

## Fact Sheet

## Addiction and the Criminal Justice System

### Yesterday

- In 1914, Congress passed the Harrison Anti-Narcotic Act to reduce the negative social and medical consequences associated with drug abuse. This law allowed the Federal government to regulate narcotic drug sales.
- In 1939, the Assistant Surgeon General commented on the resulting state of addiction treatment, noting that addicts who violated this Act “were at first sent to prison, where their real needs were neglected.”
- Addicts sent to prison were treated as prisoners deserving punishment rather than as patients who needed treatment. The results, too often, were relapses on discharge, with a vicious circle of other violations and prison confinements that continued the ruin started by narcotics.
- After serving their sentences, most returned to their communities without receiving needed treatment or access to services, which often led to relapse and re-arrest, usually during the first 12 months after release.
- Within the past 30 years, growing numbers of people have been convicted for drug-related offenses, greatly swelling the ranks of those with drug problems who are under correctional supervision (Figure 1).
- These brain changes persist long after drug abuse ends, leading to high rates of relapse and the need for continuing treatment to help an individual achieve recovery.
- Close to 70% of inmates in state and local prisons abuse drugs regularly, compared with approximately 9% of the general population. Nevertheless, only about 15% of incarcerated drug abusers receive treatment, with post-release participation in community treatment even lower.
- Research demonstrates that treatment can work for drug abusing offenders, even when it is entered involuntarily (Figure 2). Studies show that community-based treatment cuts drug abuse in half, drastically decreases criminal activity, and significantly reduces arrests.
- It is estimated that every \$1 spent in treatment results in savings of at least \$4-7. In addition, drug abuse treatment also decreases re-incarceration and thus is central to interrupting the drug abuse/criminal justice cycle.

### Today

- Criminal behavior is associated with illicit drug use. Addiction is associated with theft, violent crime, and child abuse and neglect.
- Chronic drug abuse causes long-lasting changes in brain chemistry and function that contribute to an addict’s compulsion to use drugs despite catastrophic consequences.

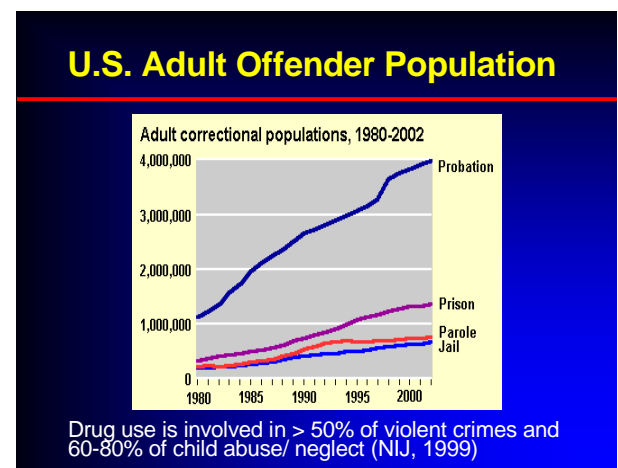


Figure 1. The adult population in the criminal justice system has swelled over the past 25 years, in part due to increases in incarceration for drug-related crimes.

- Drug courts coordinate supervision with drug treatment services, actively monitor progress in treatment, and arrange for other services for drug court participants.
- Approximately 650,000 inmates are released back into the community annually, often with an untreated substance abuse disorder, which increases the likelihood of engaging in a variety of health risk behaviors.
- One recent study found that in the first 2 weeks post-prison release, offenders were 13 times more likely to die than people in the general population. Drug overdose accounted for 70% of these deaths.
- Research shows that the outcomes for drug abusing offenders transitioning to the community following incarceration can be dramatically improved through participation in aftercare programs (Figure 2).

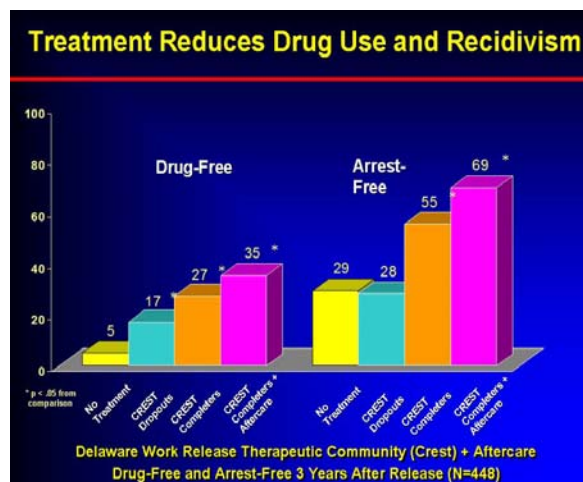


Figure 2. Effects of drug treatment with and without aftercare in the rates of drug relapse and re-arrest.

- Ongoing treatment helps released individuals deal with drug problems and with reentry stressors that can lead to relapse.
- NIH supports a robust research portfolio on drug abuse treatment for the criminal justice-involved individual, including the Criminal Justice-Drug Abuse Treatment Studies (CJ-DATS), a multi-site and interagency research initiative designed to improve outcomes for abusing offenders by improving the integration of drug abuse treatment with other public health and public safety systems.

- NIH's publication entitled *Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research Based Guide* summarizes the findings from treatment research in the criminal justice setting. Approximately 1.3 million copies of this publication were downloaded and more than 40,000 hard copies were circulated. Outreach efforts to judges and other stakeholders were met with great enthusiasm.

## Tomorrow

- Providers treating individuals in criminal justice settings will use established behavioral treatments and medications, such as naltrexone, methadone, and buprenorphine (for opioid addiction). Greater access to a wider range of medications to promote abstinence and recovery from some of the drug-induced changes in brain function will further adherence to treatment and support reintegration into the community.
- Criminal justice administrators and policy makers will adopt integrated treatment approaches to address the treatment needs of offenders with co-occurring disorders, including infectious diseases and mental health problems, in correctional settings and the community.
- Public health and public safety systems will work collaboratively to achieve optimal results for those within the criminal justice system with drug and other health problems, members of their communities, and society at large. This ideal is just now starting to become a reality.

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