Position Statement on Treatment of Substance Use Disorders in the Criminal Justice System

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Issue:

Substance use disorders (SUDs) are prevalent among individuals involved in the criminal justice system. In 2016, nearly half (47%) of incarcerated individuals met the criteria for an SUD (Bronson et al., 2020). Despite the high prevalence of SUDs among incarcerated individuals, there remains a significant gap in access to evidence-based treatments. In 2019, only 41% of jails offered medications for opioid use disorder (OUD), a critical component of comprehensive SUD treatment (Pew Charitable Trusts, 2019).

A significant body of public health research has shown that treating incarcerated individuals' SUDs diminishes the likelihood of relapses and other adverse health outcomes while also reducing the overall financial burden on society of lost productivity, crime, and additional incarceration (Marlow, 2010). Given that the 30 days after release from incarceration are a time of heightened overdose, offering treatment in jails and prisons can be lifesaving.

It is the position of APA that:

1. **Drug treatment courts should be considered for all eligible adults and juveniles in the criminal justice system who have SUDs.**

2. **All individuals accused or charged with a crime or incarcerated should be screened for SUDs, alcohol or drug withdrawal syndromes, and comorbid mental health and medical conditions, and provided with the appropriate treatment by trained medical professionals rather than court, jail, or prison staff or timely transferred to an appropriate medical facility.**

3. **All incarcerated individuals with a history of opioid or stimulant use should receive overdose education and have access to naloxone rescue kits while in jail or prison and upon release from incarceration.**

4. **SUD treatment programs in jails and prisons should monitor participants with scientifically valid toxicology tests for current alcohol/drug use if clinically indicated and if the law within their jurisdiction allows it.**

5. **Any incarcerated individual with an SUD who is released on probation or parole should be connected to ongoing treatment.**