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# DRUG USE, HIV, AND THE CRIMINAL JUSTICE SYSTEM

## FACTS ABOUT THIS FACT SHEET SERIES

*This series discusses the issue of drug users in the criminal justice system. It explains the importance of this setting in reaching drug users with HIV prevention messages and interventions and looks at some of the challenges involved.*

The fact sheets in this series are:

- Drug Use, HIV, and the Criminal Justice System
- Drug Users and the Structure of the Criminal Justice System
- Substance Abuse Treatment in the Criminal Justice System
- Women, Drug Use, and the Criminal Justice System
- HIV/AIDS Counseling and Testing in the Criminal Justice System
- Providing Services to Inmates Living with HIV
- Helping Inmates Return to the Community
- Working with the Criminal Justice System

*See the end of this fact sheet for information on how to get this series and other materials on preventing HIV and other blood-borne infections among injection drug users (IDUs).*

# DRUG USE, HIV, AND THE CRIMINAL JUSTICE SYSTEM

*About 80 percent of prison and jail inmates have serious substance abuse problems. Many also have or are at high risk of having HIV or hepatitis. Substance abuse treatment and HIV services can help inmates and others under correctional control. They also can help inmates' families, corrections staff, and the community at large.*

## Drugs and Criminal Justice are Important Issues for the Nation

*The United States has the largest number of people under criminal justice control of any nation in the western world.*

At the end of 1999, 6.3 million people, or more than 3 percent of all U.S. adult residents, were under the control of the criminal justice system. More than 1.3 million were in federal or state correctional facilities. About 600,000 were in county or city jails. The remainder—more than 4 million—were on parole or probation or under some other form of court-ordered community supervision. Nearly 126,000 juveniles were in correctional facilities.

*Many inmates are drug users who are in prison or jail because of drug-related offenses.*

More than one-fourth of all inmates are in prison or jail because of arrests related to using, possessing, or trafficking drugs.

Between 1980 and 1996, the prison population tripled, in large part because of convictions associated with drugs.

A substantial majority of inmates—men and women—have serious drug problems. Many have problems with alcohol as well:

- In 1997, more than 83 percent of all state prisoners (837,300) and more than 73

percent of all federal prisoners (64,000) reported past drug use. A third of state prisoners and a fifth of federal prisoners said they were using drugs at the time they committed the offense for which they were in prison.

- Data from 35 sites across the country on the drug use of adults who have been arrested show that in most of the sites, more than 60 percent test positive for at least one drug (arrestees are tested for cocaine, marijuana, methamphetamines, opiates, and PCP, among other drugs).

### *HIV, hepatitis, and sexually transmitted diseases (STDs) are big problems for inmates.*

Many inmates are at high risk of becoming infected with HIV, hepatitis, or STDs. Many others are already infected. This is because of past and continuing risky drug use (sharing syringes and other injection drug equipment) and sexual behaviors (multiple sex partners, unprotected sex, and untreated STDs). Data from 1999 show that HIV and AIDS rates among inmates are very high:

- 9,723 prison and jail inmates had AIDS—a rate 5 times higher than that of the general population;
- 34,372 prison and jail inmates were infected with HIV.

Data from 1996 show that STD and hepatitis infections are also common among inmates:

- 46,000-76,000 had syphilis, 43,000 had chlamydia, and 18,000 had gonorrhea;
- 36,000 had hepatitis B;
- 303,000-332,000 had hepatitis C—a rate 9-10 times higher than the general population.

Many inmates have other conditions as well, such as tuberculosis, mental illness, or other chronic health problems. Many women inmates have reproductive health needs and histories of physical, emotional, and sexual abuse.

## The Criminal Justice System is a Key Setting for Prevention, Treatment, and Care Efforts

The large numbers of drug users in the criminal justice system and their high risk of getting and transmitting HIV, STDs, and hepatitis, create an urgent need for:

- comprehensive substance abuse treatment services;
- prevention education and risk reduction counseling;
- expanded care for infected inmates; and
- improved links between services in prisons and jails and those in the community.

For many inmates, the criminal justice system provides a first chance for basic health care, substance abuse treatment, prevention

education, and counseling and testing. This can help them break the cycles of addiction, incarceration, and disease transmission. These services also can benefit inmates' families and the larger community through reduced disease transmission, reduced medical and social welfare costs, and reduced drug-associated crime.

*Corrections and the community are closely linked.*

Conventional wisdom holds that prisons and jails are walled off and separate from the community. More and more, however, people are recognizing that this is not true. Many ties connect the community with prisons or jails. For one thing, inmates are constantly moving back and forth between corrections and the community:

- one-half of the people who are booked at a police station are released into the community within 24-48 hours;
- people serve time in prison or jail multiple times for multiple offenses;
- almost all prison or jail inmates eventually return to their communities.

This means that the problems and high-risk behaviors inmates had in the community come with them to prison or jail. Problems or risky behaviors begun in prison or jail return with inmates to the community after release.

Other links between corrections and communities:

- staff live in the community and come and go between the facility and the community;
- food, services, and supplies for correctional facilities come from the community;
- family members and friends visit inmates;
- the correctional facility is an important part of the local economy in some communities;
- community-based substance abuse treatment, HIV/AIDS, primary health care, psycho-social support, and education and training programs serve a growing number of inmates.

It is critically important for prisons and jails to provide high quality prevention, treatment, and care services. It's also crucial that inmates receive these services after they are released. Without the support of these services, inmates going back to their home communities often return to the behaviors that led them to prison. This increases the chances they will use drugs,

commit crimes, spread or acquire disease, and return to prison or jail.

**Meeting the Need for Treatment and Prevention Services is Challenging**

Many federal and state facilities provide HIV/AIDS education and treatment programs, case management, and substance abuse treatment programs. However, significant gaps in coverage remain. For example, a recent study by the National Center on Addiction and Substance Abuse at Columbia University (CASA) found that although 800,000 inmates in correctional settings would benefit from substance abuse treatment, fewer than 150,000 receive it. Few prison and jail systems have instituted comprehensive programs, and most prevention programs focus on education rather than on behavior change. Several factors contribute to this gap in coverage:

**Priorities and orientations of corrections and public health are different.** Corrections' primary mission and responsibility to society is maintaining security and control over inmates. Losing control over a facility and its inmates can cause major problems for the facility. Public health activities, such as HIV counseling and testing, risk reduction education, or access to medications, may be viewed as conflicting with these objectives. Each group must recognize and respect the priorities and activities of the other.

**Correctional testing and treatment policies and data collection systems vary widely.**

The criminal justice system has many different facilities and programs, from federal and state prisons and city and county jails to juvenile facilities, facilities operated by other U.S. government agencies, and community-based corrections programs. Policies, practices, organizational structures, accreditation, and resources vary widely. As a result, the quality and coverage of programs differ and data collection and sharing are uneven.

**Inmate populations, especially in jails, are ethnically diverse and are constantly changing.** The number of inmates with substance abuse problems, HIV/AIDS or hepatitis infection, or high risk of infection continues to grow. In addition, populations change constantly as inmates enter and leave the system or are moved from facility to facility. These factors make it difficult for staff to plan and carry out interventions.

Service providers also face challenges in working with inmates who have educational and literacy problems as well as differing cultures and languages.

**To Learn More About This Topic**

Visit these websites of the Centers for Disease Control and Prevention ([www.cdc.gov/idu](http://www.cdc.gov/idu)) and the Academy for Educational Development ([www.healthstrategies.org/Publications/publications.html](http://www.healthstrategies.org/Publications/publications.html)) for these and related materials:

- *Preventing Blood-borne Infections Among Injection Drug Users: A Comprehensive Approach*, which provides extensive background information on HIV and viral hepatitis infection in IDUs and the legal, social, and policy environment, and describes strategies and principles of a comprehensive approach to addressing these issues.
- *Interventions to Increase IDUs' Access to Sterile Syringes*, a series of five fact sheets on issues related to improving access to sterile syringes for IDUs who continue to inject.

Visit these websites for information and materials on substance abuse, HIV, and the criminal justice system:

- CDC's National Prevention Information Network ([www.cdc.gov/biv/bivinfo/npin.htm](http://www.cdc.gov/biv/bivinfo/npin.htm));
- the U.S. Department of Justice's National Institute of Justice ([www.ojp.usdoj.gov/nij](http://www.ojp.usdoj.gov/nij)) and Bureau of Justice Statistics ([www.ojp.usdoj.gov/bjs](http://www.ojp.usdoj.gov/bjs));
- the White House Office of National Drug Control Policy ([www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov));
- the National Criminal Justice Reference Service ([www.ncjrs.org](http://www.ncjrs.org)), a DOJ- and ONDCP-sponsored information clearinghouse that covers research, policy, and practice issues related to criminal and juvenile justice and drug control;
- the National Institute on Drug Abuse ([www.nida.nih.gov](http://www.nida.nih.gov));
- the National Library of Medicine's Specialized Information Services (<http://sis.nlm.nih.gov/HIV/HIVPrison.html>).

See the June 2001 issue of the *Journal of Urban Health*. In a special feature entitled "Continuity of Care from Corrections to Community," this issue of the *Journal* includes II papers covering a range of issues related

to the health needs of correctional inmates, the impact of the correctional system on community health, the need for continuity of health care from corrections to community, and HIV/AIDS and injection drug use among inmates. *Journal of Urban Health* 2001;78(2). <http://jurban.oupjournals.org/>

**Check out these sources of data:**

Belenko S. Behind bars: substance abuse and America's prison population. New York: National Center on Addiction and Substance Abuse at Columbia University (CASA); January, 1998.

[www.casacolumbia.org/usr\\_doc/5745.pdf](http://www.casacolumbia.org/usr_doc/5745.pdf)

Centers for Disease Control and Prevention (CDC). Hepatitis B outbreak in a state correctional facility, 2000. *Morbidity and Mortality Weekly Review*. 2001;50(25):529-532. [www.cdc.gov/mmwr/preview/mmwrhtml/mm5025a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5025a1.htm)

Gallagher CA. Juvenile offenders in residential placement, 1997. Washington (DC): U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs; March 1999. #96. [www.ncjrs.org/pdffiles1/jfs9996.pdf](http://www.ncjrs.org/pdffiles1/jfs9996.pdf)

Hammett TM. Public health/corrections collaborations: prevention and treatment of HIV/AIDS, STDs, and TB. Research in

Brief. Washington (DC): U.S. Department of Justice, Office of Justice Programs, National Institute of Justice; July 1998. NCJ 169590. [www.ncjrs.org/pdffiles1/169590.pdf](http://www.ncjrs.org/pdffiles1/169590.pdf)

Hammett TM, Harmon P, Maruschak LM. 1996-1997 update: HIV/AIDS, STDs, and TB in correctional facilities. *Issues and Practices in Criminal Justice*. Washington (DC): U.S. Department of Justice, National Institute of Justice; July, 1999. NCJ 176344. [www.ncjrs.org/pdffiles1/176344.pdf](http://www.ncjrs.org/pdffiles1/176344.pdf)

Maruschak LM. HIV in Prisons and Jails, 1999. Washington (DC): U.S. Department of Justice, National Institute of Justice, Bureau of Justice Statistics; July 2001. NCJ 187456.

[www.ojp.usdoj.gov/bjs/abstract/bivpj99.htm](http://www.ojp.usdoj.gov/bjs/abstract/bivpj99.htm)

Petersilia J. When prisoners return to the community: political, economic, and social consequences. *Sentencing and Corrections: Issues for the 21st Century*. Washington (DC): USDOJ, National Institute of Justice, Office of Justice Programs; November 2000. NCJ 184253. [www.ncjrs.org/pdffiles1/nij/184253.pdf](http://www.ncjrs.org/pdffiles1/nij/184253.pdf)

Spaulding A, Greene C, Davidson K, Schneidermann M, Rich J. Hepatitis C in state correctional facilities. *Preventive Medicine* 1999;28:92-100.

The Robert Wood Johnson Foundation. Substance abuse: the nation's number one health problem. Princeton (NJ): RWJ; February 2001.

[www.rwjfliterature.org/chartbook/chartbook.htm](http://www.rwjfliterature.org/chartbook/chartbook.htm)

U.S. Department of Justice, Bureau of Justice Statistics. Prisoners in 1999. Washington (DC): USDOJ/BJS; August 2000. NCJ 183476. [www.ojp.usdoj.gov/bjs/pub/pdf/p99.pdf](http://www.ojp.usdoj.gov/bjs/pub/pdf/p99.pdf)

U.S. Department of Justice, Bureau of Justice Statistics. Drug use, testing, and treatment in jails. Washington (DC): USDOJ/BJS; May 2000. NCJ 179999.

[www.ojp.usdoj.gov/bjs/pub/pdf/duttj.pdf](http://www.ojp.usdoj.gov/bjs/pub/pdf/duttj.pdf)

U.S. Department of Justice, Bureau of Justice Statistics. Substance abuse and treatment, state and federal prisoners, 1997. Washington (DC): USDOJ/BJS; January 1999. NCJ 172871.

[www.ojp.usdoj.gov/bjs/pub/pdf/satsfp97.pdf](http://www.ojp.usdoj.gov/bjs/pub/pdf/satsfp97.pdf)

U.S. Department of Justice, National Institute of Justice, Arrestee Drug Abuse Monitoring Program. 1999 annual report on drug use among adult and juvenile arrestees. Washington (DC): USDOJ/NIJ/ADAM; June 2000. [www.adam-nij.net/files/INTO.PDF](http://www.adam-nij.net/files/INTO.PDF)



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