

How the System Can Help People With Substance Use Disorders

Substance use disorders are widespread throughout many facets of society, including among adults and youths involved in the justice and corrections systems. While treatment for substance use disorders is cost effective, when untreated, these disorders can have a negative impact on state resources, families, and the entire community. A study of the nation's



It all started when I began to drink beer at 15 and smoke marijuana at 16. Luckily, I was able to abstain from drugs when I was giving birth to my children, who were born healthy. But after my daughter

died in a house fire, I began freebasing cocaine to deal with the immense pain, and I managed to hide my addiction. Eventually I was arrested for a DWI and taken to a correctional facility for women and then to a rehab center. When I was released, I realized that I had something to live for—that although my daughter was dead, I could not go back home the same way I had left. I needed to turn my life around. In memory of my daughter, I started an effective recovery group. I have been working this program on zero dollars and zero cents through the support of the community because they believe in the program and how it changes lives. I know it works because it saved my life. I take my recovery very seriously and I do it one day at a time, for over 6 years and continuing. Telling my story has freed me from the past, but most importantly my story has helped my family, friends, and community realize that there is hope and help for all of us healing from the effects of this deadly disease.

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prison population found that while only one-fifth of state prisoners were incarcerated for a drug offense, 83 percent reported past drug use, 57 percent were using drugs in the month prior to their offense, and 37 percent were drinking at the time of their offense.¹ In spite of these trends, recovery is possible for people in the justice system, and those who are looking for it can achieve it.

A **substance use disorder*** involves the dependence on, or abuse of, alcohol and/or drugs, including the nonmedical use of prescription drugs. Substance use disorders can affect people regardless of their age, race, ethnicity, class, employment status, or community.² In 2005, adults aged 18 or older who were on parole or a supervised release from **jail*** during the past year were more likely to be classified with dependence on or abuse of a substance than those who were not on parole or supervised release during that time.³ Like other chronic physical and mental disorders, substance use disorders are medical conditions that can be treated effectively.^{4, 5}

Representatives of the justice system, such as attorneys, judges, court administrative staff, and correctional, parole, and drug court officers, should have an understanding of the value of investing in **treatment*** and **recovery***, as well as the personal and financial costs associated with substance use disorders that go untreated. To improve their understanding of substance use disorders, this document will provide an overview of the importance of treatment in enriching our communities and outline the costs of substance use disorders to the justice system.

The Value of Investing in Treatment

Investing in treatment benefits the person in recovery and the entire community, which bears much of the cost of substance use disorders. Research shows that substance use disorders are medical conditions that can be effectively treated, just as many illnesses are treatable.^{6, 7}

* See "Glossary" at the end of the document for definitions of highlighted and starred terms.

A major study published in 2000 in the *Journal of the American Medical Association* is one of several that demonstrate the effectiveness of treatment for substance use disorders. The study found that treatments for drug use disorders are just as effective as treatments for other chronic conditions, such as high blood pressure, asthma, and diabetes.⁸

When a person in the justice system finds treatment, the outlook is remarkable. When inmates in one study received treatment for a substance use disorder, re-arrest rates dropped from 75 percent to 27 percent.⁹ This decrease in the recidivism rate and the proven effectiveness of treatment has enormous effects in reducing the cost burden of re-incarceration. Furthermore, successful substance use disorder treatment among those who are incarcerated is likely to reduce other societal costs, such as related health care utilization costs and the problem of underemployment.¹⁰

One study found that savings resulting from an in-jail treatment program that lowered re-incarceration rates were estimated at \$3,500 per offender. There are further cost benefits from reduced victim costs associated with illegal drug use, as well as police and court costs.¹¹ Residential prison treatment is more cost effective if offenders also attend treatment after their release, and it is important for criminal justice professionals to collaborate with substance abuse treatment providers and other agencies in providing care.¹²

When considering the societal costs associated with incarcerated parents in need of treatment, the cost benefits of investing in treatment are even greater. A study that tested the effects of incarcerating pregnant and parenting women versus diverting them into community-based treatment found that mandating the women into community-based treatment saved about \$3,000, compared to the nearly \$17,000 that it would cost to incarcerate—and also treat—them for 6 months. Additionally, the women mandated to community-based treatment stayed in treatment longer and were more likely to successfully complete it.¹³

Many studies show a positive return on investment when money is spent on treatment. Research suggests at least a 2:1 benefit-to-cost ratio, with other studies allowing for a return of \$7 for every dollar spent on treatment.^{14, 15} Another study discovered as much as a \$23 return for every dollar spent on treatment.¹⁶ While the return on investment varies from state to state and program to program, evidence supports the overall positive financial gain to society when investing in the treatment of people with substance use disorders.

Cost savings are specifically seen in the justice system, particularly with jail diversion programs. Jail diversion programs can divert people with serious mental illnesses, often with co-occurring substance use disorders, from jail by linking them to community-based treatment and support services. In 2003, administrators of the State Court System in New York estimated that diverting 18,000 people with non-violent drug offenses into treatment saved \$254 million in incarceration costs.¹⁷

Among people in the justice system, it is particularly important to watch for substance use disorders in combination with **serious psychological distress*** (SPD). People with a substance use disorder and SPD at the same time are said to have a co-occurring disorder. Among adults with SPD in 2005, 5.2 million (or 21.3 percent) had a co-occurring disorder; those in the justice system are also at risk.¹⁸ A Substance Abuse and Mental Health Services Administration (SAMHSA) analysis titled *The Prevalence of Co-Occurring Mental Illness and Substance Use Disorders in Jails* found that 72 percent of jailed male and female detainees with a severe mental disorder also had a substance use disorder.¹⁹

When helping people with co-occurring disorders obtain treatment, it is important to pay attention to both facets of their illness. According to SAMHSA's *Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Health Disorders*, treatment of both mental health and substance use disorders can help prevent the exacerbation of other health problems, including cardiac and pulmonary diseases.²⁰

The Cost of Substance Use Disorders to the Criminal Justice System and Families

Despite the numerous benefits of investing in treatment, substance use disorders continue to be prevalent throughout the country. In 2005, an estimated 22.2 million people (or 9.1 percent) aged 12 or older were classified with a substance use disorder.²¹ This prevalence presents an enormous cost burden to Americans. For alcohol alone, the total economic costs were estimated to be \$184.6 billion in 1998, which includes the costs of crime, medical consequences, lost earnings linked to premature death, lost productivity, motor vehicle crashes, and other social consequences.^{22, 23} For drug use disorders, in 2002 the economic costs were estimated at \$180.9 billion. This value includes the use of resources to address crime and health consequences and the loss of potential productivity from disability, death, and withdrawal from the workforce.²⁴

Many drug use costs are in some way associated with crime. It is estimated that \$107.8 billion, or almost 60 percent of total drug costs, are related to crime. Overall crime-related costs rose 5.7 percent annually between 1992 and 2002. The major forces behind this increase were higher police and corrections expenditures and productivity losses from incarceration.²⁵ These costs manifest in the many arenas of the justice system, such as police, incarceration, and legal services costs.

Incarcerating people for drug-related crimes is the largest cost component of drug abuse, at \$39 billion in 2002, or about 21.7 percent of total drug costs. This represents a total increase from 431,000 individuals incarcerated on drug-related offenses in 1992 to 663,000 in 2002. In 2002, 475,000 were incarcerated for violations of drug laws and 190,000 for drug-related property or violent crimes.²⁶



On August 29, 1983, the walls of my cellblock were sweating past stories of loss, pain, frustration, and hopelessness. As I laid there, I sweated the uncertainty of tomorrow, when I would go to a treatment center. Anxiety and fear dripped from my forehead. The familiarity of jail was in some ways comforting; I had no understanding of what treatment meant. A trusted friend picked me up to transport me to the foreign land of treatment. Though I wanted to postpone my entry, my friend said, "you must come now so that you don't have to live this way anymore." With trepidation, I walked into treatment and was welcomed with enthusiasm. I checked in and handed over my cardboard box filled with all of my possessions, and they said "don't leave before the miracle!" Thirteen years later, I am still clean, a father, grandfather, husband, and recovering addict. A moment of grace changed my destination and my life.

Steve Brugge

Recovery Advocate

Research has consistently found that people who have substance use disorders that remain untreated typically have high rates of repeated contacts with the justice system and a greater chance of re-incarceration. Unless those who have encountered the justice system find a path of recovery, recidivism is likely to remain high and the courts and correctional systems are likely to face increasing cost burdens from those with substance use disorders.²⁷

Illegal substance use and the crimes that stem from addiction have a large impact on state and local resources. In 2002, drug abuse-related police, legal, and adjudication costs (including publicly funded legal aid) on the state and local level were approximately \$9.8 billion and \$2.3 billion, respectively. The cost of private legal defense attributable to drug abuse was \$647 million in 2002, an increase of 5.9 percent annually (from \$365 million in 1992).²⁸



In 1989, I was faced with a choice. Tell the truth and face the consequences or fall further into the black hole I found myself in. Fortunately, I was sitting across from a compassionate man who

held my future in his hands, and I told him that I had been stealing money from work to support my ever-increasing drinking and drugging. I went to detox and rehab; he firmly believed I did not need to go to jail. In fact, he used his own money to pay back what I had stolen. It took several years to pay him back, but I did it. I saw him several years after that. We looked each other square in the eye and knew that we had both done the right thing. After several years and countless self-help meetings, I went back to school and got my master's and Ph.D. degrees in social work. Today I have the privilege of helping women get their lives back as clinical director in an intensive residential program, and I teach future social workers at a local college. I have a loving partner, a warm and safe place to call home, and a sense of humility that keeps me grounded in what is important. I am proof that treatment works and recovery is possible.

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Other illegal activities, such as driving under the influence of alcohol, have an impact on the community. About 1.4 million drivers were arrested for driving under the influence of alcohol or narcotics in 2004.²⁹ That number reflects less than 1 percent of the 159 million self-reported episodes of alcohol-impaired driving among adults in the United States each year.³⁰ Furthermore, in 2000, the costs of alcohol-related crashes in the United States were estimated at \$51 billion.³¹

Studies have shown that approximately one-third of people entering treatment with a dependence on typically more expensive illegal drugs, such as heroin or cocaine, rely on illegal activities to buy drugs and to make a living. These illegal activities, including dealing or manufacturing drugs and property crime, also impact the justice system and community.³²

There continue to be many unheard victims associated with substance use disorders. More than half of the 1.4 million adults incarcerated in state and federal **prisons*** are parents of minor children.^{33, 34} Of these parents in prison, 23 percent of fathers and 35 percent of mothers are serving time for drug offenses, and they are typically housed an average of 130 miles away from their children.^{35, 36}

The majority of parents in state and federal prisons have children between ages 5 and 14.³⁷ The separation of families during incarceration can have profound consequences for children of these ages. Immediate effects can include:

- Feelings of shame and social stigma
- Loss of financial support
- Weakened ties to the parent
- Poor school performance
- Increased delinquency
- Increased risk of abuse or neglect

Similarly, long-term effects can include the questioning of parental authority, negative perceptions of the police and legal system, increased dependency, disruption of development, and intergenerational patterns of criminal behavior.^{38, 39, 40, 41}

How the Justice System Can Help Encourage Treatment for People with Substance Use Disorders

Despite the positive effects treatment has on the lives of individuals and families in the justice system, as well as the relief it provides from the costs of substance use disorders, many individuals are still left untreated. This section offers resources to help justice system representatives facilitate access to treatment.

Implement Drug Courts

Drug courts are special courts given the responsibility to handle cases involving substance use offenses. They also ensure consistency in judicial decision-making and enhance the coordination of agencies and resources, increasing the cost effectiveness of programs.⁴² In many areas, the justice system improves people's access to treatment through drug courts. Drug courts represent the coordinated efforts of the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social service, and treatment communities to actively intervene and break the cycle of dependence on alcohol and/or drugs.⁴³ There are more than 1,600 planned or existing drug courts in the United States that provide job/skill training, family and group counseling, and other resources that help individuals and their families cope.^{44, 45}

Juvenile drug courts are intensive treatment programs established within and supervised by juvenile courts to provide specialized services for eligible drug-involved youths and their families. They provide intensive and continuous judicial supervision for youths involved in substance use cases, as well as offer coordinated and supervised delivery of the combination of support services necessary, including substance use and mental health treatment, primary care, familial issues, and education.⁴⁶

Drug courts have proven to be particularly successful in reducing the costs associated with incarceration and lowering the recidivism rate. Oklahoma drug court graduates are two times less likely to return to prison than people on probation and four times less likely to return to prison than released inmates. The cost of this program is \$5,000 per person per year, compared to spending \$16,000 per person per year for prison costs. Lastly, an evaluation of four Boston drug courts found that graduates are 33 percent less likely to be arrested, have 47 percent fewer convictions, and are 70 percent less likely to be incarcerated than those who did not attend a drug court.⁴⁷

The National Association of Drug Court Professionals and the National Drug Court Institute promote and advocate for the establishment and funding of drug courts. For more information, contact 703-575-9400 or visit their Web sites at www.nadcp.org and www.ndci.org, respectively. Additionally, National TASC offers program design and policy recommendations to provide treatment and recovery services for justice-involved individuals with substance use disorders. For more information, contact National TASC at 703-836-8272 or www.nationaltasc.org.

Institute Jail Diversion Programs

Jail diversion of people with mental health and substance use disorders has been found to result in positive outcomes for individuals and communities. Studies have shown that jail diversion is effective in reducing time spent in jail and results in lower criminal justice costs. The key to jail diversion is identifying individuals with co-occurring disorders as early as possible in their processing by the justice system.^{48, 49}

Several diversion programs have emerged in recent years. In 1992, a national survey estimated that only 52 out of 1,263 jails in the United States had diversion programs for people with mental illness. In 2004, the federally funded SAMHSA Technical Assistance and Policy Analysis Center for Jail Diversion listed 294 operating programs nationally. The recent surge in jail diversion programs has been supported, in part, by federal funding to jail diversion programs.^{50, 51, 52} For example, SAMHSA recently awarded \$7.2 million in new grants to jail diversion programs in 6 states. Grantees will coordinate with social service agencies to ensure that life skills training, housing placement, vocational training, job training, and health care are available to people who are part of the program.⁵³

Enable Treatment in Correctional Facilities and Continuing Treatment in the Community

While studies find that treatment can lower arrest rates and improve quality of life, only 13 percent of those who need treatment receive it while incarcerated. In fact, approximately 650,000 people are released back into the community annually, often without having received treatment for a substance use disorder or being connected to community-based treatment or other services.⁵⁴

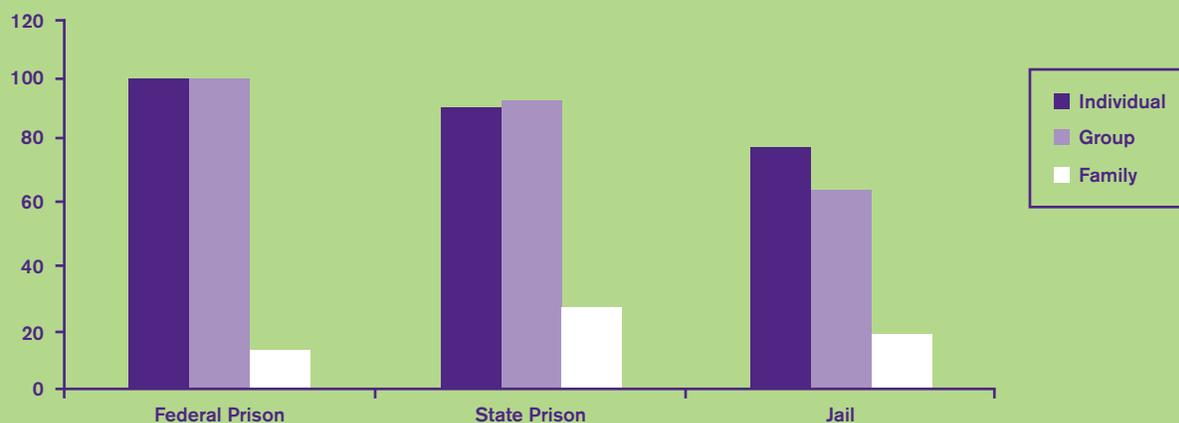
There are, however, a substantial number of treatment and/or **referral*** options available in the justice system. A 1997 SAMHSA survey examined the percentage of facilities that offer on-site treatment services and the number of people using these services in correctional facilities, finding that on-site treatment was available in:

- 94 percent of federal prisons, with close to 13,000 people receiving treatment
- 56 percent of state prisons, with nearly 100,000 receiving treatment
- 33 percent of jails, with more than 34,000 people receiving treatment⁵⁵

One example is the Sheridan Correctional Center in Illinois, which is a dedicated drug treatment prison that incorporates a full range of community reentry services, including linking people to continuing treatment and recovery services in the community. An evaluation of the program's first year compared rearrest and reincarceration rates of the first 150 inmates released from Sheridan with a group of other parolees from outside the program who had similar histories. The research showed that only 12 percent of Sheridan parolees were rearrested, compared to 27 percent of the other group (roughly a 55-percent reduction in rearrests). In addition, only 2 percent of Sheridan parolees were reincarcerated, compared with over 10 percent of the other group (roughly a 66-percent reduction in reincarcerations).⁵⁶

Most correctional facilities that have treatment programs also offer extensive individual and group counseling services, while family counseling is less common. The following chart gives an outlook on the use of counseling as part of a substance use disorder treatment program.⁵⁷

Percent of Adult Facilities Offering Counseling as Part of Treatment



However, there appears to be a disconnect between the number of people who enter treatment for a substance use disorder, the level of treatment services available, and those who leave prison or jail without receiving any treatment. The justice system has several opportunities to refer people who are incarcerated to treatment, including **assessing*** people after arrests, enforcing treatment program requirements during prosecution, and imparting sentences that include drug courts or diversion programs.⁵⁸ In fact, research shows that people who complete court-ordered treatment have similar rates of success as those who enter treatment voluntarily, ultimately reducing the rate of rearrests and improving employment and abstinence rates.^{59, 60}

Recognize Stigma and Discrimination

The effectiveness of treatment is still not widely known and publicized to the general public, so stigma and discrimination continue to present barriers for individuals with substance use disorders who wish to access treatment. They also inhibit the ongoing recovery process. Stigma detracts from the character or reputation of a person. For many people, stigma can be a mark of disgrace.⁶¹

Representatives of the justice system should be aware of the increased level of stigma that may be associated with individuals with substance use disorders in the justice system. Embarrassment and shame often are listed as the second most common barriers to recovery.⁶² By increasing awareness about the impacts of stigma and discrimination on people in recovery and their family members, and ultimately the community, more people will understand that substance use disorders are treatable diseases and that recovery is possible.

Make a Difference During *Recovery Month* and Beyond

This September, *National Alcohol and Drug Addiction Recovery Month (Recovery Month)* will be celebrated by hundreds of organizations and communities around the country to highlight the value of investing in treatment for substance use disorders. As part of *Recovery Month 2007*'s theme, "*Join the Voices for Recovery: Saving Lives, Saving Dollars,*" take the following steps as a representative of the justice system to contribute to the effort:

1. **Research options in your community.** Figure out what drug courts or diversion options exist in your local area. If there is a lack of viable alternatives to incarceration, contact leaders of the local justice system and influential policymakers to help bring these effective options to your community.
2. **Integrate and use all available services.** Professionals in the child welfare and justice system should work closely with substance use disorder and mental health treatment providers, funding agencies, counselors, local health officials, social service organizations, state alcohol and drug agencies, and others in the community to share information and recovery materials. Cultivating partnerships and service networks for *Recovery Month* and beyond can extend a program's reach, impact, and credibility. More information on establishing partnerships and coalitions can be found in this planning toolkit's "Resources" section.
3. **Sponsor or join a health and community fair.** As a representative of the justice system, you also can convey that you care about the public health issues surrounding substance use disorders. Set up booths for local treatment programs and family support services for those who have relatives who are incarcerated.
4. **Invite speakers to your facility.** Invite people in recovery who have been through the system or have used diversion programs to speak at local correctional facilities about their experiences. This could encourage those in need of treatment for substance use disorders to use the services or request a referral to a treatment program.

For more resources and organizations that can help people who are incarcerated, please consult the "Justice/Legal System" section in the "Additional Resources" brochure in this planning toolkit, or visit the *Recovery Month* Web site at www.recoverymonth.gov. For additional *Recovery Month* materials, visit www.recoverymonth.gov or call 1-800-662-HELP.

Glossary

Much has been written about substance abuse, dependence, and addiction; many studies have used different terminology to explain their findings. To foster a greater understanding and avoid perpetuating any stigma associated with these conditions, the phrase “substance use disorders” is used as an umbrella term to encompass these concepts.

Below you will find extensive definitions of substance use disorders, other terms that are highlighted throughout this document, and additional concepts that you may find useful. Unless otherwise noted, more detailed definitions and criteria can be found in the **2005 National Survey on Drug Use and Health: National Findings** at www.oas.samhsa.gov/nsduh.htm.

Substance use disorders – Substance use disorders involve the dependence on or abuse of alcohol and/or drugs. Dependence on and abuse of alcohol and illicit drugs, which include the nonmedical use of prescription drugs, are defined using the American Psychiatric Association’s criteria specified in the **Diagnostic and Statistical Manual of Mental Disorders**, 4th edition (DSM-IV). Dependence indicates a more severe substance problem than abuse; individuals are classified with abuse of a certain substance only if they are not dependent on it.⁶³

Jail – Jails are locally operated correctional facilities that confine people before or after adjudication. Inmates sentenced to jail typically have a sentence of 1 year or less. Jails also may incarcerate people in many other categories, such as people being held pending an arraignment, trial, conviction, or sentencing; those who have returned to custody after violating terms of release on probation or parole; and those being transferred to the custody of other justice/correctional authorities.⁶⁴

Treatment – Treatment is a path of recovery that can involve many interventions and attempts at abstinence. It is offered in different settings, and types of treatment greatly depend on the substances misused, as well as a person’s individual needs and characteristics. Treatment is offered in residential and outpatient programs and can include counseling or other behavioral therapy, family therapy, medication, or a combination of services.^{65, 66, 67} For more information, please refer to “A Guide To Treatment: Methods To Help People With Substance Use Disorders” in this planning toolkit.

Recovery – Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life. Individuals from the recovery community and treatment-related service providers developed this definition through the National Summit on Recovery process sponsored by SAMHSA’s Center for Substance Abuse Treatment (CSAT).

Serious psychological distress/mental health problems – These problems occur in people who exhibit high levels of distress due to any type of mental problem, which may include general symptoms related to phobia, anxiety, or depression.⁶⁸ A national organization, Mental Health America, provides greater detail about the types of mental health problems that correlate with substance use disorders. Mental health problems often predate substance use disorders by 4 to 6 years; alcohol and/or drugs may be used as a form of self-medication to alleviate the symptoms of a mental disorder.

Prison – Prisons are operated by either a state or the federal government and confine only those individuals who have been sentenced to 1 year or more of incarceration.⁶⁹

Referral – This is the recommendation of a treatment program or facility to an individual.

Assessment – Assessment is a broad-based concept that includes screening and diagnosis for a substance use disorder. Screening can actually prevent the initiation or escalation of a substance use disorder.⁷⁰

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