department of Mental Health, and the Department of Health. The services range from emergency treatment for overdoses to methadone maintenance treatment and are delivered on both an inpatient and an outpatient basis, as shown in the following table.

Department	Services	Addicts served annually	Annual funding			
			Total	Federal	State	Local
			000 omitted			
Hospitals		11 200	$4 643			$4,643
County/University of Southern California Medical Center	Emergency treatment for drug overdose					
Harbor General	do					
Martin Luther King, Jr	do					
Rancho Los Amigos	70 beds set aside for drug treatment and rehabilitation Psychological counseling and occupational and physical therapy					
John Wesley	38-bed ward set aside for treatment of hepatitis About 60 percent of hepatitis cases are drug related					
Olive View[a]	Psychiatric treatment on an emergency basis drug therapy (not methadone) and individual and group counseling					
Probation	Parole supervision and individual counseling (specially trained probation officers with smaller caseloads are used for addicts)	600	649		649	
Mental Health		3,800[b]	1,249[c]		1,124	125
Camarillo State Hospital	Detoxification group encounter sessions, and therapeutic community					
Metropolitan State Hospital	do					
Outpatient Clinics	Patients with mental disorders are provided psychiatric and related services Some of the patients have problems with drugs					
Health	Detoxification on an outpatient basis and methadone maintenance	4,100	1,059	85		974
		19,700	$7,600	$85	$1,723	$5,742

[a] Olive View had a 25-bed drug abuse inpatient service which was destroyed during the February 1971 earthquake Services are being provided by the medical service clinic

[b] Services are provided to residents of Los Angeles, Orange, Santa Clara, and Ventura Counties

[c] Funding covers only a 6-month period

Detailed information on treatment and rehabilitation programs administered by the Metropolitan State Hospital and the county Health Department follows.

METROPOLITAN STATE HOSPITAL

Metropolitan is a State-operated hospital for mental patients and has an inpatient program aimed specifically at narcotic addicts. The program is jointly funded by the State and by Los Angeles and Orange Counties.

Treatment modalities

The treatment modalities of this program are referred to as the detoxification, the intermediate, and the family phases. The detoxification phase is an 8-day inpatient program--5 days of withdrawal from narcotics through the use of methadone and 3 days of nonnarcotic medication. This phase is conducted in one of the four hospital wards used for the drug program. The ward has a 52-bed capacity.

The intermediate phase, which is housed in a ward with a 40-bed capacity, is a 21-day inpatient program designed to provide direct therapeutic treatment. All patients in this phase must first go through the detoxification phase. During the intermediate phase, participants are informed of the family phase and other drug programs available to them.

The family phase is housed in two wards of the hospital having a total capacity of about 140. This phase is long-term (6 to 12 months) residential treatment and provides for encounters and confrontations among patients in discussion groups to enable them to identify and learn to cope with their problems. All patients who enter the family phase must first complete the detoxification and intermediate phases.

The program staff, totaling 48, included six social service aides who were ex-addicts who had completed the family phase.

Selection criteria and number served

Any person may enter the detoxification phase if he is a resident of Los Angeles or Orange Counties and has a desire to break or reduce his drug habit. An addict must be referred to the hospital by either the Orange County Community Clinic, a county-operated health services facility which also provides treatment for narcotic addicts, or the Los Angeles Narcotics Prevention Project. (See p. 54.) These agencies screen and maintain the waiting list for the detoxification phase. As of January 1972 Orange County had 30 addicts and Los Angeles County had 133 addicts on the waiting list. Metropolitan can accept about 50 addicts each week for detoxification.

Metropolitan began accepting narcotic addicts in its program in November 1970. From November 1970 through December 31, 1971, 2,957 addicts were admitted to the detoxification phase--2,071 from Los Angeles County and 886 from Orange County. During this period 1,078 persons entered the intermediate phase and 183 entered the family phase. As of December 31, 1971, the population of the family phase was 99. Of those who entered the family phase, 73 had dropped out prior to completion and their whereabouts were not known. According to program officials the average populations of the

detoxification and intermediate phases during 1971 were 35 and 30, respectively.

We were informed by the program director that 11 persons had graduated from the family phase of the program and that all 11 were believed to be drug free. Ten of these persons were working in drug rehabilitation programs in January 1972.

Program cost

The State computes the average daily cost per patient in its hospitals and charges the counties on the basis of the average per diem rate for each patient the respective counties have in the hospital. The counties pay 10 percent; the State absorbs 90 percent. As of January 1, 1972, the per diem rate computed by the State was $22.50 for the Metropolitan State Hospital. Information was not available on the cost of the program from inception in November 1970 through June 1971 or the cost by treatment phase. We were able to obtain certain cost information for the period July 1 through December 31, 1971. The costs for this 6-month period were $509,981 for Los Angeles County and $250,687 for Orange County.

Assessment efforts

Two reviews of the Metropolitan State Hospital program have been made, one by the California State Department of Mental Hygiene and one by the Los Angeles County Mental Health Department. These reviews were directed toward gathering information on program activities, and no attempts to evaluate program performance were made. Program officials stated that criteria or goals had not been established for measuring program performance and therefore no assessment of the effectiveness of the program was made.

LOS ANGELES COUNTY HEALTH DEPARTMENT DRUG ABUSE PROGRAM

The Los Angeles County Health Department operates a multimodality outpatient program for drug abusers, participation in which is voluntary. Program services are offered at eight outpatient clinics located throughout the county. Six of the clinics are located in established health centers where other health services are provided, and two clinics are used exclusively for drug abuse treatment. The program is financed with county funds, with the exception of one clinic which is Federally funded by the Department of Housing and Urban Development under the Model Cities Program.

The Los Angeles County Health Department has not established criteria sufficient for measuring the performance of its programs nor devised an adequate system for gathering information on participants' activities while they are in the program or after they leave the program.

Treatment modalities

The program provides for detoxification, methadone maintenance, and supportive services, such as individual and group counseling and employment assistance. The detoxification component became operational in March 1970, and methadone maintenance began in November 1970, with supportive services being provided by each component. The following table shows the services provided by each clinic and the dates when services were begun.

Clinic	Detoxification service started	Methadone maintenance service started
West Hollywood	Mar. 1970	Nov. 1970
Southeast	Mar. 1970	Nov. 1970[a]
Northeast	June 1970	Nov. 1970
Florence/Firestone	Nov. 1970	-
Venice	Feb. 1971	Sept. 1971
Imperial Heights	-	Feb. 1971
Pacoima	Mar. 1971	-
El Monte	Mar. 1971	-

[a]Service discontinued in January 1971.

Detoxification

Detoxification is a 10-day outpatient process, during which time the addict receives nonnarcotic medication prescribed by the clinic doctor. Individual and group counseling and employment assistance are also available, but participation usually is not required. Most of the addicts seeking detoxification assistance do not complete the full 10-day program.

There are no eligibility criteria for detoxification services and patients are not tested for illicit drug use[1] during the 10-day period. A program official estimated that 90 percent of those seeking detoxification are heroin addicts. The remaining 10 percent are seeking help for other types of drug abuse. There is no waiting list for detoxification and the clinics serve all who apply.

Methadone maintenance

Methadone maintenance treatment is an attempt to block an addict's desire for heroin through daily doses of methadone. No concerted effort is made to withdraw maintenance patients from methadone. To qualify for methadone maintenance an addict must

--be at least 18 years of age,

--have a history of chronic dependence on narcotics for at least 2 years,

--have narcotic use as his primary drug dependency,

--be free of major physical or mental illnesses which would preclude the use of methadone, and

--have a confirmed history of two or more prior treatment failures.

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[1]As used in this report, illicit drug use means the unauthorized use of amphetamines, barbiturates, and narcotics.

Eligibility is determined during a 2-week intake process at the Imperial Heights clinic. A physical examination is given to determine whether the applicant has any serious illnesses; court records are searched to determine the period of addiction; urine tests are given to determine whether narcotics are the primary drugs being used; and the applicant's age and prior treatment failures are verified.

If an applicant is eligible, he begins receiving methadone on an outpatient basis at a daily dosage level prescribed by the clinic doctor, usually about 40 milligrams. The dosage is taken orally under the supervision of a nurse. The dosage level is gradually increased by the doctor and can reach a maximum of 160 milligrams per day. However, most patients are maintained on about 100 milligrams per day.

Supportive services, such as individual and group counseling and employment assistance, are available, but their use is not mandatory. Illicit drug use is determined by tests of urine specimens which are taken at least once a week. The patients are not told when specimens will be taken, and the results of the tests are recorded.

The capacity of the Los Angeles County Health Department's methadone maintenance program is 550, as established by the California State Research Advisory Panel which was created by State law in 1968 to approve drug research programs, including all programs which dispense methadone.

Staffing at the health department's clinics varies between six and 12 employees and includes doctors, public health nurses, investigators, social workers, community workers, and health educators.

At the three clinics offering methadone maintenance and detoxification services, the same staff members may work with participants in both programs.

Number served

The county had not compiled statistics on the number of persons who came to the clinics seeking detoxification or the number of persons who had actually completed the

detoxification program. In the absence of such information, we developed the following statistics showing the number of persons who came to the clinics for detoxification or other services.

Clinic	Fiscal year 1970	Fiscal year 1971	July 1 to Dec. 31, 1971	Total
West Hollywood	394	809	153	1,356
Northeast	12	1,361	312	1,685
Southeast	739	855	103	1,697
Florence/Firestone	-	132	24	156
Venice	-	266	242	508
Pacoima	-	286	125	411
El Monte	-	114	170	284
Total	1,145	3,823	1,129	6,097

From November 1970 through December 1971, 3,368 persons applied for methadone maintenance treatment; 1,070 applications were processed and 2,298 individuals were on a waiting list. Of the 1,070, 486 were admitted to the program, and the remaining 584 either were ineligible, had left voluntarily during intake, had not reported for intake, or were incarcerated at the time they were scheduled for intake. Those in the last category will be placed at the top of the waiting list when they are released from jail.

As of December 31, 1971, 462 of the 486 addicts accepted for methadone maintenance were still in the program.

Of the 24 terminations, four were for illicit drug use, six were for poor attendance, two were incarcerated, three died, two contracted serious illnesses, and seven left voluntarily. Although there are no firm criteria for terminating a patient from the program, the patient's total experience in the program, including social life, employment status, and incidence of crime, is considered when possible termination becomes an issue.

Expenditures

Program records of the county health department do not distinguish between the amounts expended for detoxification and the amounts expended for methadone maintenance treatment.

Expenditures made from March 1970, the date of program inception, through December 1971 were as follows:

Period	County funds	Federal funds	Total
March 1970 to June 1970	$157,621	$ -	$ 157,621
July 1970 to June 1971	417,017	51,880	468,897
July 1971 to December 1971	399,437	32,818	432,255
Total	$974,075	$84,698	$1,058,773

The program's annual report for calendar year 1971 stated that a good estimate of expenditures made for each first-year methadone maintenance patient would be from $1,900 to $2,100--$900 for the intake function and $1,000 to $1,200 for treatment services.

Assessment efforts by program officials

Criteria have not been established for measuring the effectiveness of the detoxification process. Statistics are not compiled on the number of patients who apply for or complete the process, and records are not maintained to determine whether former patients remain "clean"; i e., use no illicit drugs after leaving the program. Little followup on patients is performed due to a lack of staff.

According to program officials, the effectiveness of methadone maintenance can be evaluated by the level of employment, the extent of illicit drug use, and the level of criminal activity of the participants. Standards for assessing an acceptable level of drug use, criminal activity, or unemployment have not been developed.

The program's annual report for calendar year 1971 showed that 58 percent of the 462 patients were employed as of December 31, 1971. However, this information was obtained

from the participants and was not verified by the clinic staff.

The report also indicated that there had been 81 arrests of participants from November 1970 through December 31, 1971. Program officials informed us, however, that there had been additional arrests which were (1) not reported by the patient to the clinic staff, (2) not reported by the clinic staff to program headquarters, or (3) not recorded because the arrest occurred before July 1, 1971, the date the staff began recording the arrests. The number of arrests per participant was not indicated.

During a 2-month test period, 41 of 416 patients, or about 10 percent, had at least one positive urine specimen indicating the use of narcotics. The report did not indicate the number of patients who had more than one positive urine test during the 2-month period or the length of time the patients had been under treatment.

GAO analysis of program performance

We developed information on the criminal activity, illicit drug use, and employment history for 57 patients who began receiving methadone under the county health department program on or before March 1, 1971, and were still in the program on March 1, 1972. The average time in the program for the 57 patients was 14 months. We used existing program records to determine employment and illicit drug use and records from the California State Department of Justice to determine the incidence of arrests. An official in this Department estimated that the names of about 95 percent of the people arrested in California appear on the Department of Justice records and that most out-of-State arrests of California residents would also be listed.

We obtained information on the number of arrests for 56[1] patients during a 3-year period prior to enrollment in the county health department's methadone maintenance program and the number of arrests after beginning the program, and we computed annual averages for both periods. The yearly

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[1]Arrest data was available for 56 of the 57 patients.

average arrest rate declined from 1.3 arrests per patient prior to entry into treatment to 0.7 per patient after entry into treatment as shown below:

	Patients arrested		Arrests	
	Number	Percentage	Number	Yearly average
Prior	52	93	214	1.3 per patient
After	24	43	42	.7 per patient

For the 56 patients the arrest rate

--for 34 (61 percent) decreased after the patients began the program,

--for 16 (28 percent) increased after they began the program (however, eight of the 16 had only one arrest after beginning the program), and

--for six (11 percent) did not change (four had not been arrested during either period).

The number of arrests per patient after beginning the program ranged from none to six and the most common charges were burglary, theft, possession and/or sale of narcotics, and violations of the vehicle code.

Analysis of information reported for 56 of the 57 patients still in the program as of March 1, 1972 (records were not available for 1 patient), showed that the 56 patients had submitted 3,123 urine specimens from the time they began the program through February 1972, and averaged 56 specimens per patient. Of the 3,123 specimens, 362, or about 12 percent, tested positive for illicit drug use. Of the 362, 116 (32 percent) tested positive for narcotic use. An analysis of the tests follows:

All Illicit Drug Use (note a)

Range of positive tests per patient	Total number of positive tests	Number of patients
None	-	2
1 to 5	95	30
6 to 10	123	17
11 to 15	53	4
16 to 20	-	-
Over 20	91	3
	362	56

Narcotic Use Only

Range of positive tests per patient	Total number of positive tests	Number of patients
None	-	21
1 to 5	71	32
6 to 10	9	1
11 to 15	14	1
16 to 20	-	-
Over 20	22	1
	116	56

[a]Urine specimens are analyzed to detect the presence of amphetamines, barbiturates, and narcotics.

There was no discernible pattern to the patients' drug use. Some appeared to experiment with drugs during the first month or so, while others used drugs more frequently after having been in the program for several months.

Information provided by 56 patients but not verified by the clinic staff showed that, when they began the program, 26 were unemployed; as of March 1972,37 were employed, 16 were unemployed, and the remaining 3, although unemployed, were either students or housewives.

CHAPTER 3

CALIFORNIA STATE CIVIL ADDICT PROGRAM

The California State Civil Addict Program was established by legislation passed in 1961. The intent of the legislation was to provide a means of treating certain persons addicted to, or near addiction to, narcotics.

The program provides for two phases of treatment--inpatient and outpatient. An addict is confined at the California Rehabilitation Center, which has two facilities, for inpatient treatment. Outpatient treatment is provided under the supervision of the Parole and Community Services Division of the California State Department of Corrections.

INPATIENT TREATMENT

Inpatient treatment for male narcotic addicts is provided by a detention, treatment, and rehabilitation facility operated by the State Department of Corrections at Corona, Calif., a community about 50 miles southeast of the city of Los Angeles. According to the superintendent of the center, the Corona facility has a capacity for about 2,000 patients. Inpatient treatment for female narcotic addicts is provided in a separate facility on the grounds of Patten State Hospital. This facility located near San Bernardino, Calif., a city about 60 miles east of Los Angeles, can accommodate about 400 patients.

Eligibility criteria for commitment

Following are the criteria for commitment for treatment:

--The individual must be over age 18.

--The case history of the individual must show that he has a primary problem of addiction to narcotics or is in imminent danger of becoming addicted to narcotics as opposed to his having a criminal or delinquent pattern of behavior of which narcotic addiction is only a part.

--The person can be controlled, treated, and managed in a minimum-security, open-dormitory type of facility.

--Any trafficking in narcotics, marijuana, or dangerous drugs has been of a relatively minor extent and only to provide for the addict's need for narcotics.

All commitments of addicts or persons near addiction are made through court action, which may result from any one of the following:

--Voluntary commitment.

--Petition by district attorney for involuntary commitment of an individual not charged with a crime.

--Conviction of a misdemeanor.

--Conviction of a felony.

Patients in the program at December 31, 1971, had been committed, as follows:

	Percentage of inpatient population	Maximum years of commitment (note a)
Voluntary	4	2-1/2
Nonvoluntary but not charged with a crime	14	7
Nonvoluntary and convicted of a misdemeanor	12	7
Nonvoluntary and convicted of a felony	70	7
	100	

[a]As of December 1971 the average stay as an inpatient was 8 months.

Treatment modalities

The therapeutic community is the primary treatment modality at the center. This treatment is delivered through a group arrangement. A typical group is made up of about 60 patients and is served directly by four center employees--a correctional counselor and three correctional officers. The group is called a community and attempts to identify the basic causes of patients' addiction problems through intensive encounter sessions. The treatment includes: assigned work to establish a set work routine for patients who may never have had such a routine; vocational rehabilitation to assist patients in obtaining employment when they are released from the center; and basic education for patients in need of additional academic training. Individual counseling and psychiatric therapy are also available to patients in need of such services.

The center has a staff of 528 employees, including both professionals and paraprofessionals. Many of the staff members are college trained and have experience in dealing with social and behavioral problems. In addition, the program employs five ex-addicts to assist the professional staff.

OUTPATIENT PROGRAM

A patient is paroled from the center for outpatient services by the Narcotic Addict Evaluation Authority, established by legislation as the parole board for the Civil Addict Program. The authority consists of four members who are appointed by the Governor of the State. According to its chairman, the authority is responsible for reviewing civil addict cases referred to it by the center's superintendent, the Parole and Community Services Division of the State Department of Corrections, or county superior courts. These case reviews are made to determine whether

--a patient at the center has recovered from addiction to such an extent that release to outpatient status is warranted,

--an individual in outpatient status should be returned to the center as a result of some violation of the conditions of outpatient status, or

--certain addicts should be given the opportunity to participate in the outpatient phase without first spending some time at the center.

The outpatient treatment continues to assist the patient in making an attitude change regarding his drug abuse problem. At the same time the outpatient program has parole responsibility which includes monitoring for illicit drug use through urinalysis and sufficiently controlling other activities of the patient to protect the interests of society.

The outpatient program is organized into six geographical regions throughout California. Region V has responsibility for most of Los Angeles County.

Treatment modalities

According to the Region V Administrator, the treatment received by patients is not segregated into distinct treatment modalities. The basic treatment provided a patient is through his relationship with a parole agent. Besides being responsible for monitoring and controlling a patient's activities, a parole agent performs the following functions:

--Teaches the addict social skills in interpersonal relationships with family, friends, employers, police, and others.

--Directs group counseling sessions.

--Provides individual counseling.

--Refers patients to other agencies

--Encourages the addict to upgrade his academic and/or vocational skills.

--Encourages the addict to upgrade his standard of living through employment and recreation.

--Provides the addict with assistance in crisis situations.

--Enforces agency policies openly and fairly

--Teaches conformance to parole expectations through rewards and sanctions to shape acceptable behavior.

--Illustrates the benefits of appropriate social behavior.

Region V also makes available to a limited number of patients two halfway houses, a methadone maintenance program, and a special program called the Direct Community Release Project which is federally funded by the Office of Economic Opportunity (OEO).

Halfway houses

Region V has two halfway houses, Parkway Center for men, and Vinewood Center for women These halfway houses serve as temporary residences for patients who, at the time of their release from inpatient treatment, have no place to live The staffs at the halfway houses provide individual and group counseling and job referral services, with major emphasis on helping the patient find employment.

Parkway Center, a former motel with a capacity of 57, served an average residency of 42 patients during fiscal year 1971. Vinewood Center, a former hotel with a capacity of 26, served an average residency of 21 patients during fiscal year 1971.

Methadone maintenance

The California Department of Correction's Methadone Maintenance Program was initiated in Los Angeles County in April 1971. The authorized capacity of the program is 200; however, the capacity may be increased to 220 to provide for special cases. To be eligible for admission, which is voluntary, an individual must: (1) be under the Department of Correction's field supervision in the Los Angeles area; (2) be at least 21 years old; (3) have at least a 5-year narcotic use history; and (4) have experienced a minimum of one prior treatment failure. Since program inception, 495 applications for treatment have been received. As of February 1, 1972, the status of the applicants was, as follows:

212 were active in the program,
35 had been dropped from the program,
73 had been rejected, and
175 were on the waiting list.

495 Total

As of February 1972, 172 patients had been on methadone for at least 90 days and the quantities of methadone needed had been stabilized. According to a report by the California Department of Corrections, results of regular urine testing for illicit drug use from the beginning of the program in April 1971 to February 1972 for the 172 patients were, as follows:

	Patients	
	Number	Percentage
No further narcotic or other illicit drug use	57	33
Two or less instances of illicit drug use	31	19
More than two instances of illicit drug use; otherwise positive adjustments made	65	37
Used illicit drugs on a fairly regular basis	19	11
	172	100

Approximately 62 percent of the 172 patients were unemployed at the time of admission into the program. At February 1972, 78 percent of the patients were employed or enrolled in vocational or academic training programs.

Direct Community Release Project

The Direct Community Release Project is an OEO-funded experimental program to determine the feasibility of bypassing inpatient treatment and releasing addicts directly to the outpatient treatment program. The project provides for short-term, intensive evaluation and treatment, including a medical examination, testing of individuals' vocational aptitudes, and counseling. These services are

provided by a psychiatric hospital on a contractual basis. After completion of the short-term program which normally lasts about 3 or 4 weeks, the patient is transferred to the regular outpatient program which includes supervision by a parole agent, counseling, and urine testing.

As of January 1972, 50 addicts had participated in the Direct Community Release Project. Of the 50, 16 were in the short-term inpatient phase, 15 had completed the short-term inpatient phase and had transferred to outpatient status, and the remaining 19--14 males and five females--had returned to an inpatient facility for treatment--15 because of failure to comply with program rules and four because of unsuitability for the direct release program. Of the 15 patients who had been referred to outpatient status, 13 were still active participants and two had left the program without authorization and warrants had been issued for their arrests.

NUMBER SERVED BY THE CIVIL ADDICT PROGRAM

The total number of people served by the California State Civil Addict Program from its inception in 1961 through December 31, 1971, was 16,713

As of December 31, 1971, there were 1,731 in the inpatient phase of the program, about one-third from Los Angeles County, and there were 6,883 in the outpatient phase, 3,326 from Los Angeles County.

PROGRAM COST

The total cost of the program from its inception through June 30, 1971, was $68,797,779, of which $56,885,644 was for inpatient treatment and $11,912,135 for outpatient treatment. The costs for fiscal year 1971 were, as follows:

	Total	Inpatient		Outpatient
		Men	Women	
Average daily population	6,796	1,788	284	4,724
Average cost per year per patient		$ 3,828	$ 5,433	$ 485
Total cost	$10,680,453	$6,844,782	$1,542,955	$2,292,716

Amounts budgeted for fiscal year 1972 were $9,481,398 for the inpatient phase, about $4,648 per patient, and $3,346,467 for the outpatient phase, about $592 per patient.

ASSESSMENT EFFORTS

Criteria for measuring program effectiveness

One criterion established for measuring the effectiveness of the program was the number of patients remaining drug free for 2 consecutive years while on active outpatient status. Remaining drug free for 2 years is also the criterion for successful discharge from the California State Civil Addict Program. Another criterion used to measure program effectiveness is the patient's active participation in the outpatient phase after release from inpatient treatment. The rehabilitation center's superintendent stated that, in

addition to the above-stated criteria, another factor to consider in evaluating the effectiveness of the program is the service it provides to society by supervising and controlling the activities and behavior of addicts, most of whom are convicted felons.

Program results

Information prepared by the center's research division showed that, of the 16,713 addicts committed to the program from inception to December 31, 1971, 8,063 had been in the program long enough to have satisfied program criteria for successful discharge--completion of 2 consecutive years without use of illicit drugs while in an outpatient status. However, only 1,603 had been discharged after satisfying this criteria--a success rate of about 20 percent.

To measure the length of time patients were remaining in active outpatient status, the research division reviewed the status of patients released to the outpatient phase during calendar year 1969. The research division found that 36 percent of the men and 43 percent of the women were still in active outpatient status 1 year after their release from inpatient treatment.

Information on program results has been developed through two systems--a population accounting system and an outpatient followup system. The population system locates and follows inpatients through the various activities at the center. The followup system provides information concerning outpatient activities. The followup system is being replaced by a system called the roster system field data collection. In this system, parole agents will periodically complete an informational data form on each person under their supervision. The form will contain such information as a patient's employment status, illicit drug use, and arrests. This information will be compiled into a written report which will be distrubuted throughout the Department of Corrections on a quarterly basis. The division is also developing a system for obtaining information on patients released from the program.

We believe that these new systems, when implemented, will provide data which will be useful to program managers for measuring program results.

CHAPTER 4

REHABILITATION PROGRAM AT FEDERAL CORRECTIONAL INSTITUTION, TERMINAL ISLAND

Terminal Island is one of five Federal correctional institutions with rehabilitation centers providing services to narcotic addicts convicted of violating certain Federal laws and committed for treatment under the authority of title II of the Narcotic Addict Rehabilitation Act of 1966 (28 U.S.C. 2901). Title II provides for inpatient treatment for institutionalized addicts and aftercare services for addicts paroled from the institution A court may place an offender in the custody of the Attorney General for an examination to determine whether he is an addict and whether he is likely to be rehabilitated through treatment.

When a person is referred to Terminal Island for examination, he is evaluated to determine whether he should be admitted for treatment To be eligible for treatment, a person must be a narcotic addict; must be likely to be rehabilitated; and must not have

--been convicted of a crime of violence;

--been convicted of a felony on two or more occasions;

--been convicted of unlawfully importing or selling, or conspiring to import or sell, a narcotic drug;[1]

--a prior charge of a felony pending against him;

--been previously committed on three or more occasions under title I of the Narcotic Addict Rehabilitation Act (title I authorizes the pretrial civil commitment

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[1]A person convicted for these offenses may take advantage of the provisions of title II if the courts determine that the sale or importation was for the primary purpose of enabling him to obtain a narcotic drug which he required for his personal use because of his addiction to such drug

for treatment, in lieu of prosecution, of addicts charged with certain Federal crimes)

Offenders must receive a minimum of 6 months treatment at the institution before being released to aftercare.

INPATIENT TREATMENT

The Terminal Island institution began inpatient treatment for male and female addicts in August 1968. Essentially, three treatment approaches have been used. The first approach was the so-called traditional approach which included individual and group counseling As part of this approach, some addicts also received "linker training," a 16-week program in which addicts were trained to provide a link between staff and program participants.

In May 1971 this approach was altered to include a more aggressive type of therapy. The second approach dropped group counseling and added group encounter sessions and a therapeutic community [1]

In December 1971, aspects of the first two approaches were combined into a third approach, resulting in the following treatment modalities

--Individual and small group counseling and specialized psychiatric treatment

--Linker training

--Therapeutic community.

The institution staff includes a director, a correctional treatment specialist, and six counselors. Eight consultants assist in providing psychiatric treatment, linker training, encounter sessions, and staff training

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[1]This therapeutic community involves self-help treatment provided by participants living together in one dormitory and conducting their own group encounter sessions.

Number of patients

At December 31, 1971, 91 inmates (76 male and 15 female) were receiving inpatient treatment at Terminal Island. In addition, 21 inmates were being evaluated to determine whether they should be admitted to the program

Only a small number of inmates--23 at the time of our visit--were members of the therapeutic community Members of the community live together in one dormitory and are involved fulltime in the drug rehabilitation program. Other inmates are assigned to regular institution work activities when not involved in treatment sessions.

Through December 1971 the following number of inmates had been considered for the inpatient phase of the program.

Evaluation	Number considered
Ineligible or not accepted:	
Determined not to be addicts	63
Found not likely to be rehabilitated	49
Had criminal charges pending against them	9
Had committed more than two felonies or crimes of violence	15
Eligible but not accepted. Recommendation made to court that they be referred to a community-based program for treatment.	32
	168
Admitted:	
After evaluation	245
Readmitted without evaluation or transferred from another prison without evaluation	77
Total	322

Program expenditures

About $408,000 was spent for the inpatient program from August 1968 through November 1971. During fiscal year 1971 about $141,000 was spent on treatment, an average of

$2 70 per day per participating inmate. These amounts did not include the cost to house, feed, and guard the participants which amounted to about $9 per day. Thus the daily cost for each participant was about $11.70

Program assessment efforts

Officials stated that persons remaining active in, or completing, the aftercare phase are considered successes. The Terminal Island inpatient unit, however, does not receive periodic reports indicating how persons released to aftercare are doing Program officials said that they usually learned of successes and failures from releasees or from people living in their communities.

AFTERCARE TREATMENT

The Bureau of Prisons Research Division recently completed a study of the aftercare performance of releasees from the five Federal institutions having rehabilitation centers. A Bureau of Prisons official told us that copies of the study were distributed to these five institutions, and program officials were briefed on the results of the study. The results for Terminal Island as of September 30, 1971, were, as follows.

Inpatient phase		Aftercare			
Released	Number released to aftercare	Active	Successfully completed program	Violators (note a)	Deceased or deported
8-68 to 3-69	9	—	—	9	—
4-69 to 9-69	15	8	—	6	1
10-69 to 3-70	30	16	—	12	2
4-70 to 9-70	43	36	—	5	2
10-70 to 3-71	49	44	1	4	—
4-71 to 9-71	29	27	1	1	—
Total	175	131	2	37	5

[a]Returned to prison or arrest warrants issued.

Program officials informed us that discussions with releasees and parole officers indicated that many of the active participants in aftercare had returned to illicit drug use but had escaped detection.

Patients in aftercare

Aftercare services in Los Angeles County are provided by either the Suicide Prevention Center, a private social service agency under contract with the Bureau of Prisons, or the Probation Office of the U.S. District Court.

From August 1968 through December 1971, the Probation Office had treated 94 releasees. Of these, 57 were still in treatment on December 31, 1971, 16 had transferred to aftercare programs in other States, and 21 had returned to prison.

Of the 35 releasees treated by the center from March through December 1971, 29 were still receiving treatment, three transferred to other aftercare programs, one had returned to prison, one had died, and one had violated parole and a warrant had been issued for his arrest.

Cost of aftercare

The following table summarizes the expenditures for the program.

Period	Suicide Prevention Center	Probation office	Total
8-68 to 6-69	$ -	$ 1,726	$ 1,726
7-69 to 6-70	-	19,608	19,608
7-70 to 6-71	10,073	31,095	41,168
7-71 to 12-71	20,549	18,207	38,756
Total	$30,622	$70,636[a]	$101,258

[a]Includes $36,928 for research.

We estimated the monthly cost per participant at the center to be $189 from July 1 through December 31, 1971.

Expenditures of the Probation Office do not include the salaries of the parole officers and certain administrative and clerical support. If these costs were included, the monthly cost for the Probation Office participants would be comparable to the monthly cost of treatment at the center.

Program assessment efforts

Upon release from an institution, the releasee is placed on parole for the duration of his sentence. He may be released from the aftercare program for good behavior prior to the expiration of his sentence, however, he still remains on parole.

Parole officers monitor the releasee's performance by reviewing the results of urine tests and preparing monthly progress reports which may include information on social activities and employment.

According to a program official, there are three instances in which the Federal Board of Parole will be requested to revoke parole (1) the releasee has two consecutive positive urinalyses, accompanied by a deteriorating social life, (2) the releasee is convicted of a felony or serious misdemeanor, or (3) the releasee fails to report for parole supervision.

The effectiveness of the aftercare program is measured by the percentage of releasees who do not return to prison. There is no formal system for reporting to the Bureau of Prisons, but the Bureau's regional coordinator monitors the program's effectiveness by reviewing the parole progress reports prepared by the releasees' parole officers and the results of the urine tests.

The results of a special study of the aftercare programs by the Bureau of Prisons Research Division were presented on page 38. Also, the Probation Office contracted with the University of Southern California to evaluate the program. The University studied activities of 52 persons released to the Probation Office's aftercare program prior to July 1, 1971. The report on this study indicated an overall success rate, 83 percent of the releasees (43 of 52) were not recommitted to prison. For those in aftercare less than 1 year, the rate was 94 percent (31 of 33), and for those in aftercare more than one year, the success rate was 63 percent (12 of 19).

The report qualified these findings in several respects, i.e., the releasees had not been in aftercare very long and the sample size was too small. Also, the report noted that the results of urine tests were not too reliable, and some leniency was allowed in the use of drugs. The report also listed some program deficiencies, including minimal employment assistance and "the conflicting role of a therapist-authority figure" (parole officer).

CHAPTER 5

SUICIDE PREVENTION CENTER'S METHADONE WITHDRAWAL PROGRAM

In addition to serving as an aftercare agency for the Bureau of Prisons, the Suicide Prevention Center operates a methadone withdrawal program, initiated in March 1970. The objective of this program is to withdraw the patient from both narcotics and methadone.

To be eligible for this program, an applicant must (1) have at least a 2-year history of drug addiction, (2) have unsuccessfully attempted withdrawal from narcotics on two occasions, (3) be at least 18 years of age, (4) be currently using narcotics, and (5) exhibit a willingness to change his life-style and stop using narcotics.

An applicant's eligibility is determined through an intake interview and a urine test to ascertain whether the applicant is using narcotics. The director of the program stated that it was important to screen out those addicts who did not have a genuine desire to withdraw from both narcotics and methadone, because they would be better served by a methadone maintenance program.

After an applicant is accepted, he is given methadone twice a day during the first week to stabilize his behavior. Thereafter, most participants receive methadone daily under the supervision of a nurse. Some participants who have demonstrated acceptable behavior and for whom transportation to the clinic is a problem may receive up to a 3-day, take-home supply of methadone.

The maximum daily dose of methadone given to a patient is 80 milligrams.[1] Patients begin withdrawal from narcotics at low methadone-dosage levels which are gradually increased

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[1] Maximum dosage permitted by the State Research Advisory Panel is 160 milligrams. However, an individual program may establish a lower maximum.

to about 60 milligrams, where the patient is stabilized. After stabilization, the dosage level is gradually decreased until the patient withdraws and becomes drug free. The length of time a patient may receive methadone is indefinite and varies among patients.

Various supportive services are also offered, including group therapy sessions, individual psychiatric treatment, physical examinations, home economics classes, and employment assistance. Participants are encouraged to continue receiving these services for 1 to 2 years after withdrawing from methadone.

The only full-time staff member is the director, who has a master's degree in social work. Part-time staff includes psychiatrists, nurses, a doctor, several paraprofessionals, and ex-addicts.

PATIENTS IN TREATMENT

Since its inception in March 1970, 60 persons (20 females and 40 males) have participated in the program and 29 were still active at March 1, 1972. The median age was 26 years. The reasons 31 persons left the program were (1) 19 successfully withdrew from methadone, including five who transferred to another rehabilitation program, (2) five were dropped from the program for violation of program rules, (3) six transferred to other programs prior to withdrawal from methadone, and (4) one quit.

PROGRAM EXPENDITURES

Actual expenditures for the program were not available, but the director estimated the annual cost to be $60,000. About one-third of the cost is borne by program participants who pay from $3 to $250 per month for treatment, depending upon their ability. Other funds are obtained from private contributions. According to the director, the annual cost per participant is about $2,000.

PROGRAM ASSESSMENT EFFORTS

The effectiveness of the program is measured by the number of persons able to stop using both methadone and

narcotics. Participants who exhibit social movement, such as improved family life, employment, and fewer arrests, but are unable to withdraw from methadone are not regarded as successes. Those who withdraw from methadone and leave the program usually contact the Suicide Prevention Center staff three or four times a year to inform them of their progress.

We asked the director to contact the 31 persons, who had left the program, to determine their status. He advised us that (1) 12 were not using illicit drugs, (2) six were using illicit drugs, (3) five were participating in a methadone maintenance program, (4) three were incarcerated, (5) one was hospitalized with cancer, (6) one was deceased, (7) one was participating in a drug-free rehabilitation program, and (8) two could not be located

At our request, the director also compiled data on the arrest history, drug use, and employment status of the 29 active participants. They had been in the program from 1 to 21 months, and averaged 6 months. Prior to joining the program, 27 of the 29 participants had been arrested at least once, and averaged three arrests. None of the participants had been arrested after joining.

Review of the urine test results indicated that 14 participants, at March 31, 1972, had had 27 positive urine tests after joining the program, ranging from one to three per participant. Program participants submit an average of three urine specimens every 2 weeks.

Review of employment status revealed that 19 were employed (16 after joining the program); five were students (three employed part time); and five were unemployed.

CHAPTER 6

VETERANS ADMINISTRATION'S DRUG DEPENDENCY PROGRAM AT BRENTWOOD HOSPITAL

The Veterans Administration (VA) operates two narcotic treatment programs in Los Angeles County, one at the Brentwood Hospital and one at the Sepulveda Hospital. We obtained information on the treatment program at Brentwood.

The program at Brentwood, which is about 20 miles west of downtown Los Angeles, began operation in October 1971 to rehabilitate veterans who were addicts and to return them to the community. To accomplish this goal a multitreatment modality program is offered on both inpatient and outpatient bases. Services include medical treatment, detoxification, counseling, methadone maintenance, and social and recreational activities. Participation in the program is open to eligible veterans addicted to narcotics.

Program officials stated that criteria had not been established to measure program effectiveness, nor had a formal reporting system been implemented to collect data which could be used to measure results.

TREATMENT MODALITIES

The Brentwood program involves three phases: intake, inpatient, and outpatient.

Intake

In this phase a prospective patient is interviewed and evaluated by two counselors to determine his eligibility and whether he is properly motivated for participation in the program.

Patients accepted in the program are given physical examinations and psychological evaluations. Those patients with acute medical needs, as determined by the physician, are sent to the medical ward for special treatment. Drug addicts without acute medical needs are sent to the drug

abuse treatment ward, where determinations are made to treat them on either an inpatient or an outpatient basis.

Inpatient detoxification

Inpatient detoxification consists of eliminating the physical need and mental craving for narcotics. Eliminating the physical need for narcotics takes about 6 or 7 days with the assistance of methadone.

After a patient has been physically detoxified, he remains in the hospital for an additional 2 or 3 weeks to receive assistance in overcoming the mental craving for narcotics. During this period, efforts are made to solve legal, family, and employment problems and to find residences for the patients.

Other services available to the inpatients include individual and group counseling, job counseling, and social and recreational activities.

Three urine specimens are collected each week, one of which is randomly selected and analyzed for narcotics or other drugs.

Outpatient detoxification

Some veterans seeking detoxification assistance are immediately placed in outpatient status because their needs are not sufficiently acute to require inpatient status or because all 20 beds in the inpatient ward are occupied.

Physical detoxification takes 6 or 7 days, during which the individual receives medication (usually methadone) twice a day. Individual, group, and family counseling, in addition to group therapy, are available on a voluntary basis. Generally the patients do not participate in these activities on a regular basis. Instead they come to the detoxification ward when faced with a crisis situation, such as legal, family, or employment problems. The outpatient ward is open about 14 hours a day.

Methadone maintenance

The staff attempts to place the long-term, hard-core addicts into an outpatient methadone maintenance program. A prospective methadone patient must have a

--documented history of physiological dependence on narcotics,

--confirmed history of one or more prior treatment failures, and

--current physiological dependence on narcotics.

Patients are carefully screened to insure that methadone maintenance is absolutely necessary.

When accepted, both inpatients and outpatients are physically detoxified before beginning methadone maintenance. Patients are required to come to the hospital each day to receive their methadone, which is taken in the presence of a staff member. Other services available to the methadone maintenance patients are generally the same as those provided to detoxification patients. A patient is required to provide three urine specimens each week, one of which is randomly selected and analyzed for narcotic or other drug use.

The staff for both inpatient and outpatient care consisted of 19 full-time employees at February 1972. The staff included two physicians, one psychologist, four registered nurses, four counselors, nursing assistants, and administrative personnel.

The counselors are ex-addicts who have worked in other treatment programs. The two physicians have extensive experience in drug treatment.

PATIENTS IN TREATMENT

Inpatient

From program inception in October 1971 through March 31, 1972, 435 veterans were treated on an inpatient basis. As of March 31, 1972,

101 had completed the detoxification phase and had been discharged,

223 had transferred to outpatient status,

57 had left voluntarily prior to completion,

45 had left for other reasons, such as expulsion or transfer to other programs, etc., and

9 were still being treated.

435

Outpatient

From October 1971 through March 31, 1972, 406 patients received outpatient care. Of these 223 had transferred from inpatient care and 183 were placed in outpatient status immediately after admission. As of March 31, 1972,

86 had completed the program and were no longer active,

17 had been returned to inpatient status,

29 had left voluntarily prior to completion,

1 had transferred to another VA hospital,

1 had dropped out of the program,

272 were still active

406

The 272 active patients included 144 who were in the methadone maintenance program.

EXPENDITURES

For fiscal year 1972 the drug program was allocated $271,411 to cover direct salary, supplies and services, and equipment costs. General hospital costs allocable to the drug program were paid from the hospital's general funds.

PROGRAM ASSESSMENT EFFORTS

Criteria have not been established to measure program effectiveness, nor has a formal reporting system to monitor program results been implemented. The officials stated that the reasons for the lack of evaluation were insufficient funds, inadequate staffing, and the newness of the program. The officials plan to establish criteria for measuring effectiveness which will include such factors as arrest and employment data and progress in social relationships.

Although formal assessments of program effectiveness have not been made, program officials have gathered data providing some indication of program results.

A survey of 116 methadone maintenance patients conducted on March 3, 1972, revealed that 66 were employed and 50 were unemployed. This information was reported by the patients but was not verified by the staff.

The results of the urine tests also give some indication of program results. Program officials estimate that from December 15, 1971, through February 18, 1972, 1,600 urine specimens were analyzed. Our analysis of records of these tests showed that 302, or 19 percent, were positive for illicit drug use. The results of the urine tests were not compiled by program component, so we could not determine the extent of illicit drug use among methadone maintenance patients and detoxification patients.

PROGRAM PLANS

Program officials informed us that the drug program was disorganized in its initial months because there was not

enough personnel to handle the large influx of patients. Program officials recognize that they cannot provide directly all the services necessary to treat an addict. They plan to develop close, working relationships with several community-based treatment programs whereby VA would pay for treatment. Officials also hope to establish a residential halfway house at the Brentwood Hospital.

CHAPTER 7

HOUSE OF UHURU

The House of Uhuru Drug Program is a component of the South Central Los Angeles Multi-Purpose Health Service Center. The center, a project funded by the Office of Economic Opportunity (OEO), has been in operation since October 1967, and began operating a drug program in February 1970. Services to drug addicts are generally provided on an outpatient basis and consist of physical examinations, detoxification, individual and group counseling, and referral to jobs or to other community resources. Criteria for measuring program effectiveness have not been established nor has a system for developing data on program results.

TREATMENT MODALITIES

The program, available to all addicts seeking help, consists of four basic phases--entry, treatment, rehabilitation, and followup and aftercare.

Phase I (entry) generally lasts about 1 week, during which the patient provides personal background information and is given a physical examination. Also, program personnel attempt to help patients who are facing crises involving legal, family, or employment matters.

In phase II (treatment), patients are detoxified either in a hospital or as outpatients. Initially all patients were detoxified as outpatients; however, since April 1970 a nearby hospital (Harbor General) has been providing, on an as-available basis, up to 10 beds for detoxification purposes. Addicts were then given a choice of receiving detoxification as outpatients or as inpatients. Patients detoxified as outpatients receive medications, other than methadone, to ease withdrawal symptoms. Methadone is used for detoxification in the hospital to ease narcotic withdrawal symptoms. Because of the limited number of available beds, a waiting list and priorities for inpatient detoxification were established by program officials. First priority was assigned to barbiturate addicts, second priority to narcotic addicts with severe medical problems, and third priority to narcotic addicts without severe medical conditions. At

January 13, 1972, 31 addicts were on the waiting list for inpatient detoxification.

In phase III (rehabilitation), services provided to patients include individual and family counseling, group therapy sessions, and referral to other available community resources. Also certain recreational activities are provided. Because the House of Uhuru's program is on a voluntary basis, patients are not required to attend program activities except that, in detoxification, outpatients are required to attend group therapy sessions during their first 6 weeks to receive medication.

According to program officials, phase IV, followup and aftercare, is the weakest part of the program. Insufficient personnel was cited by officials as the reason for limited followup and aftercare. Program staff includes a director, an assistant director, a community relations counselor, an employment counselor, an environmental health specialist, 15 counselors, and clerical personnel. Most of the staff are high school graduates with some college training. Many of the counselors are ex-addicts. In addition to the program staff, a vocational counselor and the professional staff of the Health Center, which includes physicians, registered nurses, and social workers specializing in psychiatry, provide services to patients.

PATIENTS IN TREATMENT

From its inception in February 1970, through December 31, 1971, the program served about 1,600 drug addicts, about 900 during calendar year 1971. According to a program official, heroin was the predominant drug used by program participants and a high percentage of participants were referred to the program by probation and parole departments. At December 31, 1971, 502 addicts were participating in the program to some extent.

PROGRAM EXPENDITURES

Program expenditures from inception through December 31, 1971, totaled about $397,000, about $229,000 for calendar year 1971. OEO has approved a budget of $533,658 for the

program's 1972 operation. Some services, such as detoxification at Harbor General Hospital, are obtained without cost to the program.

Cost per participant or cost by modality of treatment cannot be computed becaused costs are not allocated among the various program phases.

PROGRAM ASSESSMENT EFFORTS

Formal criteria for measuring program effectiveness have not been established, nor has a formal system for developing data on program results been established. Participants who come into the program with a drug problem and leave drug free are considered successes. A detection system, such as urinalysis, has not been established or used in the program to determine whether participants are drug free.

OEO requires a quarterly report showing, among other data: (1) participants entering the program during the quarter, (2) outreach activities, and (3) consultant services. Information, such as status of active participants, number of participants successfully completing the program, and recidivism rates, is not included in the report.

From the quarterly reports we attempted to compile statistics which would provide some insight into the results of the program, but inconsistencies among the various quarterly reports prevented us from doing so. At our request program officials reviewed individual case files and compiled the following information for the period February 1970 through December 31, 1971.

Category	Number of participants
Detoxification attempts	1,490
Participants not needing detoxification entering rehabilitation program	86
Total	1,576
Number sucessfully completing detoxification	983
Unsuccessful detoxification attempts	507
Total	1,490
Number successfully completing phase III (drug free)	110
Number still active or semiactive	502
Number not currently participating in program	409
Total	1,021

Program officials indicated that they were aware of the need for better data concerning program results. They are currently planning to develop a data system which will provide such information.

OEO made at least two reviews of the Health Center, which included looking into the drug program. OEO reports on these reviews contained, basically, descriptions of how the drug program operates, and did not mention the results of the program.

CHAPTER 8

NARCOTICS PREVENTION PROJECT

The Narcotics Prevention Project is located in the predominantly Mexican-American community of East Los Angeles. It was formed in July 1967 as a delegate agency to the Economic and Youth Opportunities Agency of Greater Los Angeles, the local community action agency sponsored by OEO. Federal funds for the project are currently being provided by the Departments of Housing and Urban Development; Health, Education, and Welfare; and Labor.

The project's basic program consists of a specialized service, called crisis intervention, which essentially consists of helping narcotic addicts meet or resolve problems, instead of returning to narcotics as a solution. The two primary goals of the project are to (1) assist drug addicts in their efforts to attain socially acceptable and self-rewarding community living patterns and (2) develop methods and procedures for using such services as employment and welfare assistance which are available through existing social services agencies. Criteria or methods to measure the extent to which these goals are being met have not been established.

TREATMENT MODALITIES

Crisis intervention emphasizes frequent contact between program staff and the addict, individual counseling, and a series of aggressive community-oriented activities designed to call upon any and all assistance that local social service agencies and programs can provide. Services provided include job counseling and referral, family counseling, detoxification, legal assistance, referral for financial assistance, temporary residential facilities, and drug abuse information. Addicts seeking detoxification must wait 2 to 3 weeks for treatment because of the large demand on available detoxification facilities. Detoxification services are provided by Metropolitan State Hospital at no cost and by Rosemead Lodge, a private hospital, on a contractual basis.

PATIENTS IN TREATMENT AND SERVICES PROVIDED

At December 31, 1971, the project had a caseload of about 1,460 addicts, including about 350 who were actively participating in the program and 1,110 who were active to some extent.

The following table gives some indication of the amount of service provided during calendar year 1971 and from program inception in July 1967.

	Calendar year 1971	From inception through 1971
Number of participants referred for detoxification	3,349	5,448
Number of family and job counseling sessions	1,091	3,153
Number of other services provided (such as job referral)	320	2,821

SOURCE OF FUNDING

At December 1971 the project had obtained operating funds from four Federal sources, as shown below.

Source of funds	Amount	Period	Expenditures from July 1967 through Dec 31, 1971
Office of Economic Opportunity	$ (a)	-	$1,398,722
Department of Housing and Urban Development	407,900	5- 1-71 to 4-30-72	93,714
Department of Health, Education, and Welfare			
National Institute of Mental Health	126,168	6-21-71 to 5-31-72	22,440
	519,127	10- 1-71 to 9-30-72	136,040
Department of Labor	129,081	12- 1-71 to 10-31-72	52,604
Total	$1,182,276		$1,703,520

[a]As of Oct 1, 1971, the project no longer received OEO funds

Because of the variety of services provided to participants, it was not possible to compute the cost of services by treatment modality.

EFFECTIVENESS OF PROGRAM

The executive director of the project views the drug problem in two ways; the problem the addict has with himself and the problem the addict has with society. Officials believe that imprisonment as a solution is ineffective for these problems. Therefore, the project concentrates its efforts on keeping the addict out of jail and functioning satisfactorily in the community. They consider anything that reduces the use of drugs or keeps the addict out of jail a success; however, a method has not been established to measure the extent to which these goals are being met.

CHAPTER 9

COMPREHENSIVE PROGRAM OF COMMUNITY DRUG ABUSE TREATMENT AND RESEARCH

The University of California at Los Angeles (UCLA) began a comprehensive multimodality narcotic addict treatment and rehabilitation program in July 1971. The program is funded jointly by the Federal Government and UCLA.

The goals of the program are to provide treatment to selected narcotic addicts on a voluntary basis and to observe their activities in the various treatment modalities with a view toward developing a model for use in future narcotic treatment programs.

The program has five different components providing treatment and rehabilitation services to narcotic addicts. Included as part of the comprehensive program is a research project under which data on participants' behavior under various conditions is collected and evaluated. Two of the components, inpatient detoxification and methadone maintenance, are operated by UCLA on campus. The other three, a halfway house for methadone maintenance patients, a drug free therapeutic community, and a referral and counseling service, are operated by community organizations in the Venice section of Los Angeles, about 10 miles from the campus.

A preliminary report on the program was issued in March 1972. Included in the report prepared by UCLA were detailed descriptions of the operations of each component and information on program participants. The report, however, did not contain any conclusion as to the effectiveness of the program.

A brief description of the program modalities and their major objectives and goals follows.

TREATMENT MODALITIES

Detoxification

Four beds are set aside in UCLA's hospital for the detoxification of narcotic addicts. The patient receives treatment for about 14 days. During the first 7 days, methadone is administered to withdraw the patient from the use of narcotics. Dosage is decreased at a rate that allows the patient to be narcotic free by the seventh day. The next seven days of treatment permit the patient to stabilize physiologically and to use various hospital rehabilitative services, such as counseling, individual and group therapy, vocational guidance, and recreational activities.

Because of the few beds available for detoxification, only applicants considered to have a good chance of overcoming their narcotic habits are accepted. To help in assessing motivation, applicants are required to attend several group and individual counseling sessions before being placed on the detoxification waiting list.

Mathadone maintenance

The primary objectives of methadone maintenance are to (1) help addicts eliminate illegal drug-seeking behavior, (2) develop constructive life-style behavior free of illicit drug use, and (3) observe acceptable behavioral patterns while receiving methadone. This program component can handle 16 to 21 addicts. To be eligible, an applicant must

--be 21 to 45 years of age.
--have been a heavy heroin user for more than 2 years.
--have had several unsuccessful treatment attempts.
--not be a psychotic.
--not have a history of drug abuse other than heroin.

Two psychiatrists and two nurses assist in this treatment on a part-time basis.

Prevention Referral and Counseling

Prevention Referral and Counseling, a community-operated organization, provides the intake and followup services for

UCLA's detoxification program. Services include emergency referral and care to drug addicts in crisis situations, preventive education on drug abuse, and supportive counseling. The four permanent staff members of the organization are former drug addicts.

Methadone halfway house

This modality is also a community-based organization. It functions as a residential facility for persons on methadone maintenance who need additional support in their adjustment to a new life-style. The house provides a temporary residence for approximately 90 days, a program of therapy and counseling, and ancillary services, such as employment counseling and referrals to other programs. The house is run by a director and the residents.

Tuum Est

Tuum Est opened in September 1970 as a full-time, drug-free therapeutic community devoted to the rehabilitation of drug addicts. The therapy consists of group encounter sessions and daily discussion seminars.

The operations of Tuum Est are carried out by the residents under the supervision of a director and an assistant, both of whom are ex-addicts.

NUMBER SERVED

The number of people served by each modality is shown in the following table:

Program	Active participants at January 1972	Number served July 1971 to January 1972	Waiting list at January 1972
Detoxification	4	60	12
Methadone maintenance	18	18	-
Prevention Referral and Counseling	52	90	-
Methadone halfway house	14	14	-
Tuum Est	40	58	60
	128	240[a]	72

[a]Some were counted more than once because they received services from more than one program

FUNDING LEVEL OF PROGRAM

The program is funded jointly by the Federal Government and UCLA. The Federal share is $393,979 and UCLA contributes $258,491, most of which is by in-kind contributions. The Federal funds were made available for fiscal year 1972 through a grant provided to the State by the Department of Justice Law Enforcement Assistance Administration.

The grant budget for fiscal year 1972 was broken down as follows:

Program modality	Budget
UCLA's treatment program	$179,974
Program analysis and development (UCLA)	46,869
Methadone halfway house	47,040
Tuum Est	62,637
Prevention Referral and Counseling	57,459
	$393,979

CHAPTER 10

SYNANON FOUNDATION, INC.

Synanon is a private tax-exempt foundation established in 1958 in Santa Monica, Calif., to help alcoholics. Since then, additional facilities have been opened outside of Los Angeles County. The emphasis now is on helping narcotic users and addicts.

The Santa Monica facility is about 20 miles from downtown Los Angeles and provides a self-contained environment for the participants, including living quarters, dining facilities, medical and dental service, recreational facilities, staff offices, library, meeting rooms, and schools for children. Synanon also has three apartment complexes to house participants.

Persons living at Synanon may be classified as either "life-stylers" or residents. The life-stylers, who make up about 10 to 15 percent of the population, are persons who live at Synanon but work in the community. They must pay for room and board. Residents live and work at Synanon or its enterprises, and receive a nominal allowance ranging from $7 to $50 a month. In many cases both the residents and life-stylers have their families with them.

Synanon officials stated that firm criteria for determining who can be a resident have not been established. Very few persons are denied admission. The decision on whether to accept an applicant is made by a staff member after a discussion with the applicant. Synanon does not attempt to verify, by means of urine tests, arrest records, medical history, or other means, whether an applicant is a narcotic addict. Synanon officials told us that most of the residents had been addicted to narcotic or other illicit drugs.

TREATMENT MODALITY

At Synanon the life-style is considered to be the treatment. Synanon attempts to create a drug-free environment in which a person can develop to his fullest potential. According to Synanon officials, it is not a drug rehabilitation

program per se, rather, it is a social movement. In part, the Synanon philosophy states:

> "No one can force a person towards permanent and creative learning. He will learn only if he wills to. Any other type of learning is temporary and inconsistent with the self and will disappear as soon as the threat is removed. Learning is possible in an environment that provides information, the setting, materials, resources, and by his being there."

Synanon views narcotic addiction as a character disorder which must be corrected by reeducating the addict to a different life-style. The key therapeutic activity is the "Game," which usually involves 12 to 15 people and affords the addict an opportunity to express himself and to examine his behavior. An addict who exhibits anti-Synanon-accepted behavior is verbally attacked by the other game players so that he may understand his improper behavior and correct it. Peer pressure thus plays an important role in changing the addict's life-style. Many other activities are also offered, including vocational training, seminars, discussions, lectures, and movies. These activities occur with varying frequency throughout the week.

Once admitted, addicts are detoxified cold turkey (without medication). This usually takes 1 or 2 weeks. During this period the addict is also oriented to the Synanon life-style. In his first year at Synanon, the addict's life-style is more structured than the life-style of those who have lived there longer. An addict works fewer hours during the first year but must attend more seminars and meetings and participate in the game at least seven times a week.

PATIENTS IN TREATMENT

Statistics on the number of residents at the Santa Monica facility were not available prior to fiscal year 1964 (Sept. 1, 1963 to Aug. 31, 1964). The average number of residents from September 1, 1964, by fiscal year, follow.

Fiscal year	Average number	Number at end of year
1965	159	143
1966	149	154
1967	254	355
1968	463	571
1969	633	694
1970	623	551
1971	511	472

In the past the Santa Monica facility has not had a waiting list. However, in the fall of 1971, Synanon started a recruiting campaign which resulted in 300 persons' being admitted as residents. This large influx placed a heavy burden on the staff, and, as a result, no one was admitted from January through April 1972.

PROGRAM EXPENDITURES

The fiscal year 1971 financial statement for Synanon listed the following four sources of revenue.

	1971	1970
Synanon Industries	$ 907,000	$ 655,000
Contributions	1,927,000	2,558,000
Contributions of land and building	1,361,000	—
Other	148,000	214,000
Total	$4,343,000	$3,427,000

The contributions include payments by the life-stylers for room and board and contributions from private citizens. The contribution of land and building represented a donation of property to the San Francisco, Calif., facility.

Synanon expenses at all facilities in 1970 and 1971 totaled $2,452,000 and $2,538,000, respectively. Records showing expenses for individual facilities are not maintained. At March 1972, the Santa Monica facility had 775 (42 percent) of the 1,700 persons living in Synanon facilities. A program official informed us that Synanon's annual cost to support a participant was $1,790, exclusive of donated goods and services.

ASSESSMENT EFFORTS

Synanon believes it is successful if it can create an atmosphere in which the participant can develop to his fullest potential. Thus Synanon's objective is to foster personal growth, a goal which cannot be statistically measured.

Synanon makes no concerted effort to return residents to the outside community, but residents may, and do, leave voluntarily. Records showing the number who have left are not maintained, and Synanon does not have records showing a person's status after he leaves.

CHAPTER 11

NEEDS OF DRUG REHABILITATION AND TREATMENT PROGRAMS IN LOS ANGELES COUNTY

We were informed by State and county officials, program administrators, and addicts of the following operational needs of drug rehabilitation and treatment programs in Los Angeles County.

--Improved coordination and planning.

--Increased effort to both define and evaluate program effectiveness.

--More and better trained staff members.

--More supportive services, particularly job placement for patients.

--More and better facilities.

--Greater capability to treat more addicts.

IMPROVED COORDINATION AND PLANNING

Of paramount concern to several officials was the need for improved coordination of the many and varied types of treatment and rehabilitation efforts and planning for future drug programs, both public and private. These needs are especially acute in Los Angeles County because of the large number of health districts and government jurisdictions and the large number of treatment programs in the private sector.

In 1969 the Los Angeles County grand jury noted that.

> "In Los Angeles County there is no comprehensive plan for drug abuse education, information or treatment. All County health agencies and volunteer community programs must be coordinated and properly funded ***."

In its 1971 report, the grand jury stated that:

> "*** this committee must conclude that the situation, as far as a comprehensive and coordinated drug-abuse plan, remains unchanged. In spite of dedicated efforts by many individuals and groups, plus large expenditures of time and money, it is tragic that Los Angeles County drug abuse programs remain fragmented, uncoordinated, inadequate, and lost in a maze of bureaucracy and interdepartmental maneuvering."

At least three groups, the county's Narcotics and Dangerous Drugs Commission, the Los Angeles Community Liaison Association, and the Interagency Committee on Drug Abuse were individually working on ways to improve the coordination and planning of drug programs at December 1971.

EVALUATION OF PROGRAM EFFECTIVENESS

Program officials acknowledged that program effectiveness criteria generally were not well defined and program effectiveness could not be measured objectively. In general, information systems had not been developed to gather evaluative data regarding an individual's progress during and after treatment. For example, the effectiveness criteria for one program were the decrease in arrests and in illicit drug use and improved employment capability. However, the program has not defined what constitutes an acceptable level of arrests, illicit drug use, or unemployment.

NEED FOR MORE AND BETTER TRAINED STAFF

Several program officials informed us that program effectiveness was hampered by inadequate staffing, usually as a result of insufficient funding and that program effectiveness could be improved by better trained staff. For example, personnel at two programs indicated that the staff needed training in the habits, action, and vocabulary of addicts. The importance of this type of training was underscored when several addicts informed us that effective counseling could not be provided by persons not knowledgeable about drug users and their environment.

MORE SERVICES

Many addicts indicated to us that employment is almost a prerequisite to successful rehabilitation. Without employment the addict must find alternative ways to spend his free time, and this often means returning to the street to renew relationships within the drug abusers' environment.

Program officials recognize the importance of assisting the addict in finding gainful employment and have attempted to provide such a service. However, many programs do not have professionally trained employment counselors who can devote their full attention to helping addicts find jobs.

EXTENDING SERVICES TO MORE ADDICTS

Drug treatment and rehabilitation services are not available to all who need and desire such services. This fact is most graphically illustrated by the existence of waiting lists at several programs. For instance, the county's methadone maintenance program has about 2,300 persons waiting to join. (See p. 20 .) A program official said that it would take about 3 years to serve these persons unless supplementary funding is obtained.

Another example of unmet need was evident at Terminal Island. (See p. 34 .) Eligibility criteria for the Narcotic Addict Rehibitation Act (NARA) program preclude certain addicts from participating because they (1) are not likely to be rehabilitated, (2) have been convicted of two or more prior felonies, or (3) have been convicted of a crime of violence. Officials at Terminal Island informed us that a significant number of inmates could benefit from the program but did not satisfy the eligibility criteria. The ineligible inmates may receive some group counseling but do not receive any other specialized treatment directed at their drug abuse problem.

On May 10, 1972, a Bureau of Prisons' headquarters official told us that, after the provisions of Senate bill 2713 became law (the legislation, Public Law 92-293, was signed by the President on May 11, 1972) Terminal Island would, depending on available capacity, provide narcotic treatment and rehabiliation services to inmates ineligible for the NARA program. The purpose of the legislation is to insure that treatment will be available to addicts who do not qualify for treatment under NARA, and the Attorney General is given authority to care for narcotic addicts placed on probation, released on parole, or mandatorily released. Inpatient care for such persons is currently being provided by the Bureau of Prisons at seven Federal correctional institutions under the authority of section 4001 of title 18, United States Code, which provides for the treatment, care, rehabilitation, and reformation of Federal offenders.

Another example of unmet needs involves the VA program at Brentwood Hospital. VA regulations prohibit the program from treating the spouses of veterans. Officials view this

as unfortunate because, in many cases, the wife of a patient is also an addict and in need of treatment and rehabilitation services. Thus, any positive effects of the VA program may be diminished because the patient may live in an environment where drugs are being used.

BETTER FACILITIES

Staff members at several programs complained that limited and inferior facilities were not conducive to effective treatment and rehabilitation. For instance, one program conducted its treatment activities at centers where other health services were also provided. The centers are usually very busy and very noisy, making it difficult for the staff to conduct counseling sessions. Also, urine specimens at these centers must be collected in public restrooms, which is embarrassing to the patients as well as to the staff who must observe the giving of the specimens.

U S HOUSE OF REPRESENTATIVES
COMMITTEE ON THE JUDICIARY
WASHINGTON, D C 20515

October 15, 1971

Honorable Elmer B. Staats
Comptroller General of the United States
Washington, D. C. 20548

Dear Mr. Staats

To assist the Subcommittee in its continuing consideration of legislation concerned with the treatment and rehabilitation of narcotic addicts, we would appreciate having the General Accounting Office make a review and provide a report on program assessment efforts made by Federal, State, and local agencies involved in narcotic rehabilitation activities. The Subcommittee's concern is that in developing legislation for treatment and rehabilitation, adequate program assessments are made to provide a basis for the Congress and the executive agencies to take action to improve the rehabilitation programs.

For an appropriate mix (Federal, State, and local) of programs, your review should provide information on the treatment modality, program goals, and established controls and techniques for measuring program accomplishments. The Subcommittee also desires information on program costs including, if possible, information on amounts spent on program assessment efforts. The information gathered should be supplemented by your comments on any identified weaknesses relating to the efforts of program sponsors to evaluate program effectiveness. We would appreciate your suggestions as to actions needed to improve such efforts.

These matters have been discussed with your staff. Any other suggestions you or your staff may have in fulfilling our objective will be appreciated.

Your report would be most helpful if it could be available to the Subcommittee by June 1972.

Sincerely,

Don Edwards

Don Edwards
Chairman
Subcommittee No. 4