## How a Dollar Spent On Drug Treatment Lowers Crime's Costs

## By AUSTIN FRAKT

The burden of substance abuse disorders can fall heavily on the families and friends of those who battle addictions. But society also pays a great deal through increased crime. Treatment

programs can reduce those costs. For at least two decades, we've known substance use and crime go hand in hand. More than half of violent offenders and one-third of property offenders say they committed crimes while under the influence of alcohol or drugs

Researchers with the Centers for Disease Control and Prevention recently estimated that prescription opioid abuse, de pendence and overdoses cost the public sector \$23 billion a year, with a third of that attributable to crime. An additional \$55 billion per year reflects private-sector costs attributable to productivity losses and health care expenses About 80,000 Americans are

incarcerated for opioid-related crimes alone. The total annual economic burden of all substance use disorders — not just those involving opioids — is in the hundreds of billions of dollars.

In an editorial accompanying the C.D.C. researchers' study, Harold Pollack, co-director of the University of Chicago Crime Lab, wrote that opioid-associated crime, like all crime, extracts an even larger toll when you con-sider its impact on families and communities.

"The most important reason to

support treatment is to improve the well-being and social function of people with addiction disorders," Mr. Pollack said. But there are other social benefits. When the criminally active get help for this, "the economic value of crime reduction largely or

totally offsets the costs of treat-ment," he added.

Relative to the costs of crime alone, treatment for substance use disorders is a good deal. Even though a typical burglary may result in a few thousand dollars of tangible losses, researchers have estimated that people are willing to pay 10 times that amount to avoid that loss and 100 times more to avoid armed robbery. This reflects the fact that crime exacts a large psychological toll — the threat or climate of it is far more costly than the crimes themselves.

The most cost-effective treat-

ment for opioid use disorders includes counseling along with a craving-relieving prescription drug, like methadone or buprenorphine, sometimes combined with other medications. According to an economic analysis by the New England Comparative Effectiveness Public Advisory Council, this kind of treatment actually saves society money. For instance, New England states could save \$1.3 billion by expanding treatment of oni. bined with other medications by expanding treatment of opi-oid-dependent persons by 25 percent.

Though the war on drugs has not had a tangible impact on roine, treatment for substance use disorders has. A study by Emory University scholars found that a 10 percent increase in the treatment rate reduces the robbery and larceny theft rates by about 3 percent and the aggra-vated assault rate by 4 to 9 per-

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cent. For a dollar spent on treatment, up to three are saved in crime reduction. An earlier study found that interventions to address substance use disorders save more in reduced crime than they save in reduced health care spending.
Several systematic reviews

and meta-analyses of therapies for opioid addiction found that methadone therapy reduced criminal activities related to heroin use. One analysis of more than 8,000 heroin users found that their offending rates were lower while on methadone ther-

apy than when not on it. For every 100 patients on methadone per year, there were 12 fewer robberies, 57 fewer break-and-enters and 56 fewer auto thefts. Another systematic review found that provision of heroin by doctors to patients addicted to it — permitted in Canada and some other coun-

tries — reduces crime.
Findings such as these justify drug courts, which divert drug offenders from the traditional criminal justice system into

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treatment. But what about help-ing those with substance use disorders obtain treatment before they commit crimes and land in court? Given the crimedeterring value of treatment (among its other benefits), you'd think we'd make it easy for pa-tients to get. We don't. The need for treat-

ment far exceeds its supply.

Many treatment programs have waiting lists, and the vast majority of those with substance use or dependency problems go un-

treated. Stigma plays a role, which is why addiction treatment works best when it is integrated with and supported alongside ordiand supported alongside ordinary medical care. A pervasive not-in-my-backyard attitude is a hurdle to adding more programs. A recent study by economists from Texas A&M and Montana State Universities suggests this

is shortsighted.

The researchers found that the opening of an additional treat-ment facility in a county is associated with lower drugrelated mortality in that county, as well as lower crime. The effect as wen as lower Crime. The ene of crime reduction alone would save an estimated \$4.2 million per facility per year, or almost four times its cost.

"Addiction treatment may be the one area of health policy

right now in which Democrats and Republicans want to work together to meet an important public health challenge," Mr. Pollack said. "The economic and crime-reduction benefit of these services certainly provide good reason for this."