



Criminal Justice System and Substance Use Disorder Treatment Policy

Introduction:

Intoxication and substance use disorders are associated with a large proportion of criminal acts. Consequently, substance use disorders are widespread among populations that are arrested and incarcerated. The prevalence of co-occurring severe psychiatric disorders is high for both male and female detainees with substance use disorders. Despite the high prevalence of these disorders, mental health and substance use disorder treatment is often limited or unavailable in many correctional facilities. Where it is offered, it often does not include comprehensive psychiatric assessment or evidence-based pharmacological formulary options.

Many members of AAAP participate in the delivery of treatment to patients involved with the criminal justice system. AAAP recognizes the importance to U.S. society of current initiatives to provide appropriate medical treatment as a cost-effective and humane alternative to incarceration alone.

Policy Statement:

1. Substance use disorder treatment is a more appropriate intervention than incarceration for non-violent drug offenders. Non-violent drug offenders should be diverted to treatment programs while being monitored through intensive probation drug courts, or other means, instead of expensive and less effective incarceration.
2. Given the significant medical risks of withdrawal, arrested and detained individuals should be screened for substance use disorders and substance withdrawal syndromes upon arrival to jail. If an individual has signs and symptoms of withdrawal, jails should provide timely medical care or transfer the individual to a more appropriate facility that can provide standard detoxification services.
3. Many inmates have other forms of psychiatric illness in addition to substance use disorders that require access to diagnostic evaluation and comprehensive treatments. Given the safety risk of suicidal and violent ideation, all detainees require early screening and intervention for psychiatric disorders.
4. Clinicians that work in the criminal justice system should receive quality training on screening for and treating substance use disorders. Jail/prison staff should also be trained to recognize intoxication and withdrawal syndromes among inmates in order to identify emergent issues.

Clinicians and staff should be trained in using naloxone, and naloxone rescue kits should be readily accessible on site.

5. Inmates of jails and prisons with substance use disorders whose convictions mandate confinement should receive appropriate evidence-based treatments during their incarceration.
6. Efforts should be made to expand prison/jail medication formularies to provide increased access to evidence-based pharmacologic regimens for substance use disorders.
7. The need for medical treatment of chronic illness does not stop with incarceration. Provisions for continuing a stable outpatient psychiatric pharmacologic regimen should be available for detainees. Patients with opioid use disorders maintained on methadone, buprenorphine, or extended-release naltrexone should be able to continue the appropriate dosage of their medication while incarcerated, and provisions made for medication continuation through or upon release so as to reduce the risk for opioid overdose.
8. The full range of mental health and substance use disorder treatment services should be provided for inmates and probationers including evidence-based pharmacotherapy. Additionally, self-help 12-step group meetings such as Alcoholics Anonymous and Narcotics Anonymous should be offered in jails/prisons if determined to be a safe option from a security perspective.
9. Provision of substance use disorder treatment following incarceration should be available and mandated for all people with substance use disorders who are on probation. Support, treatment, and monitoring immediately after release should be available to prevent relapse and overdose, and to reduce the risk of recidivism.

Revised: May 2015

Revised: July 2018