



County Alcohol and Drug Program Administrators Association of California

*Dedicated to the reduction of individual and community problems
related to the use of alcohol and other drugs*

Substance Abuse and Crime Prevention Act (Proposition 36)

FACT SHEET

The Substance Abuse and Crime Prevention Act – Proposition 36 – is a drug treatment-in-lieu-of incarceration initiative that was approved by 61% of the voters on November 7, 2000. Prior to the passage of this initiative, California followed national trends by relying increasingly on prisons and jails as its primary response to arrests for illicit drug use. The total number of people imprisoned in California for drug possession quadrupled between 1988 and 2000, peaking at 20,116. The turnaround in the state's drug policy came in the form of Prop. 36, which now provides community-based treatment to individuals convicted of nonviolent, low-level drug offenses.

How many people are receiving Proposition 36 treatment?

- During its first four years of implementation (2001-2004), Prop. 36 diverted more than 140,000 individuals from incarceration to treatment, half of whom were accessing treatment for the first time in their lives.
- A total of 48,473 offenders were referred for treatment in 2004-05. Of these, 36,285 (75%) entered county-contracted treatment.
- 22,000 felons now receive Prop. 36 services every year, which means they are going into community-based treatment rather than into overcrowded prisons.
- Each year 12,000 people – or 34% of participants – complete Prop. 36 treatment across the state. An estimated 60,000 Californians completed their treatment programs in the first five years of Prop. 36 implementation.

Does Proposition 36 help with the prison overcrowding problem?

- The number of individuals incarcerated in state prisons for drug possession fell dramatically – by 32% – after Prop. 36 was approved.
- Prop. 36 rendered unnecessary the construction of a new men's state prison, saving taxpayers at least half a billion dollars, and resulted in the shuttering of a women's state prison.
- According to UCLA, 60% fewer drug law offenders were sent to jail or prison in the first year of Prop. 36 implementation, compared to a typical year before Prop. 36.
- A high percentage of parolees who are sent back to prison are violated for drug offenses. However, parolees who receive drug treatment are less likely to re-offend.

Is Proposition 36 cost-effective?

UCLA analyzed the program's cost savings and found:

- Prop. 36 saves a net \$2.50 for every \$1 invested.
- Across 8 areas assessed (jail, prison, probation, parole, arrests, convictions, drug treatment, healthcare), Prop. 36 led to a total cost savings of \$2,861 per offender over a 30-month follow-up period.
- Most savings are for incarceration and parole costs, augmented by funds coming from new state income taxes.
- UCLA estimates that Prop. 36 saved the state over \$800 million in the first five years of implementation.
- Conservatively estimating \$160 million in annual savings, Proposition 36 has saved the state \$1.2 billion in the seven years since the initiative was passed.
- By targeting resources toward a high-cost population – that is, those whose substance abuse increases the burden on other public programs such as foster care and corrections – Prop. 36 reaches a population that is not only in need of treatment, but one that maximizes the potential for cost-savings.

Does Proposition 36 benefit law enforcement?

- Over \$200 million was spent in the first five years of Prop. 36 to support criminal justice costs.
- About 90% of the Prop. 36 funding received by law enforcement goes to support Probation costs.

What are some of the characteristics of Proposition 36 clients?

- Half are accessing drug treatment for the first time.
- Half report over 10 years of drug use.
- Over half report methamphetamine as their primary drug of abuse (55%), followed by cocaine/crack (13.7%), marijuana (12.7%), alcohol (8.8%), and heroin (8.6%).

What kinds of treatment are Proposition 36 clients receiving?

- Even though a significant number of Prop. 36 clients are identified as severely addicted, most are placed in outpatient drug-free (non-methadone) programs (84.1%)
- Due to a shortage of financial resources, only about 11% of Prop. 36 clients are able to receive long-term residential care.

Is drug treatment effective?

- According to UCLA, re-arrest rates were lower for Prop. 36 offenders who completed treatment than for those who did not complete treatment.
- According to years of research, participation in treatment is shown to significantly reduce drug use.

What about “no-shows?”

- About 25% of offenders who were initially referred to Prop. 36 did not enter county treatment.
- Some of these offenders entered private treatment or treatment at the VA.
- Others opted for incarceration, or were later deemed ineligible for Prop. 36.
- Others were transferred out of county or died.

What about the claim of some Prop. 36 opponents that SACPA treatment has a 75% failure rate?

This claim is false for at least three reasons:

- This figure is based on the number of clients who are referred to treatment, rather than the number who actually enter treatment. When the “no shows” are accounted for (see the reasons above), the actual success rate is about 35% for those who enter treatment, comparable to the rates for other chronic diseases such as diabetes and hypertension.
- Some Prop. 36 opponents count as treatment failures those clients who have been moved from one level of treatment, in which they were not doing well, to a more intensive level of services (i.e. residential) appropriate to their needs, but who are still in treatment.
- The opponents’ claim is based on the now-debunked theory that addiction is a moral failure, when in fact addiction is a chronic, relapsing brain disease that requires ongoing care.
- The claim is based on the assumption that supply reduction (interdiction) is more effective than demand reduction (treatment), when in fact the former has less than a 10% success rate.

Can we do better?

- The lack of adequate resources for Prop. 36 results in waiting lists for treatment, “no shows” due to the lack of treatment slots, and difficulties with engagement and retention of clients.
- UCLA and the County Alcohol & Drug Program Administrators have calculated that Prop. 36 requires \$229 - \$250 million annually in order to provide the appropriate level of treatment for all clients.
- Insufficient funding threatens the quality of Prop. 36 treatment and, as a result, the potential for positive participant outcomes is compromised. This translates to a direct loss in taxpayer savings, and increased costs in other systems, such as foster care and corrections.