

Substance Use Disorder in Justice-Involved Populations

Milly Allen
Research Analyst

Sara Hess
Research Analyst

Laura Sherley
Research Analyst

Office of Research and Policy Analysis
December 10, 2024



Agenda

1. Topic Overview
2. Initiatives in Montana
3. Action in Other States
4. Questions

Topic Overview

Milly Allen
Research Analyst



Definition

Substance use disorder (SUD) is a new term for “chemical dependency.”

53-24-103 (4), MCA: "Chemical dependency" means the use of any chemical substance, legal or illegal, that creates behavioral or health problems, or both, resulting in operational impairment. This term includes alcoholism, drug dependency, or both, that endanger the health, interpersonal relationships, or economic functions of an individual or the public health, welfare, or safety."

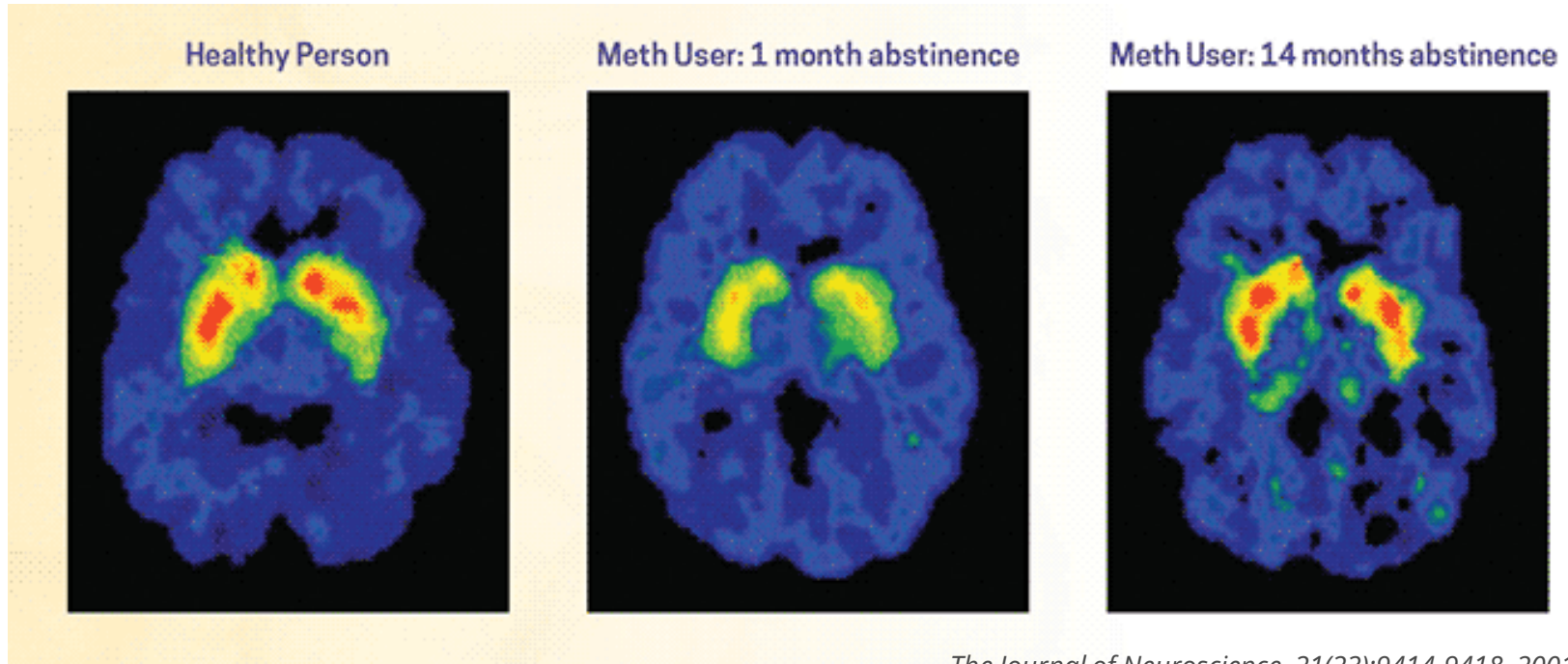
By the Numbers

- 63% of people in jail and 58% of people in prison have a substance use disorder,¹ compared to 17% of Americans over 12.²
- 68% of drug offenders are rearrested within 3 years of release from prison.³
- Only 7% of state prison systems provide all three approved (buprenorphine, methadone, or naltrexone) medications for opioid use disorder, though 90% of systems have at least one of the medications.⁴

Correlation With Crime

- Violent offenders had lower prevalences of illicit drugs and homelessness, but a higher prevalence of binge drinking and sedative use when compared to offenders sentenced with drug crimes.⁵
- In 2004, 17% of state prisoners and 18% of federal inmates indicated they committed their current offense to finance drug use.⁶ In these cases, recidivism decreases after successful SUD treatment.⁵
- 25% of jail inmates report having a domestic dispute while under the influence of drugs or alcohol, and 10% report losing a job because of their drug use.⁶
- Substance use is a frequent co-occurrence in instances of intimate partner violence.⁷

Getting Sober, Staying Sober



The Journal of Neuroscience, 21(23):9414-9418. 2001

The images above illustrate the density of dopamine transmitters in the brain of a recovering meth user.

Principles of Effective Treatment

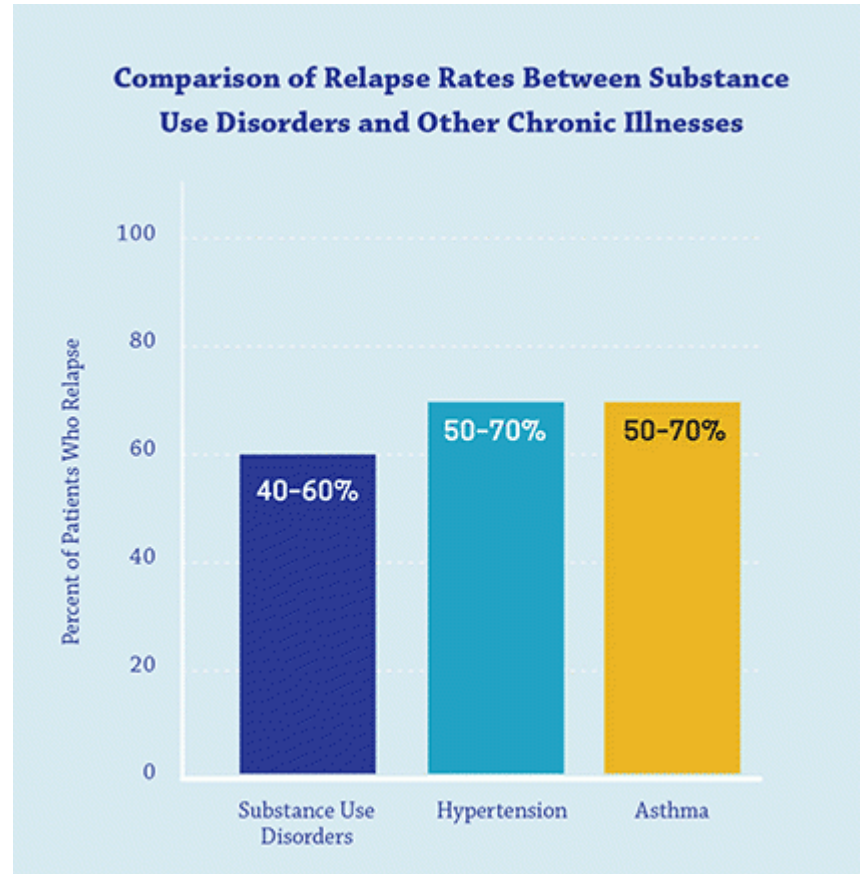
According to the National Institute on Drug Abuse:⁸

- Detoxification is the first step in treating substance use disorder. Detoxification without additional treatment often leads to relapse.
- Behavioral therapies are the current standard for all substance use disorders. This includes cognitive behavioral therapy, individual and group counseling, and twelve step facilitation, among other therapies.
- Ideal treatment plans address an individual's unique drug use patterns, as well as any related medical, mental, and social problems.
- For treating addictions to opioids, medication is the first line of treatment when combined with behavioral therapy.
- Medications to treat alcohol addiction are also available; there are no medications to treat cannabis or stimulant addictions.

Relapse

Substance use disorder is considered a chronic disease; relapse rates for substance use disorder are similar to those of other chronic diseases.⁸

The National Institute on Drug Abuse advises that relapse is not necessarily a failure; instead, it is an indicator that the individual needs help resuming treatment, or that the individual should try a modified or new treatment.⁸



Journal of the American Medical Association, 284:1689-1695, 2000.

Special Considerations for Incarcerated Populations

- **Increased risk of overdose.** Upon release, inmates with SUD often return to pre-incarcerated levels of use – without realizing that they can no longer tolerate such high doses. This increases risk of overdose and death.¹⁰
- **Certain SUD treatments correlate with a reduction in recidivism.** A 2007 meta-analysis of drug treatment programs in correctional facilities found that therapeutic communities, residential substance abuse treatment, and group counseling reduced recidivism.⁹
- **Community transition.** Community treatment programs help justice-affiliated individuals with substance use disorder avoid relapse and disengage from criminal activities.¹⁰

Further Reading

Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide by the Substance Abuse and Mental Health Services Administration

Alcohol and Interpersonal Violence: Policy Briefing by the World Health Organization

References

1. Bureau of Justice Statistics (2017). *Drug use, dependence, and abuse among state prisoners and jail inmates, 2007-2009*. U.S. Department of Justice, Office of Justice Programs. <https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf>
2. Substance Abuse and Mental Health Services Administration (2023). *National survey on drug use and health*. <https://www.samhsa.gov/data/release/2023-national-survey-drug-use-and-health-nsduh-releases>
3. Belenko, S.; Hiller, M. and Hamilton, L. (2013). Treating substance use disorders in the criminal justice system. *Current Psychiatry Reports*, (15)11. <https://doi.org/10.1007/s11920-013-0414-z>
4. Scott, C. K.; Dennis, M. L.; Grella, C. E.; Mischel, A. F.; Carnevale, J. (2021). The impact of the opioid crisis on U.S. state prison systems. *Health Justice*, (9)17. <https://doi.org/10.1186/s40352-021-00143-9>
5. Håkansson, A. and Jesionowska, V. (2018). Associations between substance use and type of crime in prisoners with substance use problems – a focus on violence and fatal violence. *Substance Abuse and Rehabilitation*, 9. <https://doi.org/10.2147/SAR.S143251>
6. Bureau of Justice Statistics (2021). *Drug use and crime*. U.S. Department of Justice, Office of Justice Programs. <https://bjs.ojp.gov/drugs-and-crime-facts/drug-use-and-crime>
7. Zhong, S.; Yu, R.; and Fazel, S. (2020). Drug use disorders and violence: associations with individual drug categories. *Epidemiologic Reviews*, (42)1. <https://doi.org/10.1093/epirev/mxaa006>
8. National Institute on Drug Abuse (2011). *Drugs, brains, and behavior: the science of addiction*. National Institute of Health. <https://nida.nih.gov/research-topics/addiction-science/drugs-brain-behavior-science-of-addiction>
9. Mitchell, O.; Wilson, D. B. and MacKenzie, D. L. (2007). Does incarceration-based drug treatment reduce recidivism? A meta-analytic synthesis of the research. *Journal of Experimental Criminology*, 3(4). <https://doi.org/10.1007/s11292-007-9040-2>
10. National Institute on Drug Abuse (2020). *Criminal justice DrugFacts*. National Institute of Health. <https://nida.nih.gov/publications/drugfacts/criminal-justice>

Initiatives in Montana

Laura Sherley
Research Analyst



Initiatives in Montana

- **Enforcement**

Enforcement of laws related to substance use, such as possession and distribution of illicit drugs, driving while under the influence, and liquor law violations.

- **Monitoring**

Community monitoring for individuals convicted of certain substance use offenses.

- **Treatment**

Major systems in Montana related to substance use treatment, from State agencies to community-based programs.

- **Prevention**

Efforts across State agencies aimed at both primary and secondary prevention of substance use.

Enforcement

Department of Justice

Division of Criminal Investigation

- Narcotics Bureau

Montana Highway Patrol

Multi-Jurisdiction Drug Task Forces

Forensic Science Division

- Montana Crime Lab

Montana Board of Crime Control

- Montana Incident Based Reporting System

Office of Public Defender

Judicial Branch

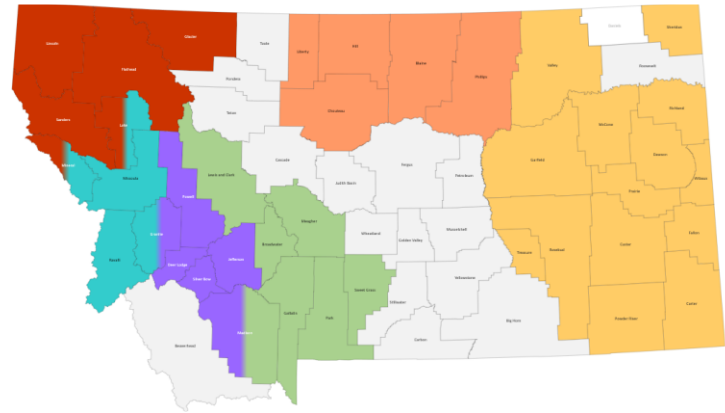
District Courts

Courts of Limited Jurisdiction

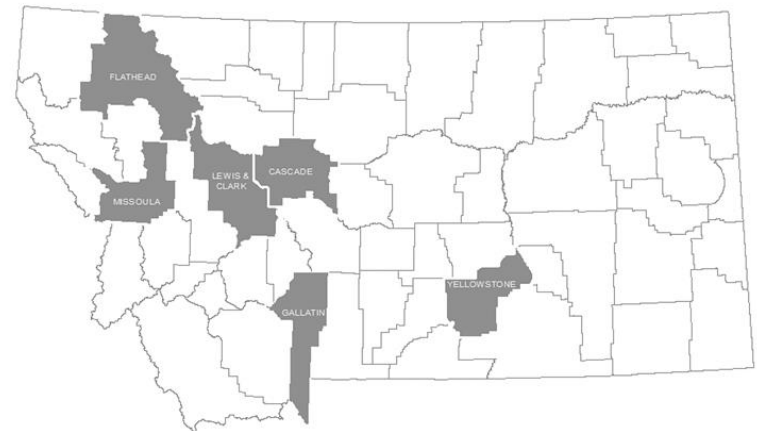
Youth Courts

Department of Corrections

Multi-Jurisdictional Drug Task Forces



High Intensity Drug Trafficking Area Task Force Areas



Monitoring

Department of Corrections

Probation and Parole

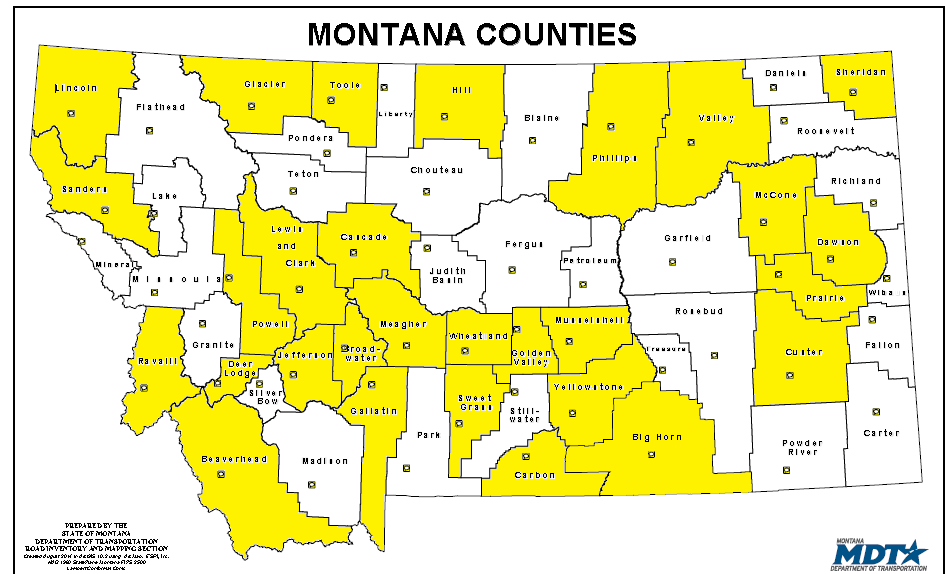
Enhanced/Transitional Supervision Services

Department of Justice

24/7 Sobriety Program

Monitoring methods including:

- Preliminary Breath Test
- Ignition Interlock Devices
- SCRAM Bracelets



Treatment

Department of Corrections

Contacted Residential Substance Use Disorder Treatment Centers

Judicial Branch

Drug Treatment Court

Department of Public Health and Human Services

Behavioral Health and Developmental Disabilities Division - Treatment Bureau

- Medication for Opioid Use Disorder
- Assessment, Course and Treatment
- Angel Initiative
- Naloxone

HEART Initiative

- Justice-Involved Reentry Initiative

Montana Chemical Dependency Center

Department of Labor & Industry

Montana Board of Behavioral Health

Montana Board of Crime Control

Jail-based treatment grant



Prevention

Interagency Coordinating Council

Department of Public Health and Human Services

Behavioral Health and Developmental Disabilities Division - Prevention Bureau

- Substance Use Prevention, Treatment, and Recovery Services Block Grant
- State Opioid Response Grant
- Partnerships for Success
- DUI Education
- Prevention Specialists
- SSI/SSDI Outreach, Access, & Recovery

Montana Substance Use Disorder Task Force

Department of Justice

Know your dose

Office of Public Instruction

PAX Good Behavior

Parenting Montana

Department of Transportation

Vision Zero

DUI Task Forces

Department of Labor and Industry

Board of Pharmacy

Recent Legislation

Senate Bill 94

Provides requirements and practice guidelines for recovery residences operating in the state of Montana. All recovery residences must now register with the Department of Public Health and Human Services.

House Bill 137

Establishes licensing and certification requirements for Behavioral Health Practitioners. A qualified addiction counselor must have an associate degree or a certificate from an accredited institution in alcohol and drug studies, addiction, or substance abuse.

House Bill 311

Creates a chemical dependency treatment room and board voucher program that may be used to cover the costs of room and board at an approved public or private treatment program for individuals in need of substance use disorder treatment.

House Bill 362

Establishes requirements for crisis intervention team program to have a statewide coordinator so that efforts are not duplicated, and monitoring and reporting of crisis intervention team training program outcomes can be coordinated.

Action in Other States

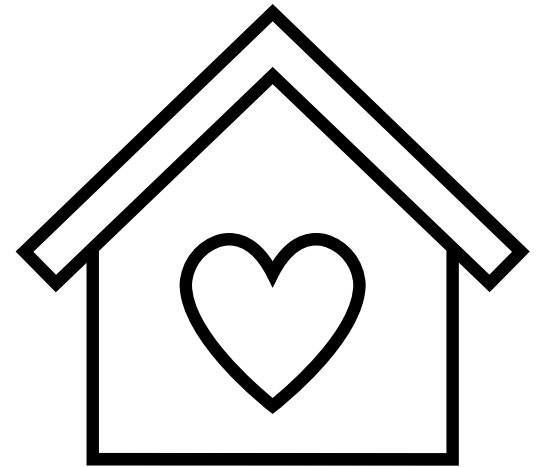
Sara Hess

Research Analyst



Recovery Residences & Voucher Programs

- Maryland and Montana passed laws establishing similar grant programs
- Kentucky and Virginia passed laws related to certification and licensing standards
- Florida, Wisconsin, Indiana, and Arizona are among states with established programs



Criminal Justice & Behavioral Health

Some policy efforts seek to address overlap between SUD and mental health

Many justice-involved people have co-occurring substance use and mental health disorders

More comprehensive treatment could impact recidivism

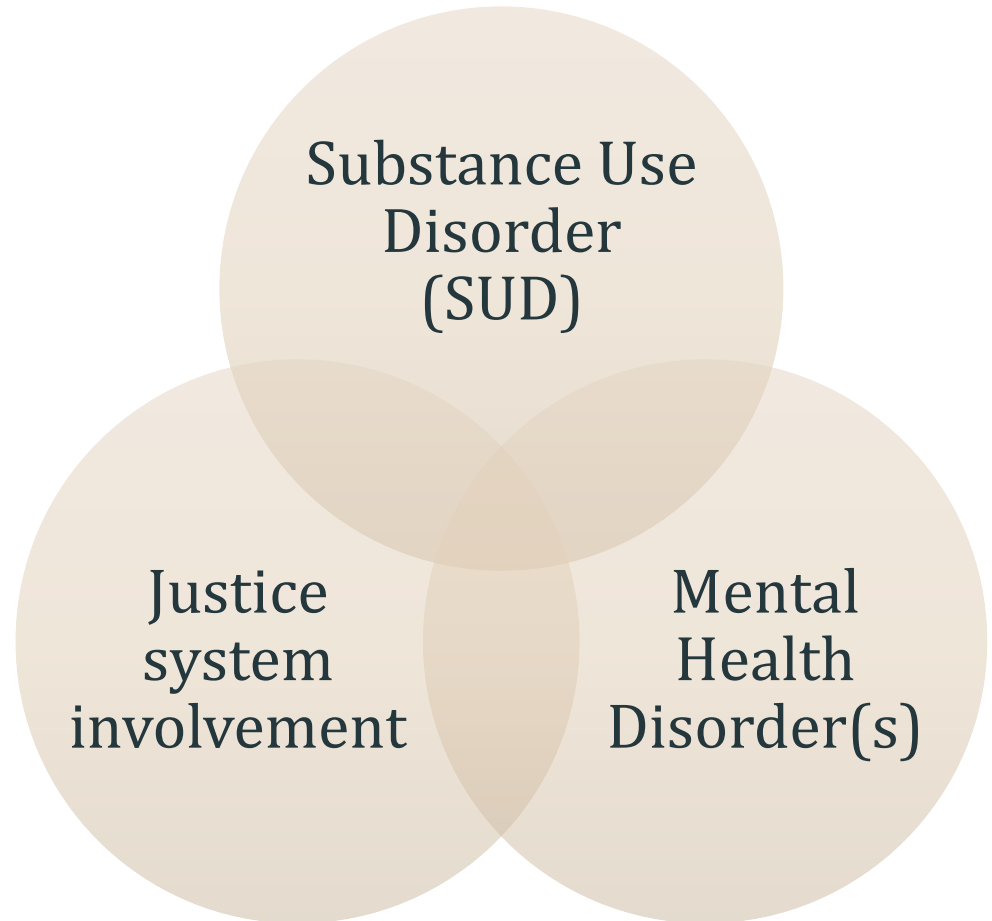
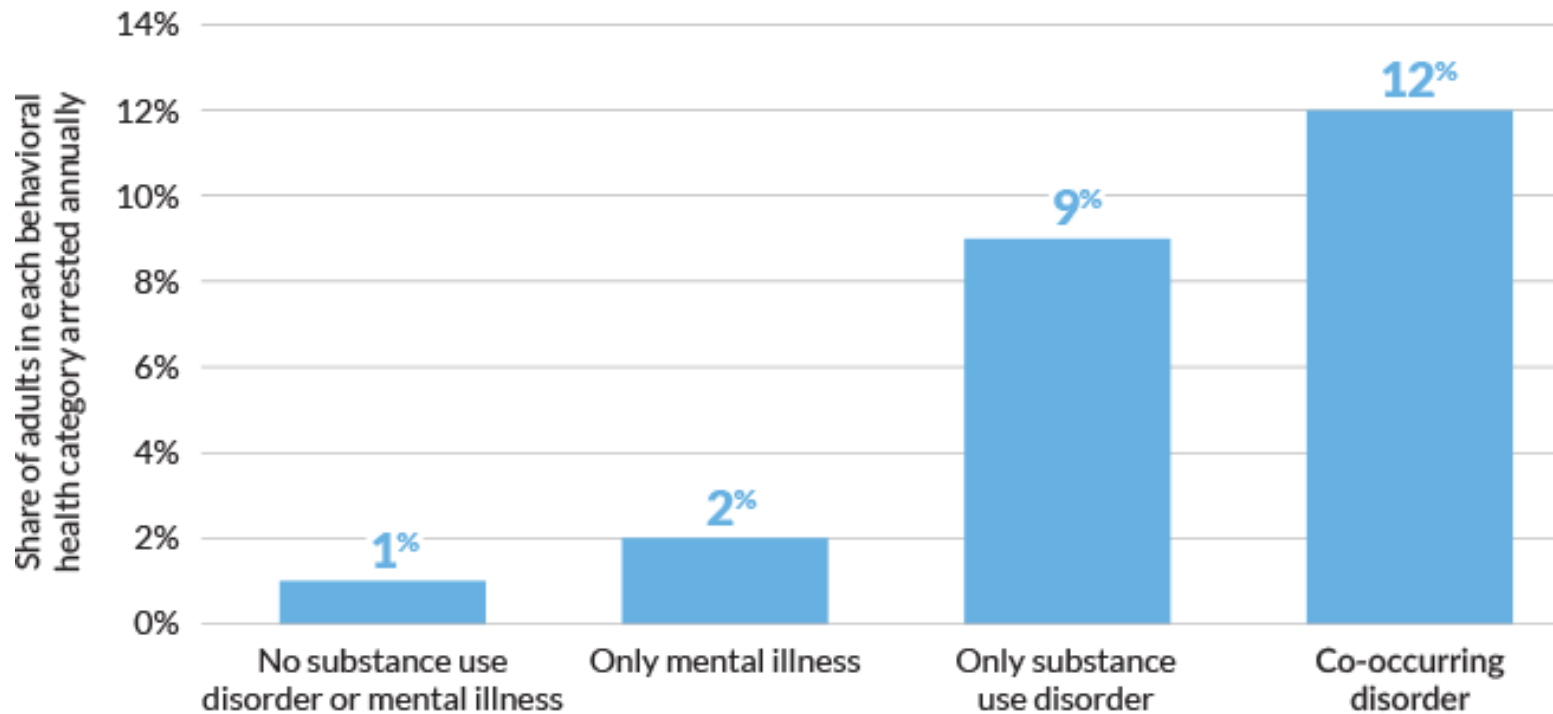


Figure 2

More Than 1 in 9 Adults With Co-Occurring Mental Health and Substance Use Disorders Were Arrested Annually, Compared With 1 in 100 with Neither Behavioral Health Issue

Percentage of adults arrested annually by behavioral health type, 2017-19

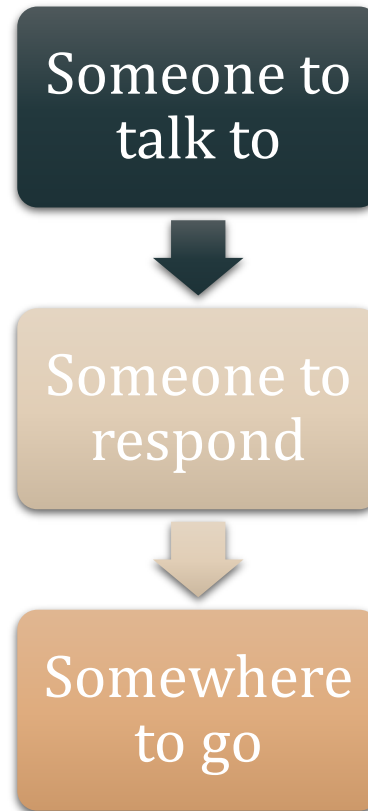


Source: Pew analysis of data from the National Survey on Drug Use and Health, 2017-19

© 2023 The Pew Charitable Trusts

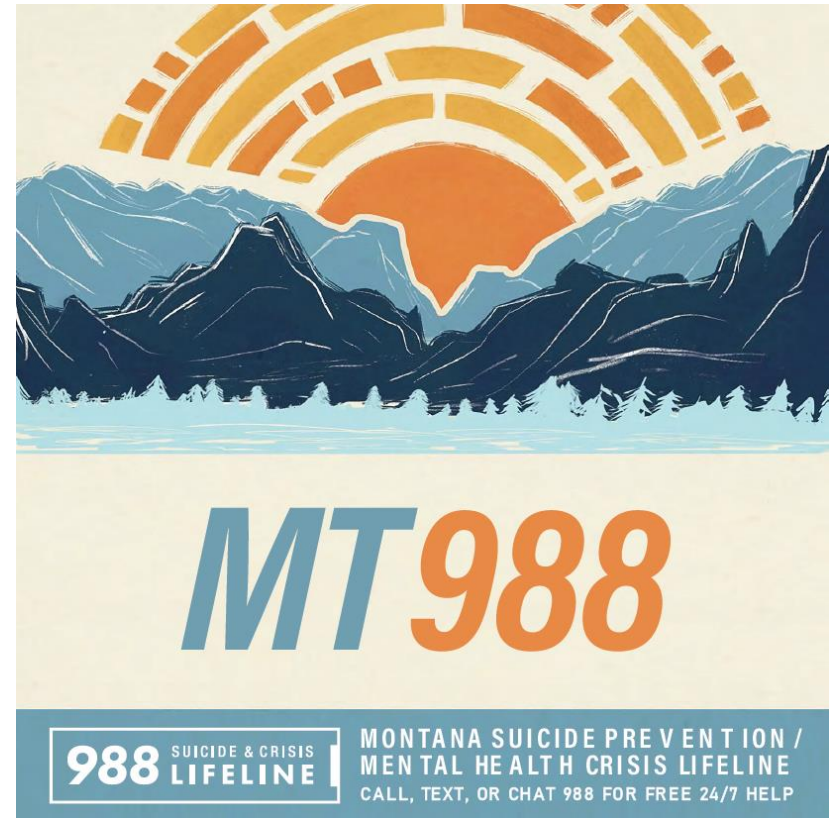
Continuum of Care

- Based on SAMHSA framework, some states have employed a **continuum of care** or “**no wrong door**” approach
- Comprehensive crisis response system designed to connect people with services before, during, and after a crisis
- Addresses co-occurring behavioral health needs and diverts people away from the criminal justice system



Someone to Talk to

- Regional crisis call centers
 - Delaware (2024)
 - Funding for behavioral health and crisis services
 - Maryland (2024)
 - Permanent funding for 988 crisis line
 - Utah (2020)
 - Mental health crisis line and statewide warmline for peer support
 - Washington (2023)
 - Awareness campaign for 988 crisis line



Someone to Respond

- **Crisis Intervention Team (CIT) Training**
 - Most states require it, some provide funding and some training standards
 - Some state require it for 911 dispatchers
- **Mobile Crisis Teams**
 - Utah (2020) increased mobile crisis teams and provided grants to target rural areas
 - At least 10 states have established teams in law

Somewhere to Go

- **Crisis stabilization centers**
 - Clinical facilities that provide short-term stays for people in need of crisis services
 - Arkansas (2017) was the first to create a statewide system of crisis stabilization centers
 - New York (2021) legislation expanded referral options for stabilization centers
 - Other states provide funding for crisis centers

Questions

Milly Allen, Research Analyst

(406) 444-9280

Milly.Allen@legmt.gov

Sara Hess, Research Analyst

Sara.Hess@legmt.gov

(406) 444-4838

Laura Sherley, Research Analyst

Laura.Sherley@legmt.gov

(406) 444-4408

