

Rethinking How We Address Substance Issues in Criminal Justice Settings

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Substance misuse, addiction, and associated physical and mental health problems are particularly concentrated among people involved in the criminal and juvenile justice system. According to U.S. Department of Justice data, half of state and federal prisoners meet DSM-IV criteria for a substance use disorder¹; yet only 11 percent receive treatment while in prison.²

Research conducted as part of NIDA's Juvenile Justice Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS) has shown that over half of justice-involved youth present with substance use problems, but only 64% of agencies serving them screen for these problems, and in more than a third of localities, residential treatment, detoxification, and medication assisted treatment are not available.³

Since most substance use disorders go untreated in prison, inmates are at greatly increased risk of relapse upon their release, even if they have been abstinent during their prison stay. A former inmate's risk of death within the first two weeks of release is more than 12 times that of other individuals, with the leading cause of death being a fatal drug overdose.⁴ Untreated substance use disorders also make a return to criminal activity and re-incarceration more likely and raise the risk of behavior that can result in contracting or transmitting HIV and hepatitis B and C.

Although the intersection of substance use and criminal justice involvement presents many problems and challenges, it also presents a unique opportunity to intervene in many individuals' lives with needed treatment and prevention interventions. The new Surgeon General's Report, *Facing Addiction in America*, outlines a broad public health vision for addressing substance misuse and substance use disorders, including shifting from a punitive, criminal justice based model to a public-health model for facing the problem.⁵ This includes providing evidence-based treatments such as medications in prisons, and offering treatment as an alternative to incarceration for individuals who could benefit. Addiction counselors and others in healthcare can facilitate the needed shifts through education and outreach with the law enforcement community and other social service and healthcare organizations.

Research shows that providing evidence-based addiction treatment while in prison and across the transition to the community can make an enormous difference. For prisoners with alcohol or opioid addiction, this should include medications in addition to behavioral counseling. Starting buprenorphine or methadone treatment along with counseling prior to release increases the likelihood that individuals will enter treatment after release and lowers their risk of relapse, overdose, and continued criminal involvement.^{6,7} Positive results have also been shown for the antagonist medication naltrexone.⁸

Unfortunately, many prison systems currently do not offer appropriate access to or utilize these treatments, and even where medications are permitted, their use remains inconsistent due to variable acceptance by corrections officers. A recent study found that acceptance of these treatments was related to officers' knowledge about addiction and their direct experience seeing medications be effective. Even those who saw the benefits of medications were generally opposed to using them long-term.⁹

Among the reasons for reluctance to provide medication is the continued widespread belief that doing so substitutes a new addiction for an old one. This is based on misconceptions about the nature of addiction. Addiction is a chronic brain disorder that impairs the function of multiple brain circuits involved in reward, stress, decision making, learning, and other functions. Buprenorphine and methadone help reduce cravings and withdrawal symptoms but they do not produce euphoria in people dependent on opioids; instead they restore balance to the affected brain circuits to allow the patient to function while they work towards recovery. Another concern is diversion. While this is a risk with any prescription drug, studies have shown that when buprenorphine and methadone are diverted they are most commonly used to control cravings and withdrawal symptoms, not to obtain a high,^{10,11} often because the individual cannot access treatment.¹²

As has been emphasized in numerous recent initiatives at the federal level and underscored in the recent Surgeon General's Report, much wider utilization of FDA-approved medications is crucial for bringing the opioid crisis under control, and this applies as much in criminal justice settings as elsewhere. Making medications available to prisoners is also part of the World Health Organization's *Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence*.¹³ In 2015, the White House Office of National Drug Control Policy (ONDCP) announced that State drug courts receiving federal grants may not deny participation by individuals being prescribed medications to treat their addiction.¹⁴

NIDA is supporting implementation science research to develop strategies to increase the adoption of evidence-based prevention, screening, and treatment interventions in prisons and to increase acceptance of these interventions within the justice system. In 2015, NIDA launched a randomized controlled trial (RCT) as part of JJ-TRIALS, comparing two data-driven interventions aimed at improving the adoption of evidence-based practices in 39 juvenile justice agencies. Another JJ-TRIALS study is examining partnerships between justice organizations and public health agencies to improve the delivery of HIV screening and prevention services for youth in the juvenile justice system.

When we acknowledge that substance use disorders are medical illnesses and not moral weakness or willful defiance of social norms, it follows that, when possible, punishment for certain drug-related crimes should be replaced with medical intervention. New modalities replacing punishment with treatment have proven highly effective at interrupting the cycle of drug use and criminal justice involvement. This is true both for those with addiction and those whose occasional or intermittent substance misuse threatens their own or others safety.

Even in the absence of the compulsive use that characterizes addiction, a single episode of binge drinking, for example, has the potential to harm others through impaired driving or interpersonal violence. In such cases, the criminal justice system has the opportunity to intervene in a teachable moment, to prevent further misuse or escalation to substance use disorder or addiction. Programs that divert people arrested for alcohol-related offenses to treatment have been tried in some states, such as South Dakota and Montana, and have shown positive results in reducing repeat arrests for DUI and intimate partner violence.^{15,16}

For people who do have addictions and are convicted of crimes related to their drug seeking and use, drug courts can play a similar role. Random drug tests and other forms of monitoring are used in such programs along with consistent, swift sanctions for positive screens, creating a strong incentive to maintain abstinence. These programs have proven highly successful, with randomized controlled trials showing high rates of treatment completion and reduced rates of subsequent drug use and recidivism—from 50 percent to 38 percent over 3 years, according to one review of the research.¹⁷ Drug courts seem to be especially effective among nonviolent offenders.

Because of their demonstrable success, use of drug courts has rapidly expanded across the country, but they still handle only a tiny percentage of the more than 1 million people with substance use disorders who become involved with the U.S. criminal justice system annually.

The population engaged with the criminal and juvenile justice systems is at high risk for substance misuse and use disorders, typically at a point in the individual's life when he or she may be more accepting of the need for treatment. Substance use disorders are medical issues, so less punitive, more health-focused approaches can have a critical impact on short- and long-term outcomes for both the individual and for public health and safety broadly. Drug addiction counselors have a crucial role to play in working with local police departments, sheriff's offices, courts, and other social service organizations to facilitate implementation of interventions that provide alternatives to arrest and lockup that have been proven effective. As highlighted by the Surgeon General, how we respond to this crisis is a moral test for our country. We must be guided by the best available science to develop pragmatic solutions to reduce drug use, addiction, and crime.

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