“Providing nonviolent drug offenders with drug treatment in the community rather than incarcerating them would save tens of millions of dollars, reduce recidivism and better protect the public.”
The revolving prison door of untreated addiction is extremely expensive, not only in repeated court and prison costs but also in terms of poor health, damaged family relationships and lost productivity. Treatment instead of incarceration, during incarceration, and upon reentry has been a successful solution, but one much too little utilized.

The Treatment Instead of Incarceration Primer was made possible by a grant from the Closing the Addiction Treatment Gap Initiative of the Open Society Institute.
800,000 residents who needed treatment got it in 2007, while 50,000 people who sought treatment were unable to access it due to limited capacity.34

While drug court is significantly more effective and less expensive than incarceration and is more effective than traditional probation35, not all offenders who commit crimes with a “presumption of incarceration” or a mandatory minimum period of parole ineligibility need the concentrated and rigorous components of these courts. Many could be effectively treated with less expensive addiction treatment and aftercare, were the appropriate level of treatment available.

Research on the economic impact of treatment consistently illustrates that the economic benefits of treatment far outweigh the costs. A review of the economic benefits of treatment found the average net benefit per client was $42,351 due to reduced crime.34 According to the National Institute on Drug Abuse, the return on investing in treatment may exceed 12:1; that is, for every dollar spent on treatment can reduce future burden costs by $12 or more in reduced drug-related crime and criminal justice and health care costs. In New Jersey, there is a savings of $18,000-$24,000 per person directed to treatment instead of incarceration.35

States that have increased drug treatment availability have seen bigger drops in crime. A Justice Policy Institute study of drug treatment and imprisonment in Maryland from 2000 to 2005 found that eight of 12 jurisdictions that relied more heavily on drug treatment saw crime rates fall by 10 percent or more.36

Corrections reform happening nationwide

Many states have begun to shift towards treating rather than incarcerating certain offenders. In Texas, for instance, legislators from both parties decided to rework the state’s criminal justice system. Rather than spend $523 million on more prison cells, they used that money to expand drug treatment and diversion beds and expand drug courts. In all, the reforms are expected to save Texas $210 million over the next two years—plus an additional $233 million if the recidivism rate drops and the state can avoid having to build three new prisons.37

Legislators in Vermont, meanwhile, proposed a near overhaul of their criminal justice system to reduce spending and recidivism. This undertaking included the closing of prisons or sections of prisons and changing another prison into a therapeutic community. The state expected to save $600,000 the first year, which was to be reinvested in drug and alcohol screening, assessment, treatment both in prison and in the community, transitional housing, and reentry support. It expected to save $3 billion in the second year, some of which was to be reinvested in drug/alcohol treatment programs to further reduce recidivism.

New Jersey has begun to move in this direction with recent reentry reform and has the promise of more such measures under proposals made by incoming Governor Chris Christie’s Transition Team. The Corrections and Homeland Security Transition Team determined that there were approximately 6,000 state inmates incarcerated for non-violent, drug-related crimes. These inmates would be better served in substance abuse treatment centers and other types of community release centers. Using Department of Corrections Commissioner George Hayman’s testimony that a state prisoner costs $49,000 per year, the state would save a substantial amount of money if cheaper, and more effective alternate methods were used. For example, using $49,000 x 6,600 = $323,400,000. If the state spent half of that amount on treatment for these low-risk prisoners, then it would save approximately $161,700,000 per annum.

Conclusion

By addressing the substance use disorders of inmates both entering the criminal justice system and returning home, society stands to save billions of dollars in reduced crime and reduced recidivism and reclaim thousands of individuals to live as responsible parents, hard workers, taxpayers and law-abiding citizens. Re-

Alcohol and drug addiction is one of the most serious health problems facing society, which left untreated affects thousands in New Jersey, devastating families, individuals and communities. Addiction also overwhelms New Jersey’s criminal justice system and creates a huge drain on the state budget as a result of policies that imprison many for whom supervised treatment is the more appropriate course.

The link between drug and alcohol addiction and criminal activity has been well documented. In New Jersey, 29% of New Jersey prisoners are incarcerated due to a base offense involving drugs, and 81% have an addiction problem, were under the influence when they committed their crime, or committed a crime that was economically motivated linked to their drug use.3 Eighty percent of inmates with five or more prior convictions used drugs regularly.7 Data from the Office of National Drug Control Policy’s (ONDCP) 2008 Arrestee Drug Abuse Monitoring Program (ADAM II) showed the majority of arrestees in 10 major metropolitan areas tested positive for illicit drug use, with as many as 87 percent of arrestees testing positive for an illegal drug.8

To prevent further criminal activity in New Jersey, more than 10,000 non-violent offenders currently in prison need drug and alcohol treatment.9 Despite the established relationship between addiction and crime, few of these individuals will receive any treatment during their period of incarceration or after their release. Most of these non-violent drug offenders will serve less than five years.5 Prisoners will likely reoffend due to such treatment and the need for such treatment is enormous.”

Although four out of every five offenses are committed by someone with a drug or alcohol problem, addiction treatment is grossly underfunded. The gap between available treatment and the need for addiction is a disease. Let’s treat it that way.
family relationships and lost productivity. Treatment instead of incarceration, during incarceration, and upon reentry has been a successful solution, but one much too little utilized.

Among the questions that need to be explored are: Has the investment in prisons for individuals with an addiction resulted in a positive return? How can the state curb and reallocate corrections spending in ways that protect public safety, hold offenders accountable, and produce better results for taxpayers, offenders and society at large?

In general, the conversation needs to change from a war on drugs” posture to a public-health response to addiction that integrates public health and public safety.

“The War on Drugs’ metaphor doesn’t fit. The term war limits our tools to deal with the complex problem of the disease of addiction. Someone once told me that when the only tool in the tool box is a hammer, every problem looks like a nail.” (ODNCP Director Gil Kerlikowske addressing the National Association of Drug Court Professionals at their 15th Annual Conference, Anaheim, CA, June 11, 2009)

This report will explore scientifically sound, evidence-based policies and practices in the criminal justice system for individuals with a drug/alcohol problem, which protect public safety, hold offenders accountable, and reduce corrections costs. Individuals and the state budget alike will greatly benefit from a shift to treating rather than incarcerating many non-violent offenders.

Addiction is a Disease - Let’s treat it that way

Scientific research conducted over the past 10 years by the National Institute on Drug Addiction (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and Substance Abuse and Mental Health Services Administration (SAMHSA) has demonstrated that alcohol and drug dependences is a chronic disease much like asthma, hypertension and diabetes. Like those illnesses, it requires ongoing disease management. Without an understanding of the chronic nature of this disease, the court system will continue to operate under the misconception that stabilization and symptom reduction amounts to a “cure,” while considering a relapse to be a failing of both the treatment and the individual.

Using drugs repeatedly over time changes brain structure and function in fundamental ways. Many people who begin using alcohol or drugs socially or to escape some problem unwittingly cross the line into involuntary drug/alcohol use. They find themselves struggling with an addiction and the consequences that arise from that addiction. People whose existence is drug- or alcohol-driven or whose judgment is clouded by intoxication often lose self-control and commit acts they would not consider without being under the influence of alcohol or drugs.

Alan L. Leshner, director of the National Institute on Drug Abuse at the National Institutes of Health, describes the effect of prolonged alcohol or drug use on the brain: “long-lasting brain changes are responsible for the distortions of cognitive and emotional functioning that characterize addicts, particularly including the compulsion to use drugs that is the essence of addiction. It is as if drugs have high-jacked the brain’s natural motivational control circuits, resulting in drug use becoming the sole, or at least the top, motivational priority for the individual.”

My addiction began at age 12. In my early twenties, I had hit a bottom on alcohol, heroin and cocaine and participated in outpatient treatment. I abstained from alcohol and drugs for many years and had a law practice. I had set up practice as a sole practitioner on the West coast, where I was introduced to methamphetamine. In my late thirties I decided to try it - for just a little while, I thought - to help get things done and escape depression. That little while turned into weeks, which turned into months, which turned into years. I lost my law practice, my home, my friends, and my family within months of first picking up the drug. I found myself homeless, penniless, toothless, hopeless and hopelessly addicted.

By the time I got to drug court I had lost everything and was acting in ways others would find bizarre. I no longer knew how to do the simple things to take care of myself and cope with life. It took me 11 months and a lot of work to get into drug court, because the numerous serious crimes I was charged with initially made me ineligible for drug court. The fact that I had a co-existing mental health disorder made me less than ideal (the statute does not distinguish between people who manufacture the drug for sale vs. personal use). Thank goodness for my attorney and an understanding assistant prosecutor and judge.

I was filled with self-loathing and believed my opportunities to have a meaningful life, a satisfying career or ever have children was lost (I could not have children and had always planned to adopt, but due to the criminal charges I would not be able to adopt). I have no doubt that had I been sent to prison, I would have continued to use drugs and the remainder of my life would have consisted of revolving in and out of prison or ended in an early death.

I would later find hope in drug court, but not without some struggles. The obsession to use and engage my tweak seemed almost unbearable at times. These obsessions lasted for a good 18 months. With the help of drug court I was able to surrender, and let someone else look out for my best interest. During the healing, drug court gave me one touchstone person - my probation officer, who was part of a team to track my progress, direct me when I could not direct myself, set limits and structure in my life when I had none, make decisions for me when I could not make good decisions for myself, support me when I needed support, encourage and reward me when I was on the right path and, catch me if I fell.

Slowly my brain began to heal and the self-loathing lifted. My relationship with my drug court probation officer and gaining the respect of the court became important to me. I was given more and more freedom as I was able to make better and better decisions. Fundamentally, drug court helped me return how to live. With the help of drug court I was able to build a life I wanted to live - a balanced life. Once my brain healed so that I could think and use my skills again, I secured employment with the National Council on Alcoholism and Drug Dependence-New Jersey as the research/policy analyst. Now I use my legal skills to help others. I advocate for legislation and policies that promote addiction recovery and work to end the stigma and discrimination faced by those in recovery from addiction. The relationships with my sisters and mother were healed and I was able to be there for my mother for several years and by her bedside before she died.

Drug court was there to help me deal with her death without using. Knowing that drug court was there for me should I fall gave me the courage, at age 47, to give birth to my miracle child. The same woman from drug court who put me in jail years earlier was there by my side to support me at my baby’s birth.

I recently bought my first house and drug court again was there to ensure it was the right thing to do. I am in the process of attempting to obtain my law license in New Jersey and was given the Marty Mann award by the Lawyers Assistance Program for assisting other attorneys in finding recovery. I began drug court in August 2003 and graduated in August 2008. I have been in recovery for more than seven years and my life has come full circle, only the life I have today is 100 percent better than the life I had.
In New Jersey serious offenders are eligible for drug courts and most of those offered drug court and accepted into the program would otherwise have gone to prison, but only a fraction of the offenders with a drug or alcohol problem and in need of treatment are eligible. The state must expand eligibility for drug courts to realize their full benefits.

### Accessible Treatment

Scientific research since the mid-1970’s has consistently shown that addiction treatment is a cost-effective approach to combating crime, recidivism, and the problems associated with re-entry. It can help many addicted offenders change their attitudes, beliefs, and behaviors towards drug use, avoid relapse, and successfully remove themselves from a life of alcohol or drug use accompanied by crime.9 Studies show that treatment can cut drug misuse in half, reduce criminal activity by up to 80 percent, and reduce arrests up to 64 percent.10 More than half the individuals in the criminal justice system who complete treatment programs and participate in aftercare do not commit new crimes.11

Although four out of every five offenses are committed by someone with a drug or alcohol problem, addiction treatment is grossly underfunded. The gap between available treatment and the need for such treatment is enormous. Statewide, only 59,000 of New Jersey’s 725,000 offenders receive drug treatment while incarcerated for a drug offense or alcohol problem. Most of these individuals do not pose a threat to public safety. Despite high levels of drug/alcohol problems among offenders, relatively few prisoners receive drug treatment while incarcerated. Program capacity in the state was limited to 6 percent of the prison population. This untreated addiction fuels crime and recidivism. Providing nonviolent drug offenders with drug treatment in the community rather than incarcerating them would save tens of millions of dollars, reduce recidivism and better protect the public.

### Benefit to Taxpayers and Crime Victims Per Dollar Spent on Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Cost to Taxpayers/Time Saved</th>
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<tbody>
<tr>
<td>Incarceration</td>
<td>$1.29 - $3.37</td>
</tr>
<tr>
<td>Therapeutic Treatment in Prison</td>
<td>$1.91</td>
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<tr>
<td>Therapeutic Treatment in Prison, with Aftercare</td>
<td>$2.69</td>
</tr>
<tr>
<td>Drug Court</td>
<td>$2.83</td>
</tr>
<tr>
<td>Job Counseling</td>
<td>$5.28</td>
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<tr>
<td>Non Prison, Therapeutic Treatment</td>
<td>$8.87</td>
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</tbody>
</table>

Leshner believes that “once a person crosses the line from user to addict, the brain is so changed that he/she can no longer control their behavior.” Although drug or alcohol use may start voluntarily, addiction is not a voluntary behavior. It is a different state.10

The public, attorneys, and judges often do not understand addiction’s effect on the brain. They ask if drugs and alcohol are the source of an individual’s problems—including criminal offenses—why doesn’t the person simply stop? Why don’t they stay stopped? It is, of course, by no means that easy.

The State of New Jersey needs to take a new look at the way people with drug and alcohol problems are dealt with and shift to a strategy that treats individuals with an addiction. To save money and save lives, the state needs to advance policies that, in appropriate cases, emphasize treatment over imprisonment.

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Since the mid-1980s, a surge of drug-related incarceration

New Jersey incarcerates drug offenders at one of the highest rates in the nation. In 2009, drug offenders made up 29 percent of the total inmate population, second only to violent crimes. Furthermore, the number of people on probation, parole, prison and jail who has expanded to such an extent that one in 35 adults in New Jersey, or 3.2 percent of the population, is under correctional control.11

The war on drugs has also caused the number of people on probation and parole to increase 141 percent, to almost 142,000 individuals13, most of whom have a drug or alcohol problem and committed their offense while under the influence or to pay for the drugs to which they are addicted. This means that if 1 in 44 adults in New Jersey is under criminal justice supervision in the community.

About half of New Jersey state inmates are incarcerated for a nonviolent offense: over 7,000 men and women are incarcerated for a drug offense in New Jersey and another 4,000 for other nonviolent offenses.

Approximately 81 percent of New Jersey’s inmates have a serious drug/alcohol problem. Most of these individuals do not pose a threat to public safety. Despite high levels of drug/alcohol problems among offenders, relatively few prisoners receive drug treatment while incarcerated. Program capacity in the state was limited to 6 percent of the prison population. This untreated addiction fuels crime and recidivism. Providing nonviolent drug offenders with drug treatment in the community rather than incarcerating them would save tens of millions of dollars, reduce recidivism and better protect the public.

The cost of imprisoning non-violent offenders

In recent years it has become clear that “prison costs are blowing holes in state budgets but barely making a dent in recidivism rates.”14 The great rise in corrections spending in New Jersey is not a result of increased crime but a consequence of policies that incarcerate more drug offenders for longer periods of time.
Untreated addiction costs thousands of lives and burdens state departments amounting to almost $5.8 billion. Yet little is spent on treatment and prevention. New Jersey spends 11.7 percent of its state budget on the burden of substance abuse on state programs and only .32 percent on prevention treatment and research. In 2010, corrections spending was almost $1.2 billion, most of which will result from untreated addiction.

The huge rise in the number of state-sentenced inmates and the more than tripling of state correctional bed spaces and staff needed to manage the system over the last 20 years have required New Jersey to devote more and more resources to correctional functions. Since 1983, the amount of state money appropriated for the custody, care, treatment and training of inmates has grown 55 percent, while the growth in the total state budget over the past 20 years was 384 percent.6

Bed space in a correctional facility is expensive: $49,000 per inmate annually. This translates to $346 million per year for incarceration costs alone to imprison non-violent offenders with a drug/alcohol problem who could be more effectively treated in the community. Providing treatment to these offenders instead of incarceration would be more effective in protecting the community and would mean a savings of millions of state dollars.

Beyond the direct costs of incarceration, there are hidden costs, including lost wages, lost earnings, lost taxable income, lost restitution and fines, and lost child support. The comprehensive costs of incarceration may run as much as 70-150 percent higher than direct state expenditures on incarceration.21

**Imprisonment and longer term sentences have proven ineffective in breaking the cycle of alcohol or drug use and crime.**

Policies that make sense, and save dollars

Imprisonment and longer term sentences have proven ineffective in breaking the cycle of alcohol or drug use and crime. For evidence of this, one need only look at the disparate recidivism rates in the state between people coming out of prison and those graduated from drug court, which provides for treatment. For offenders released from prison, within three years 40 percent are reconvicted and 34 percent are re-incarcerated. In contrast, for drug court participants, within three years of drug court graduation, only 6 percent are reconvicted and 3 percent are re-incarcerated.

States sending a high number of people to prison for drug offenses have not seen a corresponding drop in drug use.22 In fact, the opposite is true: states with high levels of drug incarceration, including New Jersey, also have higher levels of drug use.23 Although New Jersey spends more to incarcerate drug offenders than what a third of the states spend on their entire corrections system, it still experiences high levels of drug use.24

| Percentage of prisoners who reported using drugs at time of their offense |
|-----------------------------|----------|----------|
| **Offense Type** | **Federal** | **State** |
| Violent | 24% | 27.7% |
| Property | 13.6% | 38.5% |
| Drug | 32.3% | 43.6% |


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<tr>
<th>TOTAL CORRECTIONAL POPULATION</th>
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<tr>
<td><strong>Probation</strong></td>
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<td><strong>Parole</strong></td>
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<td><strong>Jail</strong></td>
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<td><strong>Prison</strong></td>
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<td><strong>Federal prison &amp; community</strong></td>
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<td><strong>Rank</strong></td>
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<tr>
<td>1 in X</td>
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<tr>
<td>Percent of adults</td>
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<td>Growth incarceration from 1982 to 2007</td>
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<td><strong>Rank</strong></td>
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<tr>
<td>Percent of Adults</td>
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<td>Growth Rate</td>
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**Drug Court - a proven success**

Drug courts are a proven solution to time away from drug or alcohol use. It reduces misuse of alcohol and drugs, prevents crime, reduces recidivism and is less costly than prison. Drug courts use an integrated, collaborative team approach involving public health and public safety (treatment providers, defense counsel, prosecutor and judge) to break the cycle of crime and addiction. They provide a continuum of treatment services, frequent drug testing, personal sanctions by a judge, rewards for good behavior and increased penalties for violations. They (drug courts) strike the proper balance between the need to protect community safety and the need to improve public health; between the need for treatment and the need to hold people accountable for their actions; between hope and redemption on the one hand and productive citizenship on the other.25

Drug courts were introduced in New Jersey in 1996 and have been an extraordinary success. As of March 2009, 1,383 participants had successfully graduated from five years of drug court, with 90 percent being employed at the time of graduation. Graduates also gave birth to 160 drug- and alcohol-free babies, while nearly all of their drug screens (96 percent) came back negative. Perhaps most telling is that 97 percent of drug court graduates remained reconviction free within three years of graduation. Rigorous studies examining long-term outcomes have found that reductions in crime lasted at least three years and as long as 14 years.26

Drug courts in New Jersey are not only successful, but the far better results they produce come at roughly half the cost of imprisonment. For every dollar spent on drug court there is a savings of ten dollars. In New Jersey, it costs approximately $40,000 a year to incarcerate an individual and approximately $15,000 for inpatient treatment and $10,000 for outpatient treatment, both combined with intensive supervision. This is a savings of between $30,000 and $50,000 per person retained in drug court. The savings are very significant, not only in reduced crime and recidivism, but for every 50 inmates kept out of jail there is a savings of $1.7 million.27

Although the special probation eligibility standard was expanded in 2008, drug courts have been faulted for not accepting the more serious offenders and appropriate offenders convicted of a crime involving some violence.
Untreated addiction costs thousands of lives and burdens state departments amounting to almost $3.8 billion. Yet little is spent on treatment and prevention. New Jersey spends 11.7 percent of its state budget on the burden of substance abuse on state programs and only .32 percent on prevention treatment and research. In 2010, corrections spending will be almost $1.2 billion, most of which will result from untreated addiction.

The huge rise in the number of state-sentenced inmates and the more than tripling of state correctional beds staff needed to manage the system over the last 20 years have required New Jersey to devote more and more resources to correctional functions. Since 1983, the amount of state money appropriated for the custody, care, treatment and training of inmates has grown 55 percent, while the growth in the total state budget over the past 20 years was 384 percent. Bed space in a correctional facility is expensive: $49,000 per inmate annually. This translates to $346 million per year for incarceration costs alone to imprison non-violent offenders with a drug/alcohol problem who could be more effectively treated in the community. Providing treatment to these offenders instead of incarceration would be more effective in protecting the community and would mean a savings of millions of state dollars.

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**Provisional Statistics**

**Crime & Justice**

**Violent Offense**

**Property Offense**

**Drug Offense**

**State**

**Federal**


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TREATMENT INSTEAD OF INCARCERATION
Promoting Addiction Treatment, Prevention and Recovery Through Advocacy and Education

Benefit to Taxpayers and Crime Victims Per Dollar Spent on Programs

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The cost of imprisoning non-violent offenders
In recent years it has become clear that “prison costs are blowing holes in state budgets but barely making a dent in recidivism rates.” The great rise in corrections spending in New Jersey is not a result of increased crime but a consequence of policies that incarcerate more drug offenders for longer periods of time.

Approximately 81 percent of New Jersey’s inmates have a serious drug/alcohol problem. Most of these individuals do not pose a threat to public safety. Despite high levels of drug/alcohol problems among offenders, relatively few prisoners receive drug treatment while incarcerated. Program capacity in the state was limited to 6 percent of the prison population. This untreated alcoholism and drug addiction fuels crime and recidivism. Providing nonviolent drug offenders with drug treatment in the community rather than incarcerating them would save tens of millions of dollars, reduce recidivism and better protect the public.

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About half of New Jersey state inmates are incarcerated for a nonviolent offense: over 7,000 men and women are incarcerated for a drug offense in New Jersey and another 4,000 for other nonviolent offenses.
family relationships and lost productivity. Treatment instead of incarceration, during incarceration, and upon reentry has been a successful solution, but one much too little utilized. Among the questions that need to be explored are: Has the investment in prisons for individuals with an addiction resulted in a positive return? How can the state curb and reallocate corrections spending in ways that protect public safety, hold offenders accountable, and produce better results for taxpayers, offenders and society at large?

In general, the conversation needs to change from a "war on drugs" posture to a public-health response to addiction that integrates public health and public safety.

"The War on Drugs" metaphor doesn't fit. The term "war limits our tools to deal with the complex problem of the disease of addiction. Someone once told me that when the only tool in the tool box is a hammer, every problem looks like a nail." (ONDCP Director Gil Kerlikowske addressing the National Association of Drug Court Professionals at their 15th Annual Conference, Anaheim, CA, June 11, 2009)

This report will explore a fiscal sound, evidence-based policies and practices in the criminal justice system for individuals with a drug/alcohol problem, which protect public safety, hold offenders accountable, and reduce corrections costs. Individuals and the state budget alike would greatly benefit from a shift to treating rather than incarcerating many non-violent offenders.

Addiction is a Disease - Let's treat it that way

Scientific research conducted over the past 10 years by the National Institute on Drug Addiction (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and Substance Abuse and Mental Health Services Administration (SAMHSA) has demonstrated that alcohol and drug dependence is a chronic disease much like asthma, hypertension and diabetes. Like those illnesses, it requires ongoing disease management. Without an understanding of the chronic nature of this disease, the court system will continue to operate under the misconception that stabilization and symptom reduction amounts to a "cure," while considering a relapse to be a failing of both the treatment and the individual.

Using drugs repeatedly over time changes brain structure and function in fundamental ways. Many people who begin using alcohol or drugs socially or to escape some problem unwittingly cross the line into involuntary drug/alcohol use. They find themselves struggling with an addiction and the consequences that arise from that addiction. People whose existence is drug- or alcohol-driven or whose judgment is clouded by intoxication often lose self-control and commit acts they would not consider without being under the influence of alcohol or drugs.

Alan I. Leshner, director of the National Institute on Drug Abuse at the National Institutes of Health, describes the effect of prolonged alcohol or drug use on the brain: "long-lasting brain changes are responsible for the distortions of cognitive and emotional functioning that characterize addicts, particularly including the compulsion to use drugs that is the essence of addiction. It is as if drugs have high-jacked the brain’s natural motivational control circuits, resulting in drug use becoming the sole, or at least the top, motivational priority for the individual."

My addiction began at age 12. In my early twenties, I had hit a bottom on alcohol, heroin and cocaine and participated in outpatient treatment. I abstained from alcohol and drugs for many years and had a law practice. I had set up practice as a sole practitioner on the West coast, where I was introduced to methamphetamine. In my late thirties I decided to try it - for just a little while, I thought - to help get things done and escape depression. That little while turned into weeks, which turned into months, which turned into years. I lost my law practice, my home, my friends, and my family within months of first picking up the drug. I found myself homeless, penniless, toothless and hopelessly addicted. By the time I got to drug court I had lost everything and was acting in ways others would find bizarre. I no longer knew how to do the simple things to take care of myself and cope with life. It took me 11 months and a lot of work to get into drug court, because the numerous serious crimes I was charged with initially made me ineligible for drug court. The fact that I had a co-occurring mental health disorder made me less ideal (the statute does not distinguish between people who manufacture the drug for sale vs. personal use). Thank goodness for my attorney and an understanding assistant prosecutor and judge.

I was filled with self-loathing and believed my opportunity to have a meaningful life, a satisfying career or ever have children was lost (I could not have children and had always planned to adopt, but due to the criminal charges I would not be able to adopt). I have no doubt that had I been sent to prison, I would have continued to use drugs and the remainder of my life would have consisted of revolving in and out of prison or ended in an early death.

I would later find hope in drug court, but not without some struggles. The obsession to use and engage my tweaking seemed almost unbearable at times. These obsessions lasted for a good 18 months. With the help of drug court I was able to surrender, and let someone else look out for my best interest. During the healing, drug court gave me one touchstone person - my probation officer, who was part of a team to track my progress, direct me when I could not direct myself, set limits and structure in my life when I had none, make decisions for me when I could not make good decisions for myself, support me when I needed support, encourage and reward me when I was on the right path and, catch me if I fell.

Slowly my brain began to heal and the self-loathing lifted. My relationship with my drug court probation officer and gaining the respect of the court became important to me. I was given more and more freedom as I was able to make better and better decisions. Fundamentally, drug court helped me return how to live. With the help of drug court I was able to build a life I wanted to live - a balanced life. Once my brain healed so that I could think and use my skills again, I secured employment with the National Council on Alcoholism and Drug Dependence-New Jersey as the research/policy analyst. I now use my legal skills to help others. I advocate for legislation and policies that work to end the stigma and discrimination faced by those in recovery from addiction.

The relationships with my sisters and mother were healed and I was able to be there for my mother for several years and by her bedside before she died. Drug court was there to help me deal with her death without using. Knowing that drug court was there for me should I fall gave me the courage, at age 47, to give birth to my miracle child. The same woman from drug court who put me in jail years earlier was there by my side to support me at my baby’s birth. I recently bought my first house and drug court again was there to ensure it was the right thing to do. I am in the process of attempting to obtain my law license in New Jersey and was given the Marty Mann award by the Lawyers Assistance Program for assisting other attorneys in finding recovery. I began drug court in August 2003 and graduated in August 2008. I have been in recovery for more than seven years and my life has come full circle, only the life I have today is 100 percent better than the life I had.
TREATMENT INSTEAD OF INCARCERATION
Promoting Addiction Treatment, Prevention and Recovery Through Advocacy and Education

800,000 residents who needed treatment got it in 2007, while 50,000 people who sought treatment were unable to access it due to limited capacity.35

While drug court is significantly more effective and less expensive than incarceration and is more effective than traditional probation35, not all offenders who commit crimes with a “presumption of incarceration” or a mandatory minimum period of parole ineligibility need the concentrated and rigorous components of these courts. Many could be effectively treated with less expensive addiction treatment and aftercare, were the appropriate level of treatment available.

Research on the economic impact of treatment consistently illustrates that the economic benefits of treatment far outweigh the costs. A review of the economic benefits of treatment found the average net benefit per client was $42,151 due to reduced crime.34

According to the National Institute on Drug Abuse, the return on investing in treatment may exceed 12:1; that is, for every dollar spent on treatment can reduce future burden costs by $12 or more in reduced drug-related crime and criminal justice and health care costs. In New Jersey, there is a savings of $18,000-$24,000 per person directed to treatment instead of incarceration.35

States that have increased drug treatment availability have seen bigger drops in crime. A Justice Policy Institute study of drug treatment and imprisonment in Maryland from 2000 to 2005 found that eight of 12 jurisdictions that relied more heavily on drug treatment saw crime rates fall by 10 percent or more.36

Corrections reform happening nationwide

Many states have begun to shift towards treating rather than incarcerating certain offenders. In Texas, for instance, legislators from both parties decided to redesign the state’s criminal justice system. Rather than spend $523 million on more prison cells, they used that money to expand drug treatment and diversion beds and expand drug courts. In all, the reforms are expected to save Texas $210 million over the next two years—plus an additional $233 million if the recidivism rate drops and the state can avoid having to build three new prisons.37

Legislators in Vermont, meanwhile, proposed a near overhaul of their criminal justice system to reduce spending and recidivism. This undertaking included the closing of prisons or sections of prisons and changing another prison into a therapeutic community. The state expected to save $600,000 the first year, which was to be reinvested in drug and alcohol screening, assessment, treatment both in prison and in the community, transitional housing, and reentry support. It is expected to save $3 billion in the second year, some of which was to be reinvested in drug/alcohol treatment programs to further reduce recidivism.

New Jersey has begun to move in this direction with recent reentry reform and has the promise of more such measures under proposals made by incoming Governor Chris Christie’s Transition Team. The Corrections and Homeland Security Transition Team determined that there were approximately 6,600 state inmates incarcerated for non-violent, drug-related crimes. These inmates would be better served in substance abuse treatment centers and other types of community release centers. Using Department of Corrections Commissioner George Hayman’s testimony that a state prisoner costs $49,000 per year, the State would save a substantial amount of money if cheaper, and more effective alternate methods were used. For example, using $49,000 x 6,600 = $323,400,000. If the State spent half of that amount on treatment for these low-risk prisoners, then it would save approximately $161,700,000 per annum.

Conclusion

By addressing the substance use disorders of inmates both entering the criminal justice system and returning home, society stands to save billions of dollars in reduced crime and reduced recidivism and reclaim thousands of individuals to live as responsible parents, hard workers, taxpayers and law-abiding citizens. Re-imprisoning drug offenders costs $523 million on more prison cells, while using $49,000 x 6,600 = $323,400,000 would instead lead to an estimated $161,700,000 in savings. That saving, in turn, could be reinvested in drug and alcohol screening, assessment, treatment both in prison and in the community, transitional housing, and reentry support. These are the kinds of reforms that are needed if we are to avoid the wasteful, ineffective, and counterproductive policies that imprison many for whom supervised community reentry would suffice.

Alcohol and drug addiction is one of the most serious health problems facing society, which left untreated affects thousands in New Jersey, devastating families, individuals and communities. Addiction also overwhelms New Jersey’s criminal justice system and creates a huge drain on the state budget as a result of policies that imprison many for whom supervised treatment is the more appropriate course.

The link between drug and alcohol addiction and criminal activity has been well documented. In New Jersey, 29% of New Jersey prisoners are incarcerated due to a base offense involving drugs, and 81% have an addiction problem, were under the influence when they committed their crime, or committed a crime that was economically motivated linked to their drug use. Every percent of inmates with five or more prior convictions used drugs regularly. Data from the Office of National Drug Control Policy’s (ONDCP) 2008 Arrestee Drug Abuse Monitoring Program (ADAM II) showed the majority of arrestees in 10 major metropolitan areas tested positive for illicit drug use, with as many as 87 percent of arrestees testing positive for an illegal drug.

To prevent further criminal activity in New Jersey, more than 10,000 non-violent offenders currently in prison need drug and alcohol treatment. Despite the established relationship between addiction and crime, few of these individuals will receive any treatment during their period of incarceration or after their release. Most of these non-violent drug offenders will serve less than five years. Prisoners will likely reoffend due to either drug-induced behavior or the commission of crimes linked to their drug use. The revolving prison door of untreated addiction is extremely expensive not only in repeated court and prison costs but also in terms of poor health, damaged

“Although four out of every five offenses are committed by someone with a drug or alcohol problem, addiction treatment is grossly underfunded. The gap between available treatment and the need for such treatment is enormous.”

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covering people take care of their mental health, work, pay taxes and assume responsibility for their families. With the costs of imprisonment rising and the benefits falling, ensuring public safety and balancing a budget require New Jersey to provide treatment instead of incarceration by diverting more offenders with drug problems to treatment. Beyond that, the state needs to make addiction treatment accessible to the vast number of offenders who need it in the community.

New Jersey’s harsh and self-defeating sentencing policies with respect to nonviolent offenders have driven comparisons to the Dark Ages. It is time for the state to close the chapter on practices that place so many addicted individuals in the darkness of prison and the bleak future that comes with it. In their place, New Jersey needs to allocate resources so that enlightened responses to addiction—and, incidentally, ones that make better fiscal sense—are allowed to flourish.

Endnotes
1 Travis, The Urban Institute, A Portrait of Prisoner Reentry in New Jersey, 12/9/2008
3 Office of National Drug Control Policy, WhiteHousingPolicy.gov, February, 2009
4 According to the New Jersey Department of Corrections there are 12,204 inmates incarcerated for non-violent offenses. 81% of those is over 10,000 inmates
5 National Council on Alcoholism and Drug Dependence, New Jersey (NCADDNJ), Corrections in New Jersey, October 2003
6 The revolving prison door of untreated addiction is extremely expensive, not only in repeated court and prison costs but also in terms of poor health, damaged family relationships and lost productivity. Treatment instead of incarceration, during incarceration, and upon reentry has been a successful solution, but one much too little utilized.

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“Providing nonviolent drug offenders with drug treatment in the community rather than incarcerating them would save tens of millions of dollars, reduce recidivism and better protect the public.”