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FACT SHEET 2013

S.B. 90

Implement Effective Responses to Chemical Dependency in Texas

SMARTER STRATEGIES WILL REDUCE CRIME, SAVE MONEY, AND TREAT ADDICTION

Texas wastes millions of taxpayer dollars every year imprisoning individuals who pose no legitimate risk to public safety. Instead, their low-level drug possession offenses often result from a struggle with chemical dependency that cannot be “treated” through incarceration. Properly assessing addiction and matching individuals with appropriate evidence-based treatment and community supervision is far more effective and less expensive than simply locking them up.

Failure to address chemical dependency as a public health issue will produce the same predictable results Texas has witnessed for decades: a cycle of individuals with addiction filling prison beds and running up a huge bill, payable by Texas taxpayers.

INCARCERATING ADDICTION FAILS TEXANS

A considerable percentage of individuals arrested, tried, and incarcerated in Texas are charged with low-level drug possession.

- About 90% of all drug-related arrests in Texas are for possession of a controlled substance, not delivery or distribution.¹ In FY 2012, almost 30% of individuals who entered the Texas Department of Criminal Justice were admitted for a drug offense – and nearly 73% of those individuals were charged with drug possession, as opposed to delivery or other offenses.² Incarcerating individuals for drug possession costs Texas taxpayers more than \$1 million daily, or about \$397 million per year.³
- Prescription drug abuse is on the rise in Texas,⁴ putting more people at risk of criminal justice system involvement – particularly youth, older adults, women,⁵ and veterans returning from Iraq and Afghanistan.⁶

Incarceration-driven responses to addiction are bad for Texas.

- Many Texans struggle with addiction, and increasingly, research indicates that chemical dependency is a brain disease that can be treated with proper resources and services – not incarceration. By altering the chemistry of the brain, drug addiction can lead to compulsive cravings and limits the ability of an individual to make voluntary decisions.⁷ Treatment is critical to address these issues.
- Unlike effective treatment programming, strict incarceration results in higher rates of re-offending and relapse.⁸
- Incarceration (\$18,265/year) is almost seven and a half times more expensive than community supervision with treatment (\$2,438/year).⁹
- Incarceration creates barriers to accessing housing, employment, education, and other services, and reduces the ability of individuals to pay child support and meet other obligations. These challenges can trigger relapse, leading to re-arrest or re-incarceration.¹⁰

COST-SAVING AND PUBLIC SAFETY-DRIVEN SOLUTION: SUPPORT S.B. 90 BY SENATOR ELLIS

- S.B. 90 is a crime-prevention policy, and a best practice guide for dealing with defendants who have substance abuse problems. It will divert thousands of nonviolent individuals from confinement and save taxpayers millions of dollars in incarceration costs.

Citations

¹ Texas Department of Public Safety, *Crime in Texas: Texas Arrest Data, 1999 – 2011*.

² Texas Department of Criminal Justice, *Statistical Report Fiscal Year 2012*, pp. 2, 21.

³ Legislative Budget Board, *Criminal Justice Uniform Cost Report, Fiscal Years 2010 – 2012*, January 2013, p. 8.

⁴ The Texas Drug Demand Reduction Advisory Committee, *Report to State Leadership*, January 2009, pp. 12-13, <http://www.dshs.state.tx.us/sa/ddrac/default.shtm>.

⁵ National Institute of Health: National Institute on Drug Abuse, “Prescription Drugs: Abuse and Addiction,” Research Report Series, U.S. Department of Health and Human Service, pp. 7-8, <http://www.drugabuse.gov/publications/research-reports/prescription-drugs>.

⁶ American-Statesman Investigative Team, “Uncounted Casualties: Home, But not Safe,” *Austin American-Statesman*: statesman.com, September 29, 2012, <http://www.statesman.com/news/news/local-military/texas-war-veteran-deaths-studied/nSPJs/>.

⁷ National Institutes of Health, National Institute on Drug Abuse, *Medical Consequences of Drug Abuse*, <http://www.drugabuse.gov/related-topics/medical-consequences-drug-abuse>.

⁸ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Association, Center for Substance Abuse Treatment, *The National Treatment Improvement Evaluation Study: NTIES Highlights, 1997*, <http://www.ncjrs.gov/nties97/index.htm>. Also see: Dustin Johnson, Ph.D., “Community Corrections Facility Outcome Study of FY 2008 Discharges: Texas Department of Criminal Justice – Community Justice Assistance Division: Research and Evaluation,” May 2011, pp. 13, 23 (individuals completing residential programs have significantly lower two-year arrest and incarceration rates than those who do not complete their program).

⁹ Legislative Budget Board, *Criminal Justice Uniform Cost Report, Fiscal Years 2010 – 2012*, January 2013, pp. 8, 14, 15; using FY 2012 prison inmate costs-per-day of \$50.04; state costs-per-day for community supervision of \$1.38; and state costs-per-day for substance abuse outpatient treatment of \$5.30.

¹⁰ U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide*, <http://www.drugabuse.gov/publications/principles-drug-abuse-treatment-criminal-justice-populations>.