BIG IDEAS–
The Social Determinants of Addiction: The Criminal Legal System

The United States has traditionally taken a punitive approach to drug use, and at the core of this approach is the criminal legal system (National Institute on Drug Abuse, 2020). Law enforcement interventions, court involvement, incarceration, and community supervision—such as probation or parole—are all elements of the criminal legal system. While rates of incarceration have declined in the past few years, the United States still incarcerates more of its population than any other country, with approximately two million people in U.S. jails and prisons. In 2020, nearly 250,000 people were in state and federal prisons for drug-related violations (Carson, 2021a), and many more have returned to society with a criminal record, which is an enduring mark that persists long after individuals have paid the price for their offense and, sadly, often after society has determined that their supposed offense—drug use—is not an offense after all.

Centering the nation's approach to addiction on the criminal legal system does not reduce drug use, overdose death, or recidivism (Pew Charitable Trusts, 2018). Rather, overdose mortality rates are elevated among the reentry population (Binswanger et al., 2007), and the trauma that results from incarceration, as well as collateral consequences resulting from involvement in the criminal legal system, creates barriers to sustained recovery (Quandt & Jones, 2021). The criminal legal response to addiction causes collateral consequences for people upon conviction for a drug-related crime (Couloute, 2018; Ferguson et al., 2012; Greenberg & Rosenheck, 2008; Sahker et al., 2019; Substance Abuse and Mental Health Services Administration [SAMHSA], 2021a). The presence of a criminal record due to arrest or conviction on a drug charge limits opportunities for employment, housing, and education (American Institutes for Research [AIR], n.d.). While some reforms have been implemented in these areas, such as "Ban the Box" laws, revisions to federal student loan applications, and permitting eligibility for public housing, there are still many opportunities for reducing or preventing collateral consequences related to arrest, conviction, and possession of a criminal record. The National Inventory of the Collateral Consequences of Conviction (NICCC) is a searchable database that provides information on state and federal laws and regulations that affect individuals with criminal convictions. Significant racial inequities exist in the execution of drug policies, with Blacks incarcerated for drug offenses at higher rates than Whites (Carson, 2021a; Latimore, 2020) despite similar rates of drug use (SAMHSA, 2021b). Higher rates of arrest and conviction in Black communities result in a disproportionate percentage of collateral consequences (Hinton et al., 2018). Eliminating collateral consequences and engagement with the criminal legal system is both an equity and social justice issue for individuals who may have a criminal record as a result of drug use or a substance use disorder (SUD). Ultimately, the carceral approach of our nation's drug policies has worsened the problem for Whites who use drugs, along with Blacks, Indigenous People, and other people of color.

Addressing the social determinants of addiction, therefore, requires that we examine the criminal legal system to identify necessary reforms. A new approach to drug policy must include the following

components: (a) **reduction of new entrants** through policies that divert people from the criminal legal system entirely and (b) **improvement of services for those currently in the system.**

1. Reduction of New Entrants Into the Criminal Legal System

State and local government officials have begun to recognize the limitations of punitive approaches to SUD and are looking to advance public health approaches. Such a shift requires government investment in public health as well as changes to public laws. Harm reduction using a set of practical tactics to reduce negative consequences associated with drug use (National Harm Reduction Coalition [NHRC], 2020) has been employed to reduce overdose and prevent blood-borne disease. Evidence-based harm reduction programs include syringe services programs (SSPs), which distribute safe supplies; fentanyl test strip programs; naloxone programs; and other necessary health care services (Crowley et al., 2022). New York City has the first sanctioned overdose prevention site in the country, where health care professionals and peers are available to prevent overdose and provide support services to individuals who use drugs.

The 2022–2025 strategic plan of the American Society for Addiction Medicine (n.d.) calls for "reducing criminal legal system interference with the delivery of addiction care." Delivering appropriate addiction care will require increasing the addiction workforce as well as building out the evidence-based continuum of care for individuals with SUD. The development of a robust public health response to addiction will divert individuals away from the criminal legal system and provide individuals in need with evidence-based care.

Even amidst calls for a public health approach to addiction and scant evidence linking enhanced penalties to reduced drug use, there have been calls to expand the punitive approach due to the increasing prevalence of fentanyl in the drug supply. Some states have passed laws calling for enhanced sentencing for fentanyl possession, and there are federal efforts to permanently schedule all fentanyl-related substances. In addition, drug-induced homicide laws have emerged as a criminal legal response to the overdose epidemic. Drug-induced homicide laws allow individuals to be charged with homicide if they deliver drugs that contribute to an overdose death (Davis et al., 2019). There is no evidence that these laws deter crime, and they may in fact cause harm (Carroll et al., 2021; Davis et al., 2019). However, 25 states have drug-induced homicide laws (Prescription Drug Abuse Policy System [PDAPS], 2019).

| Strategies to reduce new entrants into the criminal-legal system:

- **Removal of Upstream Structural Conditions.** Ways of removing structural conditions that lead to criminal legal system involvement include investing more in communities that have been disinvested through racial and economic isolation (McGhee, 2021; Rothstein, 2017) and increasing access to community-based supports and services that prioritize the social determinants of

addiction (AIR, n.d.). To address the enduring harms of excessive criminal legal penalties, many states have chosen to reinvest revenue from legal cannabis sales in communities heavily impacted by prior criminalization (California Governor's Office of Business and Economic Development, 2022; Marijuana Policy Project, n.d.).

- **Decriminalizing the Personal Possession of Drugs.** In 2020, Oregon voters passed the Drug Addiction Treatment and Recovery Act (Measure 110), which decriminalizes personal possession of illegal drugs (Legislative Policy and Research Office, 2020). Cost savings from the decriminalization, combined with revenue from legal cannabis sales, are intended to fund harm reduction services, treatment, and recovery programs. There have also been de facto decriminalization efforts in other parts of the country, where prosecutors have declined to prosecute low-level possession charges (Baumwoll, 2019)**.** Researchers are poised to evaluate the effect of such measures on outcomes for people who may have otherwise been subject to criminal penalties due to drug use. Prior research has demonstrated that drug reform can lead to a reduction in drug-related arrests without reducing racial inequities (Mooney, 2016); therefore, a key component of decriminalization efforts must include measurement of and accountability for reducing racial inequities in arrest.
- **Buprenorphine Decriminalization.** The decriminalization of buprenorphine has emerged as a dual policy strategy to (a) prevent opioid-related overdose deaths (Carlson et al., 2020) and (b) expand access to buprenorphine treatment (del Pozo et al., 2020; Williams et al., 2022). Research has shown that nonprescribed buprenorphine is most often used to manage opioid withdrawal symptoms or to help a person stop using drugs (Carroll et al., 2018; Chilcoat et al., 2019; Cicero et al., 2018; Daniulaityte et al., 2019). Buprenorphine decriminalization policies are rooted in the belief that prosecution for the personal possession of nonprescribed buprenorphine perpetuates the stigma associated with it as a medication for opioid use disorder (del Pozo et al., 2020) and limits its access (Carroll et al., 2018; Doernberg et al., 2019). Legislation has been passed in both Vermont (Act 46, 2021) and Rhode Island (S 0065, 2021) decriminalizing the personal possession of nonprescribed buprenorphine at the state level. Prior to the passage of this legislation, de facto decriminalization of buprenorphine in Chittenden County, Vermont, in tandem with extensive efforts to expand access to prescribed buprenorphine, saw a 50% reduction in opioid overdose deaths (del Pozo et al., 2020).
- **Syringe Services Programs.** Laws governing SSPs vary by state (PDAPS, 2021). While federal funding may support SSPs under certain circumstances, federal appropriations law prohibits SSPs from using certain federal funding to purchase syringes (Centers for Disease Control and Prevention, 2019; Oliva et al., 2021). The American Rescue Plan Act (2021) included $30 million specifically for harm reduction funding. In addition to this funding source, harm reduction is included as a core component of the U.S. overdose prevention strategy (U.S. Department of Health and Human Services [HHS], n.d.). Only 12 states explicitly exempt drug residue from the ban on controlled substances (PDAPS, 2021). Possession of syringes and drug residue can lead to arrest and conviction on drug possession charges. Variations in state laws and the lack of sustained funding

for SSPs reduce the impact of such programs while opening the door for negative law enforcement interactions (Pew Charitable Trusts, 2021).

- **Comprehensive Good Samaritan and Naloxone Access Laws.** Good Samaritan and naloxone access laws facilitate life-saving interventions for individuals who use drugs and may be at risk of overdose, while also protecting them from potential criminal liability. Good Samaritan laws protect individuals when they call for help if a person is experiencing an overdose. Naloxone access laws protect people who administer naloxone, a life-saving opioid antagonist, to a person who is experiencing an overdose (U.S. Government Accountability Office [GAO], 2021). Forty-seven states and the District of Columbia have passed Good Samaritan and naloxone access laws. However, the laws vary in the level of protection afforded (PDAPS, n.d.), and the impact of Good Samaritan laws can be diminished when street-level bureaucracy does not reflect the spirit of the law (GAO, 2021; Latimore & Bergstein, 2017).
- **Deflection Programs.** The harms and costs of criminal justice processes are high (Stevens et al., 2019), and many diversion programs still involve charges or the threat of charges and entail additional surveillance (e.g., probation or parole) and long-term collateral consequences. In contrast, deflection programs are interventions that do not rely on the criminal legal system and are designed for individuals who have committed nonviolent offenses and may need treatment or another service. "Deflection," coined by Treatment Alternatives for Safe Communities Center for Health and Justice, describes community-based interventions that provide referrals for services in ways that do not further enmesh individuals in the criminal legal system. While first responders may be involved, they are not the sole referral source, and no further law enforcement engagement is required in most deflection programs.

2. Improve Services for People who are Currently Justice-Involved

Policies and practices that ensure access to evidence-based treatment for people who are incarcerated, in the reentry process, or under court supervision (e.g., drug treatment court, probation, or parole) significantly reduce drug-related deaths and harms. The number of people dying in jails due to drug or alcohol intoxication quadrupled between 2000 and 2018 (Carson, 2021b). Those who died from drugs or alcohol most often died within 1 day of incarceration (Carson, 2021b). The risk of death continues upon reentry, with individuals leaving incarceration up to 40 times more likely to die of an overdose than the general population in the first two weeks after reentry and up to 11 times more likely to die of an overdose in the first year (Berg, 2019; Binswanger, 2007; Ranapurwala et al., 2018).

However, access to evidence-based treatment remains limited for people who are incarcerated. Most correctional facilities do not provide medications for opioid use disorder (MOUD) despite evidence that they reduce the risk of death, drug overdose, rearrest, and reincarceration (Evans et al., 2022;

Ranapurwala et al., 2018; Westerberg et al., 2016). Some states have required or encouraged access to MOUD in correctional settings through executive or legislative action (Weizman et al., 2021). Further, recently issued guidance by the U.S. Department of Justice (2022) clarifies that SUD meets the definition of a disability and that blanket policies prohibiting the use of medications in the treatment of opioid use disorder violate the American With Disabilities Act (1990).

Drug courts, also referred to as "treatment courts," were created in the 1980s as an alternative for individuals who commit nonviolent crimes and have a history of substance misuse. Drug courts refer individuals to treatment and provide structured oversight within the court system. If an individual successfully completes their course of treatment and complies with judicial oversight, they avoid a jail or prison sentence though they may be subject to sanctions for returning to use. However, the coercive nature of the drug court system, the lack of access to evidence-based treatment referrals for drug court participants, and the racial bias inherent in arrests raise concerns about the efficacy of drug courts (Social Science Research Council, 2018).

Despite these issues, drug courts receive considerable support, as evidenced by increased federal investment in state and locally operated drug courts (Sacco, 2018). Recently, court systems, including drug courts, have come under scrutiny by the U.S. Department of Justice due to allegations of blanket policies that prohibit the use of prescribed medications for opioid use disorder by individuals in the court system, which may be contrary to protections afforded by the American With Disabilities Act (1990). In fact, recent evidence suggests that those referred by drug courts are actually *less* likely to receive treatment (Krawzcyk, Saloner, 2021).

Increasingly, the field of addiction is recognizing that an abstinence-only policy and overmedicalization of addiction may be counterproductive for those who seek different paths to wellness, especially given the barriers to treatment that exist. Recently, the Center for Court Innovation identified opportunities for incorporating harm reduction strategies into drug court models (Garcia & Lucas, 2021). Harm reduction–informed strategies that could be implemented by drug courts include using trauma-focused care, responding to recurrent drug use in a therapeutic manner, focusing on racial and health equity, and providing opportunities for participant feedback. Harm reduction–informed programmatic strategies include limiting the use of jail during drug court, providing access to evidence-based medications for opioid use disorder, reducing overdose risk, and redefining measures of success (Garcia & Lucas, 2021).

The Biden-Harris administration recently signaled their support for policies that promote employment, housing, and educational opportunities for people upon reentry (White House, 2022). Such services help individuals with SUD sustain their recovery by preventing overdose (Berg, 2019; Binswanger et al., 2007) and by providing economic opportunity (Prison Policy Initiative, 2022).

Strategies to improve services for those who are justice-involved include the following:

- **Suspending (Not Terminating) Medicaid.** The Inmate Exclusion Policy of the Social Security Act prohibits the use of Medicaid funds to cover health care costs for an individual while incarcerated; however, it does not require termination of Medicaid coverage. States, therefore, have enacted policies to suspend rather than terminate Medicaid coverage during incarceration. This helps people access Medicaid more easily upon release and promotes continuity of care (Health and Reentry Project, 2022).
- **Medicaid Funding Within Correctional Settings.** Legislation is pending in the U.S. Congress that would carve out an exception to the Inmate Exclusion policy by allowing Medicaid funds to cover the cost of health care for individuals 30 days prior to release from incarceration. Advocates believe this policy change would improve outcomes for individuals with SUD by establishing quality care standards, improvement in coordination of care post release (Khatri & Winkelman, 2022), and expanded access to SUD treatment (de la Guéronnière & Reid, 2022). Relatedly, the SUPPORT for Patients and Communities Act of 2018 required the Centers for Medicare & Medicaid Services to issue guidance to improve reentry transitions through Section 1115 waivers (Health and Reentry Project, 2022). Promoting enrollment and providing services to Medicaid beneficiaries prior to release from a correctional facility is required by this guidance (Health and Reentry Project, 2022).
- **Peer Support.** Nonclinical support provided by people with lived experience, commonly known as "peer support," can significantly improve health outcomes for people with SUD (Tracy et al., 2016). In correctional settings, programs like the Intensive Recovery Treatment Support (IRTS) program at Rutgers University Behavioral Health Care employ people with lived experience of addiction and incarceration to counsel people in jails and prisons (Verbanas, 2019). In September 2021, the Substance Abuse and Mental Health Services Administration (2021b) announced the launch of its Office of Recovery, which is intended to emphasize the role of peer support services in promoting recovery. Likewise, the Bureau of Justice Assistance (2019) trains peer support specialists through its Peer Recovery Support Services Mentoring Initiative (PRSSMI) for justice-involved populations with opioid use disorder. Policies that integrate peer support specialists into SUD treatment in carceral settings can promote better health outcomes upon reentry, such as decreased rates of recidivism and increased connection to treatment (Bagnall et al., 2015; Rowe et al., 2007; Taylor & Becker, 2015). Expanding PRSSMI to include and encourage training currently incarcerated peers as mentors would also increase impact (Bureau of Justice Assistance, 2019).

Conclusion

The social determinants of addiction include policy responses such as the provision of adequate housing, employment, treatment, and health care and the reduction of harms associated with substance use and SUD. Reforming the criminal legal system, along with implementing policies that reflect local communities and address the structural issues leading to racial inequity and incarceration, is essential for improving outcomes for every American.

References

Act 46, H.225 (2021). https://legislature.vermont.gov/bill/status/2022/H.225

American Institutes for Research. (n.d.). *Social determinants of addiction* [AIR CARES Webinar Series]. https://www.air.org/webinar-series-social-determinants-addiction

American Rescue Plan Act of 2021, Pub. L. No. 117-2 (2021). https://www.congress.gov/bill/117th-congress/house-bill/1319/text

American Society of Addiction Medicine. (n.d.). *2022–2025 strategic plan.* https://www.asam.org/about-us/about-asam/strategic-plan?utm_source=social&utm_medium=twitter

Americans With Disabilities Act of 1990, 42 U.S.C. § 12101 (1990).

Bagnall, A.-M., South, J., Hulme, C., Woodall, J., Vinall-Collier, K., Raine, G., Kinsella, K., Dixey, R., Harris, L., & Wright, N. M. J. (2015, March 25). A systematic review of the effectiveness and cost-effectiveness of peer education and peer support in prisons. *BMC Public Health, 15*(290). https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-1584-x

Baumwoll, D. (2019, December 6). Insight: Prosecutors using charging discretion can reform the criminal justice system. *Bloomberg Law.* https://news.bloomberglaw.com/business-and-practice/insight-prosecutors-using-charging-discretion-can-reform-the-criminal-justice-system?context=search&index=4

Berg, J. (2019, March 15). Breaking the cycle: Medication assisted treatment (MAT) in the criminal justice system. *SAMHSA Blog.* https://www.samhsa.gov/blog/breaking-cycle-medication-assisted-treatment-mat-criminal-justice-system

Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from prison—a high risk of death for former inmates. *New England Journal of Medicine, 356*(2), 157–165. https://doi.org/10.1056/NEJMsa064115

Bureau of Justice Assistance. (2019, April). The Peer Recovery Support Services Mentoring Initiative. https://www.cossapresources.org/Content/Documents/BriefingSheets/BJA_COAP_Peer_Recovery_Support_Services_Mentoring_Initiative.pdf

California Governor's Office of Business and Economic Development (2022, June 1). *California Community Reinvestment Grants Program.* https://business.ca.gov/california-community-reinvestment-grants-program/

Carlson, R. G., Daniulaityte, R., Silverstein, S. M., Nahhas, R. W., & Martins, S. S. (2020). Unintentional drug overdose: Is more frequent use of non-prescribed buprenorphine associated with lower risk of overdose? *International Journal on Drug Policy*. Advance online publication. https://doi.org/10.1016/j.drugpo.2020.102722

Carroll, J. J., Rich, J. D., & Green, T. C. (2018). The more things change: Buprenorphine/naloxone diversion continues while treatment remains inaccessible. *Journal of Addiction Medicine, 12*(6), 459–465. https://doi.org/10.1097/ADM.0000000000000436

Carroll, J. J., Ostrach, B., Wilson, L., Dunlap, J. L., Getty, R., & Bennett, J. (2021). Drug induced homicide laws may worsen opioid related harms: An example from rural North Carolina. *International Journal of Drug Policy, 97,* 103406–103406. https://doi.org/10.1016/j.drugpo.2021.103406

Carson, A. E. (2021a, December). *Prisoners in 2020* [Statistical tables]. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. https://bjs.ojp.gov/library/publications/prisoners-2020-statistical-tables

Carson, A. E. (2021b, April). *Mortality in local jails 2000–2018* [Statistical tables]. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. https://bjs.ojp.gov/content/pub/pdf/mlj0018st.pdf

Centers for Disease Control and Prevention. (2019, May 23). *Federal funding for syringe services programs.* https://www.cdc.gov/ssp/ssp-funding.html

Chilcoat, H. D., Amick, H. R., Sherwood, M. R., & Dunn, K. E. (2019). Buprenorphine in the United States: Motives for abuse, misuse, and diversion. *Journal of Substance Abuse Treatment, 104,* 148–157. https://doi.org/10.1016/j.jsat.2019.07.005

Cicero, T. J., Ellis, M. S., & Chilcoat, H. D. (2018). Understanding the use of diverted buprenorphine. *Drug and Alcohol Dependence, 193,* 117–123. https://doi.org/10.1016/j.drugalcdep.2018.09.007

Couloute, L. (2018, August). *Nowhere to go: Homelessness among formerly incarcerated people.* Prison Policy Initiative. https://www.prisonpolicy.org/reports/housing.html

Crowley, J.S., Grisham, K., Canzater, S.L. (2022, February). *Quick Take: Harm Reduction is Essential to U.S. Drug Policy*. O'Neill Institute for National and Global Health Law. https://oneill.law.georgetown.edu/wp-content/uploads/2022/02/QT-Harm-Reduction Final.pdf

Daniulaityte, R., Nahhas, R. W., Silverstein, S., Martins, S., Zaragoza, A., Moeller, A., & Carlson, R. G. (2019). Patterns of non-prescribed buprenorphine and other opioid use among individuals with opioid use disorder: A latent class analysis. *Drug and Alcohol Dependence, 204,* 107574. https://doi.org/10.1016/j.drugalcdep.2019.107574

Davis, C., Green, T., LaSalle, L., & Beletsky, L. (2019). State approaches to addressing the overdose epidemic: Public health focus needed. *Journal of Law, Medicine & Ethics*, 47(2 suppl), 43–46. https://doi.org/10.1177/1073110519857315

de la Guéronnière, G., & Reid, D. A. (2022, January). *Utilizing Medicaid to strengthen access to opioid and other substance use disorder care throughout the criminal legal system.* Legal Action Center. https://www.lac.org/resource/utilizing-medicaid-to-strengthen-access-to-opioid-and-other-substance-use-disorder-care-throughout-the-criminal-legal-system

del Pozo, B. D., Krasner, L. S., & George, S. F. (2020). Decriminalization of diverted buprenorphine in Burlington, Vermont and Philadelphia: An intervention to reduce opioid overdose deaths. *Journal of Law, Medicine & Ethics, 48*(2), 373–375. https://doi.org/10.1177/1073110520935353

Doernberg, M., Krawczyk, N., Agus, D., & Fingerhood, M. (2019). Demystifying buprenorphine misuse: Has fear of diversion gotten in the way of addressing the opioid crisis? *Substance Abuse, 40*(2), 148–153. https://doi.org/10.1080/08897077.2019.1572052

Evans, E. A., Wilson, D., & Friedmann, P. D. (2022). Recidivism and mortality after in-jail buprenorphine treatment for opioid use disorder. *Drug and Alcohol Dependence*, *231,* 109254. https://doi.org/10.1016/j.drugalcdep.2021.109254

Ferguson, K. M., Bender, K., Thompson, S. J., Xie, B., & Pollio, D. (2012). Exploration of arrest activity among homeless young adults in four U.S. cities. *Social Work Research, 36*(3), 233–238. https://doi.org/10.1093/swr/svs023

Garcia, A., & Lucas, D. (2021, August). *Bridging the gap: A practitioner's guide to harm reduction in drug courts.* Center for Court Innovation. https://www.courtinnovation.org/sites/default/files/media/document/2021/Guide_TA_BridgingtheGap_08102021.pdf

Greenberg, G. A., & Rosenheck, R. A. (2008). Jail incarceration, homelessness, and mental health: A national study. *Psychiatric Services, 59*(2), 170–177. https://doi.org/10.1176/ps.2008.59.2.170

Health and Reentry Project. (2022, March 23). *Medicaid and reentry: Changing policy and considerations for improving public health and public safety.* Council on Criminal Justice. https://counciloncj.org/issue-brief-1/

Hinton, E., Henderson, L. S., & Reed, C. (2018, May). *An unjust burden: The disparate treatment of Black Americans in the criminal justice system.* Vera. https://www.vera.org/publications/for-the-record-unjust-burden

Khatri, U. G., & Winkelman, T. (2022). Strengthening the Medicaid Reentry Act: Supporting the health of people who are incarcerated. *New England Journal of Medicine*. Advance online publication. https://doi.org/10.1056/NEJMp2119571

Latimore, A. (2020, September 10). Ending the war on drugs. *American Scientist.* https://www.americanscientist.org/blog/macroscope/ending-the-war-on-drugs

Latimore, A. D., & Bergstein, R. S. (2017). "Caught with a body" yet protected by law? Calling 911 for opioid overdose in the context of the Good Samaritan law. *International Journal of Drug Policy, 50,* 82–89. https://pubmed.ncbi.nlm.nih.gov/29040841/

Legislative Policy and Research Office. (2020). *Measure 110 (2020).* *https://www.oregonlegislature.gov/lpro/Publications/Background-Brief-Measure-110-(2020).pdf*

Marijuana Policy Project. (n.d.). *Cannabis tax revenue in states that regulate cannabis for adult use.* *https://www.mpp.org/issues/legalization/cannabis-tax-revenue-states-regulate-cannabis-adult-use/*

McGhee, H. (2021). *The sum of us: What racism costs everyone and how we can prosper together.* One World.

Mooney, A. C., Giannella, E., Glymour, M. M., Neilands, T. B., Morris, M. D., Tulsky, J., & Sudhinaraset, M. (2018). Racial/ethnic disparities in arrest for drug possession after California Proposition 47, 2011–2016. *American Journal of Public Health, 108*(8), 987–993. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6050868/

National Harm Reduction Coalition (NHRC). (2020). *Principles of Harm Reduction*. https://harmreduction.org/wp-content/uploads/2020/08/NHRC-PDF-Principles_Of_Harm_Reduction.pdf

National Institute on Drug Abuse. (2020, June). *Criminal justice drug facts.* https://nida.nih.gov/download/23025/criminal-justice-drugfacts.pdf?v=25dde14276b2fa252318f2c573407966

Oliva, J. D., El-Sabawi, T., Canzater, S. L., & Weizman, S. R. (2021, August 23). *Defending syringe services programs.* Health Affairs Forefront. https://www.healthaffairs.org/do/10.1377/forefront.20210817.592015/full/

Pew Charitable Trusts. (2018, March 8). *More imprisonment does not reduce state drug problems*. https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems

Pew Charitable Trusts. (2021, March 2). *Syringe distribution programs can improve public health during the opioid overdose crisis.* https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/03/syringe-distribution-programs-can-improve-public-health-during-the-opioid-overdose-crisis

Prescription Drug Abuse Policy System. (n.d.). *Good Samaritan overdose prevention laws.* https://pdaps.org/datasets/good-samaritan-overdose-laws-1501695153

Prescription Drug Abuse Policy System. (2019, January 1). *Drug induced homicide laws.* https://pdaps.org/datasets/drug-induced-homicide-1529945480-1549313265-1559075032

Prescription Drug Abuse Policy System. (2021, August 1). *Syringe services programs laws.* https://pdaps.org/datasets/syringe-services-programs-laws

Prison Policy Initiative. (2022, February 8). *New data on formerly incarcerated people's employment reveal labor marker injustices*. https://www.prisonpolicy.org/blog/2022/02/08/employment/

Quandt, K. R., & Jones , A. (2021, May 12). *Research roundup: Incarceration can cause lasting damage to mental health*. Prison Policy Initiative. https://www.prisonpolicy.org/blog/2021/05/13/mentalhealthimpacts//

Ranapurwala, S. I., Shanahan, M. E., Alexandridis, A. A., Proescholdbell, S. K., Naumann, R. B., Edwards, D., Jr., & Marshall, S. W. (2018). Opioid overdose mortality among former North Carolina inmates: 2000–2015. *American Journal of Public Health, 108*(9), 1207–1213. https://doi.org/10.2105/AJPH.2018.304514

Rothstein, R. (2017). *The color of law: A forgotten history of how our government segregated America.* Liveright.

Rowe, M., Baranoski, M., Wieland , M., & Bellamy , C. (2007, August). *A peer-support, group intervention to reduce substance use and criminality among persons with severe mental illness, 58*(7), 955–961. https://pubmed.ncbi.nlm.nih.gov/17602012/ S0065

S 0065 Substitute A, State of Rhode Island, Amendment to Uniform Controlled Substances Act, 2021. http://webserver.rilin.state.ri.us/BillText/BillText21/SenateText21/S0065A.pdf

Sacco, L. M. (2018, March 20). *Federal support for drug courts: In brief.* Congressional Research Service. https://sgp.fas.org/crs/misc/R44467.pdf

Sahker, E., Ali, S. R., & Arndt, S. (2019). Employment recovery capital in the treatment of substance use disorders: Six-month follow-up observations. *Drug and Alcohol Dependence, 205,* 107624. https://doi.org/10.1016/j.drugalcdep.2019.107624

Social Science Research Council. (2018, October). *Drug courts in the America.* https://www.wola.org/wp-content/uploads/2018/11/DSD-Drug-Courts-English-ONLINE-FINAL-10.25.18.pdf

Stevens, A., Hughes, C. E., Hulme, S., & Cassidy, R. (2019). Depenalization, diversion and decriminalization: A realist review and programme theory of alternatives to criminalization for simple drug possession. *European Journal of Criminology, 19*(1), 29–54.

Substance Abuse and Mental Health Services Administration. (2021a, March). *Substance use disorders recovery with a focus on employment and education*. https://store.samhsa.gov/product/Substance-Use-Disorders-Recovery-with-a-Focus-on-Employment/PEP21-PL-Guide-6

Substance Abuse and Mental Health Services Administration. (2021b, September 30). *SAMHSA to launch new "Office of Recovery" to expand its commitment to recovery for all Americans*. https://www.samhsa.gov/newsroom/press-announcements/202109300228

SUPPORT for Patients and Communities Act, Pub. L. No. 115-271 § 5032 (2018). https://www.congress.gov/115/plaws/publ271/PLAW-115publ271.pdf

Taylor, C., & Becker, P. (2015, Spring). Are your friends crucial or trivial? Peer support's effect on recidivism. *Justice Policy Journal, 12*(1), 1–20. https://www.researchgate.net/publication/279851518_Are_Your_Friends_Crucial_or_Trivial_Peer_Support's_Effect_on_Recidivism

Tracy, K., & Wallace, S. P. (2016). Benefits of peer support groups in the treatment of addiction. *Substance Abuse and Rehabilitation*, *7*, 143–154. https://doi.org/10.2147/SAR.S81535

U.S. Department of Health and Human Services. (n.d.). *Overdose prevention strategy.* https://www.hhs.gov/overdose-prevention/

U.S. Department of Health and Human Services. (2021a, August). *Medicaid Reentry Stakeholder Group* [Video]. https://youtu.be/auDN5IA7GhM

U.S. Department of Health and Human Services. (2021b, December 8). *SAMHSA announces unprecedented $30 million harm reduction grant funding opportunity to help address the nation's substance use and overdose epidemic.* https://www.hhs.gov/about/news/2021/12/08/samhsa-announces-unprecedented-30-million-harm-reduction-grant-funding-opportunity-help-address-nations-substance-use-overdose-epidemic.html

U.S. Department of Justice Civil Rights Division. (2022, April 5). *The Americans With Disabilities Act and the opioid crisis: Combating discrimination against people in treatment or recovery.* https://www.ada.gov/opioid_guidance.pdf

U.S. Government Accountability Office. (2021, March). *Drug misuse: Most states have Good Samaritan laws and research indicates they may have positive effects.* https://www.gao.gov/assets/gao-21-248.pdf

Verbanas, P. (2019, April 10). *Rutgers provides hope for ex-offenders navigating recovery and a life beyond bars*. Rutgers. https://impact.rutgers.edu/irts/

Weizman, S., El-Sabawi, T., Perez. J., Baney, M., & Manoff, I. (2021, July 28). *National snapshot: Access to medications for opioid use disorder in U.S. jails and prisons.* O'Neill Institute. https://oneill.law.georgetown.edu/publications/national-snapshot-access-to-medications-for-opioid-use-disorder-in-u-s-jails-and-prisons/

Westerberg, V. S., McCrady, B. S., Owens, M., & Guerin, P. (2016). Community-based methadone maintenance in a large detention center is associated with decreases in inmate recidivism. *Journal of Substance Abuse Treatment, 70,* 1–6. https://doi.org/10.1016/j.jsat.2016.07.007

White House. (2022, April 26). *Biden-Harris administration expands second chance opportunities for formerly incarcerated persons* [Fact sheet]. https://www.whitehouse.gov/briefing-room/statements-releases/2022/04/26/fact-sheet-biden-harris-administration-expands-second-chance-opportunities-for-formerly-incarcerated-persons/

Williams, A. R., Mauro, C. M., Feng, T., Wilson, A., Cruz, A., Olfson, M., Crystal, S., Samples, H., & Chiodo, L. (2022). Non-prescribed buprenorphine preceding treatment intake and clinical outcomes for opioid use disorder. *Journal of Substance Abuse Treatment*. Advance online publication. https://doi.org/10.1016/j.jsat.2022.108770

Acknowledgment: This brief was developed in collaboration with the O'Neill Institute for National and Global Health Law.

American Institutes for Research®
1400 Crystal Drive, 10th Floor
Arlington, VA 22202-3289
+1.202.403.5000 | **https://www.air.org/centers/air-cares**

Copyright © 2021 American Institutes for Research®. All rights reserved. No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, website display, or other electronic or mechanical methods, without the prior written permission of the American Institutes for Research. For permission requests, please use the Contact Us form on AIR.ORG.

Notice of Trademark: "American Institutes for Research" and "AIR" are registered trademarks. All other brand, product, or company names are trademarks or registered trademarks of their respective owners.