



Treatment Instead of Prison: A Medically Appropriate, Cost-Effective Alternative

Today only 1 in 8 Rhode Islanders with an alcohol or drug addiction are getting the treatment and care they need to successfully fight their disease. The health care, prison, and governmental costs related to the tens of thousands of Rhode Islanders with untreated addiction are growing. Treatment works—expanding access to addiction treatment will produce significant societal and other savings.

Drug and alcohol addictions play a large role in the commission of certain crimes. Approximately 16 percent of people in state prison and 18 percent of people in federal prison reported committing their crimes to obtain money for drugs.¹ Without treatment, thousands of drug dependent persons are arrested and incarcerated. Since 1977, the rate of incarceration for drug-related charges has increased by 1400% in Rhode Island. In the same period, the prison population soared from 600 to 4000.² Today, approximately 800 (or 20%) of these adult inmates are sentenced for a drug-related crime.³

Substance use treatment is not only medically appropriate, but it is also more cost-effective than imprisonment. Treatment delivered in the community is one of the most cost-effective ways to prevent such crimes – treatment costs approximately \$20,000 less than incarceration per person per year.⁴ The cost of incarceration for drug-related offenses has reached nearly \$200 million in annual costs, not including judiciary and police costs.⁵ The state spending on low-risk inmates that would be likely selected for Drug Court averages \$35,000.⁶

In December 2009, the Rhode Island Family Life Center (now known as OpenDoors) and the Miriam Hospital conducted a survey of offenders in the Rhode Island Adult Corrections Facility. They reviewed Rhode Island Department of Corrections (RIDOC) records, court records, and conducted 128 interviews of offenders held on drug possession charges. The findings reveal high levels of addiction among offenders and significant barriers to treatment and recovery.

Key findings include:

- 50% of the inmates interviewed were highly addicted and had significant barriers to recovery, including mental health, housing, employment, and histories of addiction. 78% of these highly addicted inmates were extremely or considerably interested in treatment.
- 80% had no history of violent felonies.
- Overall, approximately 400 inmates incarcerated for



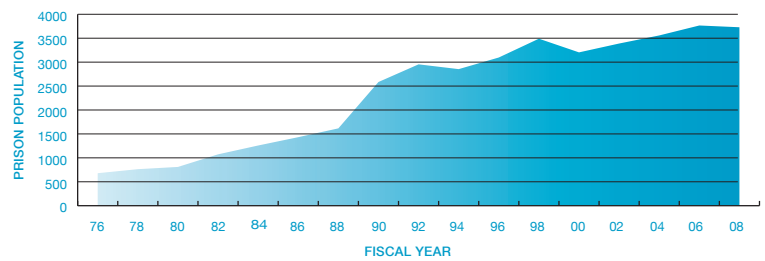
non-violent crimes suffer from a serious substance use disorder. These individuals already meet current Drug Court criteria, including no previous convictions for violent felonies or drug delivery.

- Rhode Island has implemented programs to divert individuals with substance use disorders into drug treatment with community supervision as an alternative to prison, and these efforts should be expanded further.

Drug Courts – Creating Alternatives to Prison

Drug Court is an evidenced-based program recommended by the U.S. Department of Justice to ensure public safety and addiction treatment. A Drug Court provides supervision and structured treatment to individuals in need of services from the justice

and medical systems. Drug Courts reduce re-arrest, reconviction and recidivism rates by 10%-30%, and save \$1,000-\$15,000 per participant.⁷ The Rhode Island Adult Drug Court (RIADC) was created in 2001 by Judicial Administrative Order to provide court supervised treatment to nonviolent felony offenders. The court has consistently maintained a caseload of approximately 100 clients at a time and is currently funded through a combination of federal and state money. The court has demonstrated consistent success – 70% of its participants graduate, and only 12% of clients recidivate within one year of participation. In 2009, the RIADC was determined to be the most effective program amongst programs proposed by all public safety.⁸ If more drug court slots



were available, many of the 400 individuals currently incarcerated for non-violent crimes would be eligible for inclusion in Drug Court under current eligibility review standards.

Policy Recommendations

- 1 RIDOC should broadly expand Rhode Island Drug Court participation among non-violent offenders with a substance use disorder.** An expanded Drug Court more effectively uses court resources on supervision, rather than on contesting and prosecuting criminal charges. Depending on the size of the expanded Drug Court, costs will vary between \$300,000 (90 people per year) and \$1.57 million (400 people per year). However, any expansion will yield a net total savings to the state due to reduced correctional costs.
- 2 Re-invest savings achieved through Drug Court expansion into addiction treatment among individuals involved in the criminal justice system.** The state currently spends an average of \$12 million per year incarcerating 400 potential Drug Court clients. If these individuals were diverted from prison into Drug Court, the state could reduce the prison budget by approximately \$4 million in the FY 2011 budget⁹. This would result in a total savings of \$2.43 million after funding the \$1.57 million Drug Court expansion, which could be used to fund programs to decrease addiction and addiction-related crime in Rhode Island.

- 3 RIDOC and the Rhode Island General Assembly should continue to fund the Transition from Prison to Community Program (TPCP),** created to facilitate reentry to the community by inmates scheduled for parole who need substance abuse treatment, especially residential-type services. RIDOC indicates that on any given day, 30 individuals remain in prison past their parole date because their parole is contingent upon receipt of residential-level treatment, and they are unable to access this level of care in the community.

The first two recommendations are based on the report "Into Treatment Not Prison" by Open Doors. The report includes further research and details for these recommendations and is available at www.opendoorsri.org.



www.closesthegapri.org

¹ Mumola, Christopher J., and Karberg, Jennifer C., "Drug Use and Dependence, State and Federal Prisoners, 2004," (Washington, DC: US Dept. of Justice, Oct. 2006) (NCJ213530), p. 1.

² Report on the RI Correctional Population 1976-2005. Rhode Island Department of Corrections, 2005.

³ U.S. Department of Justice, Bureau of Justice Statistics, Survey of Inmates in State and Federal Correctional Facilities, 2009.

⁴ Longshore, D, Evaluation of the Substance Abuse and Crime Prevention Act, Submitted to California Department of Alcohol and Drug Programs California Health and Human Services Agency, March 2006.

⁵ State of Rhode Island and Providence Plantations, Department of Corrections, FY2008 Expenditures Summary.

⁶ State of Rhode Island and Providence Plantations, Department of Corrections Planning and Research Unit. Population Report FY2009.

⁷ U.S. Government Accountability Office. Report to Congressional Committees. ADULT

DRUG COURTS Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes. Vol. GAO-05-219.

⁸ The Department of Corrections, State Police, Attorney General's Office, Judiciary, and Office of the Public Defender all submitted proposals for funding from the Federal Department of Justice Byrne Grant. The proposals were scored according to a rubric by an objective panel, and the Judiciary's Drug Court Proposal scored the highest of all proposals.

⁹ The Rhode Island Department of Corrections saved \$1.3 million in 2010 by reducing the inmate population by 124 individuals. This cost includes only the per-diem food and medical costs associated with each inmate. Using this estimate, an expanded Drug Court described above would conservatively save \$314,700 per year (if expanded by only 90 individuals) or \$2.43 million per year (if expanded by 400 individuals). More details are included in the Open Doors report, Into Treatment Not Prison.