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A Better Way To Treat Abuse

Expanding Treatment For Addiction -- Both In And Out Of Prison - - Would Help Break Cycle Of Drug Abuse And Crime

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Experts — police, prosecutors, defense attorneys, drug treatment professionals, judges, clinicians, academicians — agree that good drug policy should reduce crime, use of illicit drugs and risky health behavior, and result in better housing, jobs and health care for users.

Fortunately, reasonable and effective treatment for substance abuse, which is a crucial part of good drug policy, is available. Unfortunately, Connecticut's criminal justice system and state agencies place barriers to treatment for drug dependence. They limit access to the robust array of the most effective treatments and to repeated interventions. Too often, treatment is reserved for those deemed "most worthy" or who have not been in a program previously.

Research shows that treatment for drug dependence is as successful as programs for other chronic, relapsing diseases such as diabetes and hypertension, according to Thomas McLellan, deputy director of the Office of National Drug Control Policy. As with other chronic diseases, multiple interventions are often necessary for the best results.

So, what can we change?

- *Substance abuse treatment* in prison should be increased. About 13,000 of the 17,000 prisoners in Connecticut are substance abusers. Prison officials report that about 6,500 prisoners who need treatment would accept it, if available. Yet, only about 3,000 prisoners receive treatment annually, leaving 3,500 prisoners without help. These people are in prison because they have violated society's most significant rules. Treatment, sometimes on multiple occasions, for those in prison has the positive results that good drug policy requires. But we do not provide treatment for thousands of prisoners each year, most of whom will be released into our communities.

- *Do not jail* nonviolent substance abuse offenders. We need to incarcerate violent offenders. But nonviolent offenders who use drugs can be dealt with more effectively and more cheaply outside of prison. An offender in a drug rehab program has the same reduction in criminal behavior and drug use as does a similar person in jail. The cost for

jail is about \$45,000 per year — two or three times the cost of a community substance abuse treatment program. The choice is clear. And we should not limit the number of times an offender can have access to treatment programs.

- *Allow private physicians* to provide methadone for heroin dependence. Methadone is the most effective treatment for opiate dependence. Yet, private physicians are prohibited from treating patients with methadone and only a limited number of methadone clinics are available in the state. Methadone clinics should be used as emergency rooms to stabilize those with opiate dependence. Once stabilized, patients should be transferred from clinics to their own physicians for treatment, as would happen for most other disorders. This practice will allow broader access to effective and needed treatment.

- *Maintenance treatment* should be provided for those chronically dependent on heroin. Establish a program to provide medical opiates in a clinical setting to those most chronically dependent. Chronically opiate-dependent persons have the most significant effect on public resources — social services, health care and criminal justice. Opiate maintenance treatment has been remarkably successful elsewhere. People in such successful programs reduce their criminal behavior, illegal drug use and risky health behavior and show improved social functioning.

- *Provide methadone maintenance* treatment in prison. Some 40 percent of inmates enter Connecticut prisons with opiates in their system. Heroin-dependent prisoners, incarcerated for less than a year with a methadone maintenance program, do much better on release than those without help. States that provide methadone maintenance treatment to inmates report that upward of 70 percent of those released seek further community-based methadone treatment. This program helps break the cycle of drug use, risky behavior that leads to AIDS, arrest, incarceration, release and repeat drug use.

Each of these proposals has been implemented successfully in other states and countries. Connecticut's leading universities are ready to assist in clinical trials of these treatment programs. Legislation available to the General Assembly already has been drafted to implement these programs, which will give the state a more effective policy that will save the state money, reduce crime, and improve public health and safety.

•David D. Biklen is an attorney living in Hartford and, for 22 years, was executive director of the Connecticut Law Revision Commission. The commission's report on drug policy in Connecticut is available at www.cga.ct.gov/lrc/DrugPolicy/drugpolicy.asp.

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