CCJJ DRUG POLICY TASK FORCE **FACT SHEET** CCJJ DRUG POLICY TASK FORCE

In 2009, the Commission on Criminal and Juvenile Justice and its Drug Policy Task Force recommended that the public policy of Colorado recognize that alcoholism and substance addiction are illnesses and public health problems affecting the general welfare of the state.

ABOUT ADDICTION

- Because addiction begins with a voluntary behavior, and is expressed in the form of excess behavior, it is often assumed that individuals should be able to quit by force of will alone. However, since their brains have been altered by drug use, **very few addicts stop on their own.**[1]

- Research has provided overwhelming evidence that not only do alcohol and other drugs interfere with normal brain functioning by creating powerful feelings of pleasure, but they also have long-term effects on brain metabolism and activity. Scientists and medical **experts today consider drug addiction a mental illness**.* This is why many individuals continue to use alcohol and drugs despite serious personal, social and legal consequences.[2]

- Research has found that

    - Drug abuse can cause a mental illness
    - Mental illness can lead to drug abuse
    - Drug abuse and mental disorders are both caused by other common risk factors

- In the 1950s, the American Medical Association **recognized alcohol addiction as a disease**.[3]

- Early detection followed by appropriate **interventions and treatments are key to preventing** future substance-related crime.[4]

- Recovery from drug addiction is a long term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, **relapses to drug abuse can occur and reflects a need for treatment to be reinstated** and perhaps intensified.

- Studies show that when addicted offenders are provided with well-structured drug treatment while under criminal justice control, subsequent drug use is reduced by 50-60% and criminal behavior is reduced by more than 40%. Research has found that substance abuse **treatment provides up to $7 in taxpayer benefits for every $1 in cost**. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.[5]

SUBSTANCE USE DISORDERS, ADDICTION AND CRIME

- Of the 2.3 million inmates crowding our nations prisons and jails in 2006:

    - 1.5 million (65%) meet the **medical criteria for alcohol or other drug use disorder** (within the last 12 months).

    - Another 458,000 (20%)

        - had histories of substance abuse
        - were under the influence of alcohol or other drugs at the time of their crime
        - committed their offense to get money to buy drugs
        - were incarcerated for an alcohol or drug law violation, or
        - shared some combination of these characteristics[6]

*Mental illness is a psychiatric disorder that results in disruption in a person's thinking, feeling, moods, and ability to relate to others.

- 77.5% of those incarcerated for a **violent crime** in jails and prisons in 2006 reported substance misuse and addiction[7]

- Comparatively, **10-11% of the general population is estimated to have a substance disorder (12-month prevalence)**: 2.9% for illicit drug use disorders and 7.7% for alcohol use disorders among those aged 12 and over[8]

- **Alcohol and other drugs are significant factors in all crime**. In a 2006 national survey, prisoners reported that alcohol and other drugs were involved in criminal activity:

  - 78% of violent crimes
  - 83% of property crimes
  - 77% of public order, immigration or weapon offenses, and probation/parole violations.

- Compared with inmates who are not substance involved, substance-involved inmates are four times likelier to receive income through illegal activity (25% vs. 6%)[9]

- A 2006 study of **Colorado district court cases** found most offenders convicted of the following crimes had serious problems with alcohol or illicit drugs (note that this finding does not mean that drug use caused criminal activity):[10]

  - Convicted of assault 82%
  - Convicted of robbery 95%
  - Convicted of theft 75%
  - Convicted of sex offense 65%
  - Convicted of burglary 85%
  - Convicted of forgery 79%
  - Convicted of fraud 84%
  - Convicted of MVT 86%
  - Convicted of drugs 92%
  - Convicted of escape 85%

- According to a 2009 survey of men booked into the **Denver City Jail**, 69% tested positive for one of five drugs (excluding alcohol). The majority tested positive for the following:

  - marijuana (45%)
  - cocaine (28%)[11]

- Rather than questioning which came first--criminal behavior or substance abuse--research now focuses on evidence-based cognitive behavioral treatment which addresses thinking patterns that lead to poor choices.

Alcohol is the primary drug of abuse in Colorado: Treatment admissions, 2008

Source: SAMHSA. (December 2008). *States in brief: Colorado. Substance abuse and mental health issues at-a-glance. A short report from the Office of Applied Studies.* Available at http://www.samhsa.gov/statesinbrief/2009/COLORADO_508.pdf.

- **Alcohol** use is implicated in the incarceration of over half (57%) of all inmates in America. Inmates in a 2006 survey reported that they were either under the influence of alcohol at the time of the crime, had a history of alcohol treatment or had an alcohol use disorder.

- **Alcohol** was involved in the following crimes of prisoners incarcerated in 2006:

    - 56% of those who committed a property crime
    - 58% of inmates who committed a violent crime
    - 52% of those who committed other crimes[12]

- Half (52%) of the **juvenile or youthful offenders** incarcerated in state prisons and local jails in 2006 met the clinical criteria for alcohol or other drug disorders.

    - The problem is particularly severe among youth incarcerated in local jails where 54% meet such clinical criteria compared with 37% of juvenile inmates in state prison.

    - State and local juvenile and youthful offenders are more likely to have co-occurring mental health and substance use disorders than non-youthful offenders (28% versus 25%).[13]

- In FY2008, of the 950 youth discharged from the **Colorado Division of Youth Corrections** (DYC) 796 (84%) were assessed at intake as needing *Intervention* or *Treatment* level substance abuse services.[14]

- Being arrested at an early age, being convicted as a juvenile and beginning alcohol or other drug use at an early age all are related to **recidivism**.[15]

SUBSTANCE USE DISORDERS AND MENTAL ILLNESS

- **60% of those with a substance use disorder also suffer from another form of mental illness**. This combination of diseases is referred to as "co-occurring disorders." This does not necessarily mean that one condition is caused by the other, even if one appeared first. Drug abuse can cause a mental illness; mental illness can lead to drug abuse; and drug abuse and mental disorders are both caused by other common risk factors.[16]

    - By way of comparison*, serious psychological distress* (the phrase used by survey researchers to reflect medical diagnostic criteria) was present in nearly 12% of adult population, according to a household survey of more than 136,000 persons in the U.S.[17]

- **Drug abuse and other mental disorders are both caused by common factors**, such as underlying brain deficits and early exposure to stress or trauma. For example, brain circuits that involve dopamine are typically affected by addictive substances and may also be involved in depression, schizophrenia, and other psychiatric disorders.[18]

- **Drug abuse and mental illness are developmental disorders.** They often begin in childhood or adolescence, periods when the brain is undergoing dramatic developmental changes.[19]

- **Early exposure to drugs** of abuse can change the brain in ways that increase the risk for mental illness, just as early symptoms of a mental disorder may increase vulnerability to drug abuse.

- Individuals with overt, mild, or even subclinical mental disorders may abuse drugs as a form of **self-medication to reduce symptoms.**[20]

- **Fetal Alcohol Spectrum Disorders (FASD)** is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. There is no safe level of alcohol consumption by pregnant women. Babies can be

born with some or all of these effects, many of which increase the likelihood that FASD-affected individuals will abuse substances:

- Attention and memory problems
- Learning disabilities
- Hyperactivity and behavior problems
- Difficulty with judgment and reasoning
- Poor coordination or delayed motor skills
- Growth deficits
- Altered facial features (thin upper lip and no groove above lip)
- Mental retardation[21]

- Individuals receiving treatment for mental and substance use disorders frequently are diagnosed with **psychological trauma.** Unresolved and untreated trauma is central to the development of multiple, severe, and persistent health and mental health problems, substance abuse, criminal behavior. **Trauma-informed treatment** is a critical component of substance disorder interventions**.**[22]

- In June 2008, The National Institute on Drug Abuse published a study that found that a **specially designed group intervention improved client functioning in the community.** A 6-month course of Behavioral Treatment for Substance Abuse in Severe and Persistent Mental Illness (BTSAS) reduced drug abuse, boosted treatment-session attendance, and improved the quality of life of outpatients with a wide spectrum of mental disorders. BTSAS therapy comprises six integrated components:

  - motivational interviews (directive counseling that explores and resolves ambivalence) to increase the desire to stop using drugs;
  - contingency contracts linking drug-free urine samples with small financial rewards ($1.50-$3.50 per drug test);
  - realistic, short-term, structured goal-setting sessions;
  - training in social and drug-refusal skills;
  - information on why and how people become addicted to drugs and the dangers of substance use for people with mental illness; and
  - relapse-prevention training that inculcates behavioral strategies for coping with cravings, lapses, and high-risk situations.[23]

MARIJUANA USE AND OTHER ILLICIT DRUGS AND ADOLESCENCE

- Underage smoking and alcohol use typically precede marijuana use, so those two substances--rather than marijuana--are considered by professionals to be 'gateway drugs' to illicit substance use.[24]

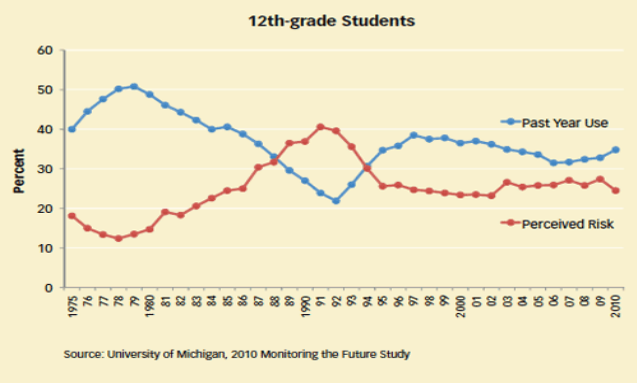
- Because their brains are still developing in the areas that govern decision making, judgment, and self-control, adolescents may be especially prone to risk-taking behaviors, including trying drugs of abuse.[25]

- **Teens using marijuana are more likely to use other illicit drugs.** Among teens aged 12 to 17 with no other problem behaviors, those who used marijuana at least once in the past 30 days are 13 times more likely than those teens who have not used marijuana in the past 30 days (34% vs. 4%) to use another drug like cocaine, heroin, methamphetamines, LSD or Ecstasy, and almost 26 times more likely than those teens who have never used marijuana (34% versus 1%) to use another drug like cocaine, heroin, methamphetamines, LSD or Ecstasy.[26]

  - Scientists acknowledge that teenagers sometimes act without regard for consequences, linking this impulsiveness and risk-taking to immaturity of the brain region called the orbitofrontal cortex which exaggerates the reward response for adolescents. New research suggests that, in addition to having an underdeveloped restraint system, the teenage brain generates more intense reward impulses than a child's or an adult's.[27]

- Adolescents' heightened sensitivity to drug reward puts them at an enhanced risk for progressing from drug experimentation to addiction and may also increase their challenges in recovery. Drug-addicted adolescents may have a **higher risk of relapse than adults**, leading to greater prevalence of addiction in this population.[28]

- Teenage marijuana use has been increasing slightly every year since 2005. During the past 35 years, the percentage of 12th-grade students reporting past-year marijuana use has shown ups and downs. Such use has risen when risk perception falls and has fallen when risk perception rises (see figure).[29]



SUBSTANCE ABUSE, CHILDREN AND ADVERSE LIFE OUTCOMES

- The **minor children of inmates** are at a much higher risk of juvenile delinquency, adult criminality and substance misuse than are minor children of parents who have not been incarcerated.[30]

    - Almost four-fifths of incarcerated mothers (77% in state prison and 83% in federal prison) reported being the primary caregiver for their children prior to their imprisonment.

    - 26% of fathers incarcerated in state prisons and 31% incarcerated in federal prisons reported being the primary caregiver for their children prior to incarceration.

- **Maternal absence** increases adult children's chances of being convicted of a crime or being on probation by 75%.[31] A study of the likelihood of incarceration found that youth living in single-parent families were at nearly twice the risk for incarceration compared to youth from intact families.[32]

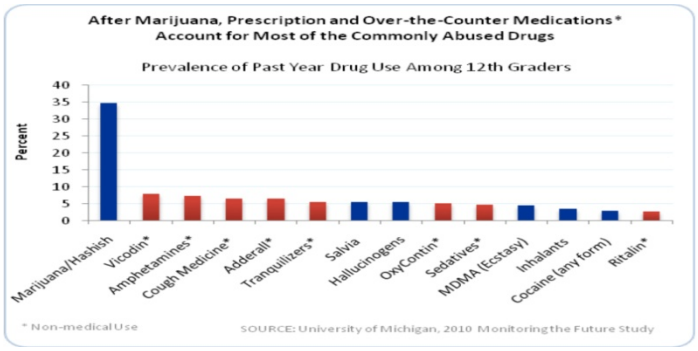
- Compared to persons who grew up with no parental alcohol abuse, adverse childhood experiences-- including domestic violence, parental marital discord, mental illness in the home, and exposure to criminal activity--was **2 to 13 times higher** for children when either or both parents abused alcohol.[33]

- Recent research reveals that between 1997 and 2002, 2**,355 children in the U.S. died in alcohol-related crashes**; 68% of those children were riding with a driver who had been drinking. Drugs other than alcohol (e.g., marijuana and cocaine) have been identified as factors in 18% of motor vehicle driver deaths.[34]

    - **Alcohol** is found in the blood of approximately 60% of motor vehicle crash victims, 50% of suicides, 46% of homicide victims, 50% of drowning victims and 64% of fire and burn fatalities.[35]

EMERGING PROBLEM: PRESCRIPTION DRUG ABUSE

- Excluding tobacco and alcohol, prescription and over-the-counter medications are the most frequently abused drugs, following marijuana, for adolescents (see figure below).[36]



** Red bars reflect prescription drugs used for non-medical reasons.*

RISK AND PROTECTIVE FACTORS IN DRUG ABUSE PREVENTION

The National Institute on Drug Abuse (NIDA) has identified **important principles for prevention programs** for the family, school, and community. Prevention programs are often designed to enhance "protective factors" and to reduce "risk factors." **Protective factors** are those associated with reduced potential for drug use. **Risk factors** are those that make drug use more likely. Research has shown that many of the same factors apply to other problematic behaviors such as *youth violence, delinquency, school dropout, risky sexual behaviors, and teen pregnancy*.[37]

PROTECTIVE FACTORS

- Strong and positive family bonds;
- Parental monitoring of children's activities and peers;
- Clear rules of conduct that are consistently enforced within the family;
- Involvement of parents in the lives of their children;
- Success in school performance; strong bonds with institutions, such as school and religious organizations; and
- Adoption of conventional norms about drug use.

RISK FACTORS

- Chaotic home environments, particularly when parents abuse substances or suffer from mental illnesses;
- Ineffective parenting, especially with children with difficult temperaments or conduct disorders;
- Lack of parent-child attachments and nurturing;
- Inappropriately shy or aggressive behavior in the classroom;
- Failure in school performance;
- Poor social coping skills;
- Affiliations with peers displaying deviant behaviors; and
- Perceptions of approval of drug-using behaviors in family, work, school, peer, and community environments.[38]

PRINCIPLES OF EVIDENCE-BASED CORRECTIONAL PRACTICE*

- **Assess offender risk/need levels using actuarial instruments.**
- **Enhance offender motivation.**
- **Target interventions as follows:**
  - ✓ **Act on the risk principle. Target services to medium and high risk offenders rather than low risk offenders.**
  - ✓ **Act on the need principle. Provide services that address at least 4 criminogenic needs (needs that are directly related to criminal activity).**
  - ✓ **Implement the responsivity principle. Provide services according to the offender's learning style.**
  - ✓ **Ensure adequate program dose and duration.**
- **Provide skill training for staff and monitor their delivery of services.**
- **Increase positive reinforcement.**
- **Engage ongoing support in natural communities.**
- **Measure relevant processes/practices.**
- **Provide measurement feedback.**

**PRINCIPLES OF EBP SOURCE: NATIONAL INSTITUTE OF CORRECTIONS NICIC.ORG.*

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[5] Excerpts from Mark Stanford, Director of Medical and Clinical Services, Department of Alcohol & Drug Services, Addiction Medicine Division, Santa Clara County Health & Hospital System, reviewing the literature in an editorial in the San Jose Mercury News, December 29, 2008.

[6]National Center on Addiction and Substance Abuse at Columbia University (CASA), *Behind Bars II*, February 2010. CASA analysis of the *Survey of Inmates in Federal Correctional Facilities* (2004), *Survey of Inmates in State Correctional Facilities* (2004), *Survey of Inmates in Local Jails* (2002) [Data files], and U.S. Bureau of Justice Statistics Reports, *Prisoners in 2006*.

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[10] Serious problem means some or serious disruption of daily functioning. The source for this figure is data collected from court files by DCJ researchers. Data were collected from a sample of cases in 10 judicial districts (17 counties: Denver, Jefferson, El Paso, Weld, Mesa, Boulder, Broomfield, Douglas, Teller, Gilpin, Jackson, Adams, Arapahoe, Elbert, Lincoln, and Larimer). These judicial districts were chosen based on the top 10 judicial districts for filings in 2005. The sample is made up on 1,298 court cases from 2004, 2005, and 2006 that were sentenced to probation in 2006. Researchers used a subjective scale to code in data in the file using the following measures (1) no problem, (2) yes a problem but no interference with daily functioning, (3) yes a problem and some disruption of daily functioning, and (4) yes a problem with serious disruption of functioning.

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