

# REDUCING THE U.S. DEMAND FOR ILLEGAL DRUGS

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A REPORT

BY THE

UNITED STATES SENATE CAUCUS  
ON  
INTERNATIONAL NARCOTICS CONTROL

ONE HUNDRED TWELFTH CONGRESS  
SECOND SESSION

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<http://drugcaucus.senate.gov>

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WASHINGTON, D.C.

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SENATE CAUCUS ON INTERNATIONAL NARCOTICS CONTROL

June 2012

Dear Colleague:

Drug consumption in the United States continues to increase. According to the National Survey on Drug Use and Health, in 2010, about 22.6 million Americans aged 12 and older were current illegal drug users, representing 8.9 percent of the population. This is the largest proportion in the past decade of people aged 12 and older identified as current illegal drug users. As members of the Senate Caucus on International Narcotics Control, we find this unacceptable. Illegal drug use in the United States has created a major public health problem here at home while also fueling violence in drug producing and transit countries in Latin America and the Caribbean.

This report outlines a series of concrete steps that the President and Congress can take to reduce the massive U.S. demand for illegal drugs. It draws on information gathered by Caucus staff through travel to key prevention, treatment and recovery programs in California, Arizona and Illinois, briefings, interviews and a review of documents from both government and non-government subject matter experts. We look forward to working with you to implement the policy recommendations proposed in this report.

Sincerely,



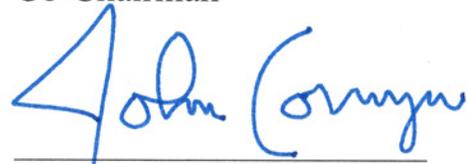
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## *Specialized Treatment Programs*

There are a number of specialty treatment programs tailored to accommodate the specific needs of particular individuals — namely, women, families and prison inmates.

### *Women*

According to the Obama Administration's *2011 National Drug Control Strategy*, drug treatment poses several challenges for women (and particularly women with families) because "many treatment programs are designed for and used mostly by men" while many women must consider family concerns that prevent them from seeking treatment as programs for women rarely accommodate their children. **Traditional drug abuse treatment programs do not allow for the inclusion of children, posing a dilemma for women between the need for treatment and the need to provide care for their children.** Further complications for women seeking treatment arise from the fact that "admitting to a substance abuse problem may lead to involvement with the criminal justice system and the loss of custody of children."

This dilemma was shared with Caucus staff on a visit to SHIELDS for Families, a family-centered non-profit residential treatment program in Compton, California. SHIELDS for Families allows women to have their children (and sometimes spouses) live on the premises while they receive services five days a week such as counseling, drug treatment, child development, vocational training, education and medical care. SHIELDS is the only program in the United States that allows entire families to live in the treatment environment in individual family apartments. Caucus staff heard stories of women who had previously reached out for help to break their addiction on several occasions, but because of the age of their children, were hesitant to enter treatment programs and abandon their children.

While the exact number of available beds is not known, in 2005, only 8 percent of California's treatment facilities had beds for children.<sup>86</sup> This shortage impacts both treatment admission and longer term sobriety. Studies show that mothers in family-based substance abuse treatment programs were more likely to stay drug-free as compared to those who lost or voluntarily gave up custody of their children. Both the emotional rewards and tangible success at SHIELDS were apparent. **Evaluations show that over 80 percent of SHIELDS residents complete the program, compared to a national average of only 25 percent; 95**

**percent are reunified with their families; residents receive an average of 646 days in treatment – well above the national average of 90 days; and all clients obtain a high school diploma.<sup>87</sup>**

The *2011 National Drug Control Strategy* calls for the creation of more treatment centers that specifically address the challenges faced by women seeking drug abuse treatment. The Caucus believes this would be beneficial in reducing drug use.

### *Treatment of Inmates*

Drug treatment programs can cut down on recidivism rates and thereby improve public safety and reduce crime-related expenditures. Inmates who either committed a crime to get drugs or were under the influence of drugs at the time of their crime are among the most likely to re-offend. Of the 2.3 million inmates imprisoned in the United States, 65 percent meet the medical criteria to be considered addicted to either drugs or alcohol.<sup>88</sup> The National Center of Addiction and Substance Abuse at Columbia University found that between 1996 and 2006, while the number of adults incarcerated in the U.S. increased 33 percent to 2.3 million, the number of inmates with substance abuse issues increased by 43 percent to 1.9 million. Due to the potentially large societal benefits, it is important to make available the most effective treatment programs for addicted prisoners.

Unfortunately, inmates who are substance abuse-involved continue to be re-incarcerated at greater rates than those who are not abusing drugs. **One reason for this is that there is a serious “treatment gap,” where of the 1.5 million inmates who were substance abusers in 2001, only 11.2 percent received treatment since admission to prison, according to the National Center on Addiction and Substance Abuse at Columbia University.<sup>89</sup>** This is due at least in part to fact that treatment in specialized settings, which is recognized to be more effective, is only available in 16.6 percent of facilities.

Drug users are more likely than non-drug users to reoffend. These repeat offenders make up a significant share of the prison population.<sup>90</sup> Furthermore, the treatment provided is often generic. Prison treatment programs often consist only of peer counseling or drug education. These types of treatment alone are often ineffective in helping inmates to become sober or significantly reducing recidivism rates.