

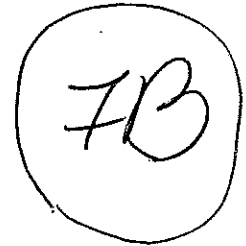


NATIONAL DEVELOPMENT AND RESEARCH INSTITUTES, INC.

Joint Public Hearing
Thursday, May 8, 2008

Testimony by:

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National Development and Research Institutes, Inc. (NDRI)



Good Morning. Thank you for this opportunity to present testimony on the occasion of the 35th Anniversary of the enactment of New York's "Rockefeller Drug Laws." The Assembly Standing Committees on Codes, Judiciary, Correction, Health, Alcoholism and Drug Abuse, and Social Services are all to be congratulated on holding this joint public hearing on such an important topic.

I am Bernard S. Arons, M.D., the Executive Director and CEO of The National Development and Research Institutes, Inc. (NDRI). I am a physician, licensed for the practice of medicine in New York State, as well as several other States. The organization which I direct, NDRI, is a New York State based non-profit research, training, and prevention organization established in 1967 and dedicated to advancing scientific knowledge, to providing informed training, and to conducting street-based prevention in the areas of substance abuse, mental health, HIV/AIDS, and related emerging public health challenges. The researchers at NDRI have been studying drug use and addiction and its relationship to criminal justice and public health concerns for many years. Most of our research is supported by the National Institutes of Health and is reported through publications in the Nation's outstanding scientific journals. Previous to my present position, I served in the Federal government's Department of Health and Human Services.

I would like to spend the few minutes I have today to review for the esteemed members of the Assembly and for the Committees represented here today what we have learned through scientific research in the last 35 years. There are a number of issues raised in the "Notice of Joint Public Hearing" that are informed by scientific investigations over the past 35 years. I will comment on several of those. We know today that substance abuse and dependence, that drug addiction, is a real illness, biologically based, with clear evidence through brain research, and not a moral weakness or character defect. We know that treatment works, that there exist effective interventions, often combining behavioral therapies with medications, that can help individuals with drug problems achieve a productive life. We certainly know that punishment for having an illness does not work, even though it has been tried historically, not only for addiction, but for other illnesses as well. We know that this condition is typically a chronic, recurring health condition, much like other such conditions that affect human beings. We know that we must expect exacerbations and relapses in this illness, much as we do in hypertension, diabetes, asthma or arthritis, and that we can view those relapses not as failures in treatment, but the opportunity to intervene for more effective outcomes. We also know that recovery is

possible and is real. While sometimes treatment can begin during a period of incarceration, and a path toward recovery initiated, we know that ultimately, for successful recovery, a life in the community with good supports is ideal. We know that many individuals, with the proper array of treatments and supports, achieve recovery and go on to make significant contributions in their communities.

What we know is based on the work of many researchers over the past 35 years. Time does not permit a comprehensive review of that work, but let me cite some interesting examples.

In 2002, a systematic review was conducted of 78 studies that examined the question of whether drug abuse treatment was effective and specifically whether it reduced drug use and crime. Every one of the 78 studies reviewed met the highest level of scientific rigor and used a control group or comparison group design evaluating a broad range of types of drug abuse treatment. This systematic review of the 78 studies concluded that **drug abuse treatment has both a statistically significant and a clinically meaningful effect in reducing drug use and crime.**

Another important study focused on a subject that is direct focus of today's hearing. A systematic review of 7 studies that used a control group or comparison group design to study **corrections-based therapeutic community treatment** for drug abuse showed that **therapeutic communities are effective in reducing recidivism for incarcerated offenders who are drug abusers.**

In addition, a systematic review of 50 studies using a control group or comparison group design evaluating **drug courts** suggest that **drug users under "drug court" supervision were less likely to reoffend than similar offenders sentenced to traditional correctional options.**

Researchers at NDRI have also been awarded several NIH research grants to examine the longitudinal patterns and determinants of substance use cessation, of **recovery** from addiction. Study participants recruited in NYC are typically members of under-served groups and have a long and severe history of polysubstance use. It is interesting to note that overall, 75% of those who are "in recovery" and participating in the study report one or more arrests and between 40% and 52% across studies have served time in jail or prison. Our data show that such individuals **do succeed in sustaining abstinence and staying in recovery in the community.** Key to initiating and sustaining recovery is having access to sources of support and strength. The sources of support strength often mentioned include spirituality and faith, attending 12-step meetings and working with a recovery program, recovering peers, family members, spouse and inner strength. The level of satisfaction with one's quality of life is a significant predictor of sustained abstinence one and two years later after controlling for other relevant variables. This association is partially mediated by motivation: individuals who are more satisfied with their life are more motivated to remain abstinent.

Other NDRI researchers have focused their work on the importance of “opioid agonist therapy” (for example, buprenorphine) for the criminal justice population. Opioid abuse represents a significant problem among the criminal justice population.

According to the National Institute on Drug Abuse (1999), "research is demonstrating that treatment for drug-addicted offenders during and after incarceration can have a significant beneficial effect upon future drug use, criminal behavior and social functioning. The case for integrating drug addiction treatment approaches within the criminal justice system is compelling. Combining prison and community-based treatment for drug addicted offenders reduces the risk of both recidivism to drug-related criminal behavior and relapse to drug use."

Researchers at NDRI have conducted a pilot study at the Rikers Island Jail facility in NYC among heroin using men who were not in treatment at the time of their arrest. Incarcerated patients were assigned to either methadone or buprenorphine maintenance while in jail. Results indicated that buprenorphine patients, compared with methadone patients, intended to continue

treatment after release, were less likely to withdraw voluntarily from medication while in jail, and were more likely to continue buprenorphine maintenance in the community at post-release (Magura et al., 2008).

I thank you for your attention and for this opportunity to present some of the contributions of research to understanding substance abuse and dependence. It is clear that research in the past 35 years has supported the need to treat substance use, abuse and dependence as a public health issue, as an illness that requires treatment, and it is essential that our laws reflect that reality.

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MISSION



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Established in 1967, NDRRI is a nonprofit, tax-exempt non-governmental agency with a history of scientific leadership and innovation. Research, training and prevention interventions are carried out through the work of topic-focused centers and institutes. This organizational structure provides the flexibility to develop working relationships in local, national and international communities. Through these collaborations our research, training and prevention efforts build knowledge that improves lives.

BUILDING KNOWLEDGE - BETTER LIVES

A listing of our current research projects, findings, publications, trainings and prevention services, can be found at our website.

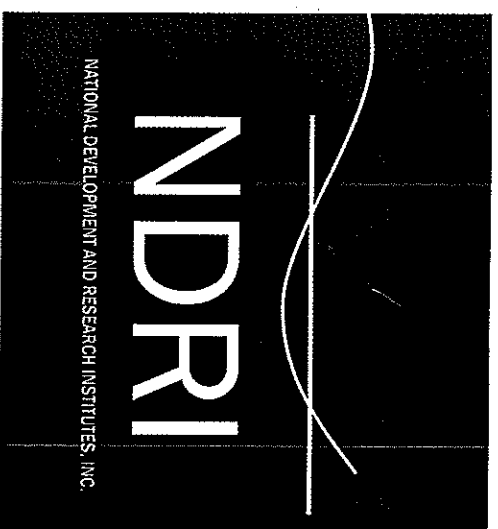
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Building knowledge for better lives

RESEARCH

TRAINING

PREVENTION

We contribute to science.

We disseminate knowledge.

We reach people.

RESEARCH



Our domestic and international research projects examine individual, social, and cultural determinants and risk factors associated with a wide range of urban health problems. Interdisciplinary teams also conduct intervention research that addresses the needs of underserved populations. Research areas include:

Drug/Alcohol abuse, prevention, treatment and recovery

Mental Health and Co-occurring Disorders

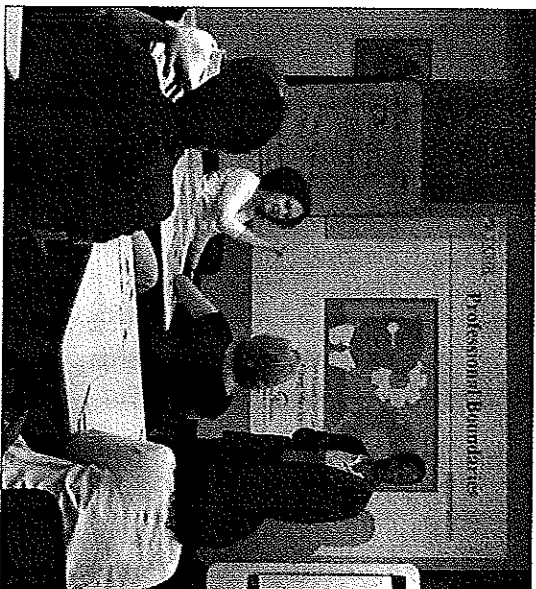
Criminal Justice

HIV/AIDS, HCV and other related infectious diseases

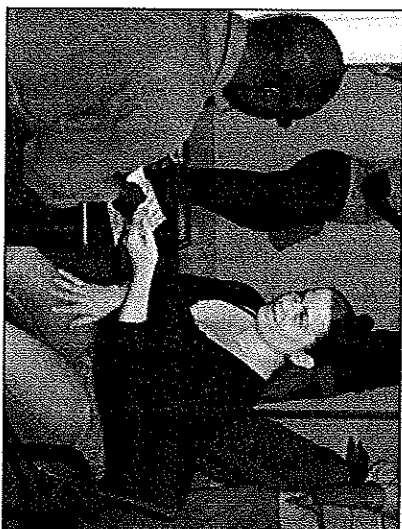
Technology and Health

TRAINING

Our Training Institute is unique in its immediate access to research findings. We have extensive expertise in developing, delivering and assessing training interventions. We provide consultation and technical assistance/capacity building services. Our training faculty is composed of highly qualified staff and consultants representing diverse cultures, backgrounds, and disciplines. We build competencies and skills for a broad range of participants including service providers, program managers, and policy makers.



PREVENTION



The Center for AIDS Outreach and Prevention provides direct services and referrals to injectors and other substance users, their sexual partners, families and social networks. Experienced outreach staff, with backgrounds similar to program clients, use daily street-based outreach interventions to deliver educational information, materials, and skills. Our services utilize risk and harm reduction models to combat HIV/AIDS, substance abuse, and other related illnesses.