Addiction is a driving force for drug abuse. Addiction causes people to do whatever it takes to get ahold of their drug of choice. Often the acquisition of drugs leads to people getting arrested and incarcerated. The second installment of this series will examine how drug abuse in the states affects incarceration.

Approximately 80 percent of offenders abuse either drugs or alcohol. Also, approximately 50 percent of prisoners are clinically addicted to one or more drugs[1]. According to the Federal Bureau of Prisons in June of 2017, there were 175,871 total federal prisoners in the United States. Out of these prisoners, 81,336 were incarcerated for drug offenses. Thus, drug offenses constitute 46.2 percent of the total federal imprisonments in the United States[2].

The following map shows the percent of federal prison sentences that are drug related in each state in 2013[3]:

**Top five states:**

1. West Virginia- 59.1%
2. Maine- 52.7%
3. Kentucky- 52.2%
4. Arkansas- 50.8%
5. Connecticut- 47.9%

**Bottom five states:**

1. New Mexico- 11.3%
2. South Dakota- 19.3%
3. Colorado- 20.9%
4. Nevada- 21.4%
5. Wyoming- 23.1%

The chart below shows the progression of drug related incarcerations over time. There were only 4,749 drug related federal incarcerations in 1980, which can be compared to the 92,000 drug related federal incarcerations in 2015[4].
Why should incarceration from drug offenses be a topic that is of concern to state leaders? Incarcerating a drug offender can be costly. According to the Vera Institute of Justice, the cost of imprisonment for a single state prisoner in 2015 ranged from $14,780 to $69,355[5]. In 2008, the United States had a budget of $8.5 billion for prisons and detention[6]. This is a large sum of money that is spent on prisoners every year that could be spent on other needs.

How could the amount of money spent on incarcerations be decreased? One policy option that has been proposed is decreasing the mandatory minimum sentence for drug users. As stated in the first policy brief in this series, a study published in 2012 found that if just 10 percent of inmates with drug offenses were sent to treatment centers instead of being incarcerated, $4.8 billion could be saved compared to the practices currently put in place in the criminal justice system. Likewise, $12.9 billion could be saved if 40 percent of the inmates with drug offenses were sent to treatment centers rather than prison[7]. According to the National Institute on Drug Abuse, the largest economic benefit of treatment is seen in avoiding the cost of crime[8].

Another reason that the drug abuse epidemic should be of concern to state leaders is recidivism rates for drug offenders decrease if non-violent drug offenders are placed in treatment programs rather than incarcerated. Although placing a drug abuser in jail seems logical initially, is this actually an effective treatment for the prisoner?

NCADD estimates 95 percent of inmates released from prison return to drug and alcohol use[9]. While treatments might be the best option for those with non-violent drug offenses, incarceration may be necessary for abusers with stronger offenses and a lack of motivation for participating in the drug treatment programs. Nationwide, 75 percent of drug offenders remain arrest free two years after they have graduated from a drug treatment program[10].

In a study conducted in 2005, 76.6 percent of prisoners were rearrested within 5 years after release[11]. There is a need for programs that effectively treat the offender’s drug addiction while also reducing the rates of recidivism. In 2011, more than 51,000 federal inmates were on waiting
lists for these drug treatment programs[12]. Without more funding and focus on these treatment programs, some prisoners may not receive the effective treatment they need to beat their addiction.

In April of this year North Dakota Governor Doug Burgum signed legislation appropriating 7 million dollars to improving the quality of care inmates would receive for drug addiction treatment. Governor Burgum also allocated money to increase the number of drug addiction treatment providers in the state[13]. Efforts such as these ultimately increase the chance that inmates won’t abuse drugs again after being released from prison.

Participating in a drug treatment program rather than being incarcerated often results in the offender having a “drug court” hearing rather than a traditional justice system hearing. These drug courts are specific for non-violent drug offenders and provide drug treatment sentencing.

Drug courts reduce crime, save money, and ensure compliance. Drug courts can reduce crime by as much as 45 percent compared to traditional sentences. Also, for every federal dollar invested in drug courts in 2007, $9 was leveraged in state funding. Drug courts ensure compliance since they are six times more likely to keep offenders in treatment long enough for them to get better[14].

Requirements to appear before a drug court generally include but are not limited to:

- Committed a non-violent drug offense
- Complete an evaluation with a drug addiction counselor
- Demonstrate that you are committed to leading a clean life
- Do not have a criminal record
- Show that you can benefit from either inpatient or outpatient rehab

The United States has been dubbed the “incarceration nation” since we make up 5 percent of the world’s population, but have 25 percent of the world’s prisoners[15]. Nearly half of the federal prisoners are incarcerated for drug offenses. Some policymakers suggest that non-violent drug offenses should be required to complete drug addiction treatments rather than be incarcerated. Some of the research shows this would be more cost effective for society. In the end, states may want to look to these policy solutions to minimize incarceration costs and recidivism rates in their states.

The next installment of this series will examine the effect of drug abuse on the states through treatment.


Links

[16] https://knowledgecenter.csg.org/kc/category/policy-area
[17] https://knowledgecenter.csg.org/kc/category/policy-area/health