

Substance Abuse Treatment: Reinventing the Percocet to Prison Pipeline

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EXECUTIVE SUMMARY

Drug addiction and substance abuse is ravaging the nation. Addiction is classified as a chronic disease where the person seeking the drug loses some form of control over their body, even though drug use has many harmful consequences¹. Changes in the brain can occur with continuous use of drugs, affecting self-control and use of other drugs. People that are diagnosed with drug addiction will always be classified as in recovery or in relapse. Drug addiction affects learning, judgement, decision-making, stress, memory, and behavior². According to the Office on National Drug Control Policy, substance abuse costs Americans around 200 billion dollars a year when considering health care, criminal justice, legal, and lost workplace production and participation³. In fact the DSM-IV states half of the inmates in jail and prison qualify as drug dependent⁴. Drug addiction is an urgent matter because the rate of addiction for the demographic of young teens is increasing. Additionally, when teens start using seemingly harmless drugs such as marijuana, they will then move on to more harmful substances, this is also known as the gateway drug effect. A study conducted at the Norwegian Institute for Alcohol and Drug Research found the risk of taking hard drugs doubles after being introduced to cannabis. This study also found statistical significance between the gateway way effect of marijuana and “troubled youth”⁵.

CURRENT POLICY

The current policy in practice in the United States is something referred to as the War on Drugs, which is surrounded by much controversy. President Richard Nixon declared this “War on Drugs” in 1971, and he increased the size/influence of drug agencies, pushed policies for mandatory sentencing, and implemented no-knock warrants. A brief history of the War on Drugs affirms that “the first anti-cocaine laws in the early 1900s were directed at black men in the South. The first anti-marijuana laws, in the Midwest and the Southwest in the 1910s and 20s, were directed at Mexican migrants and Mexican Americans. Today, Latino and especially black communities are

¹ Truth about Drugs. (n.d.). Retrieved October 31, 2017, from <http://www.drugfreeworld.org/drugfacts/crystalmeth/the-truth-about-drugs.html>

² Abuse, N. I. (n.d.). Nationwide Trends. Retrieved October 31, 2017, from <http://www.drugabuse.gov/publications/drugfacts/nationwide-trends>

³ Statistics on Drug Addiction. (n.d.). Retrieved November 07, 2017, from <https://americanaddictioncenters.org/rehab-guide/addiction-statistics/>

⁴ Incarceration, substance abuse, and addiction. (n.d.). Retrieved November 8, 2017, from Center for Prison Health and Human Rights <http://www.prisonerhealth.org/educational-resources/factsheets-2/incarceration-substance-abuse-and-addiction/>

⁵ Melberg, H., Jones, A., & Bretteville-Jensen, A. (2010). Is cannabis a gateway to hard drugs? *Empirical Economics*, 38(3). <https://doi.org/10.1007/s00181-009-0280-z>

still subject to wildly disproportionate drug enforcement and sentencing practices”⁶. While in present day, these policies have slowly unraveled with the legalization of marijuana becoming more popular, America’s prison system is still focused on the illegality of drugs as opposed to the treatment of this chronic disease.

POLICY OPTIONS

For the issue of substance abuse, there are two clear policy options. One option would be to legalize drugs. This would yield lower incarceration rates, stimulate national and state economic growth, and would make drugs in general seem less taboo and rebellious. Another policy option would be to create a federal and state prison to rehabilitation pipeline, letting people receive treatment for their disease instead of having them sit in a jail cell, and become a waste of taxpayer dollars as nonviolent offenders.

POLICY SUGGESTION

My personal policy recommendation would be to craft a program to give people the choice of receiving psychiatric care. There is no solid evidence that the legalization of such drugs would actually decrease usage and addiction, and using other countries as a comparison would not work, because there is no country that has legalized all drugs that has a similar system to the United States government. This policy will have to be crafted carefully for many reasons, but namely because of a recent interaction between the UN and the USA, who stated last year that “involuntary institutionalization of persons with psychosocial disabilities and forced treatment is prohibited”⁷. If this rehabilitation program was implemented, the government would save large sums of money. It costs approximately \$31,000 to hold each individual prisoner over their entire sentence. If the United States removed all nonviolent drug offenders from their system, they would save around \$9.3 billion per year⁸. Although there is still a cost associated with treatment, these centers will turn people addicted to drugs into productive members of society who will contribute both to the economy and the overall wellbeing of their family and friends around them. The alternative cost of keeping people incarcerated is far more detrimental in the long run, because once they have records it will be hard to find a job and they’ll likely end up back in the prison system, at an additional cost to taxpayers. Giving addicts the choice of treatment is the only plausible and human policy option to treat what truly is a chronic illness.

⁶ A Brief History of the Drug War. (n.d.). Retrieved November 01, 2017, from <https://www.drugpolicy.org/issues/brief-history-drug-war>

⁷ Minkowitz, E. T. (2017, October 24). UN to USA: Forced Treatment is Prohibited. Retrieved November 01, 2017, from <https://www.madinamerica.com/2017/10/un-to-usa-forced-treatment-prohibited/>

⁸ Brandari, R. (2015, July 17). Releasing nonviolent drug offenders would save billions. Retrieve November 8, 2017, from Equities website: <https://www.equities.com/news/releasing-nonviolent-drug-offenders-would-save-billions>