ABSTRACT

The United States has a rate of criminal justice involvement far higher than any in the world, with more than seven million individuals under some form of justice supervision at any given time. Illicit drug use has played a fundamental role in the population explosion within the American justice system. The three decade-long experiment of increasingly harsh penalties for drug crimes has proven ineffective at curbing either drug use or attendant criminal activity.

In Illinois, both the numbers and the percentages of individuals imprisoned for non-violent, drug-related offenses have continued to rise. The consequences of this situation include enormous social and personal costs to communities—with a disproportionate impact on communities of color—as well as a significant fiscal burden to taxpayers. Illinois historically has offered progressive approaches to dealing with drug-involved offenders. However, the state has not maintained its commitment to provide treatment alternatives to incarceration for non-violent, drug-involved individuals, and therefore has been unable to mitigate the impact of drugs on our communities, and the burden that drug-related crime poses to our public systems. The fundamental problem is that we send non-violent, drug-involved offenders to prison when there are more effective and cost-efficient alternatives available.

The Center for Health and Justice at TASC proposes a public policy strategy of No Entry, which is designed to reverse the flow of drug-involved individuals going into and through the criminal justice system. No Entry involves structured, clinical interventions at every phase of justice involvement to address offender drug use and related criminal behavior, promoting public safety and ensuring fiscal responsibility.

Principles of No Entry

Six core principles must guide a new paradigm in the development of public policy to stop the chronic cycle of drug use and crime. These principles are based on the latest science and research regarding addiction and treatment, as well as sociological and fiscal studies on the impact of drug use and criminal behavior on citizens and communities. These six principles are:

Principle I: Public policies must recognize addiction as a brain disease. They must reflect a scientific understanding of the physiological and psychological nature of addiction as well as an understanding of the value of treatment and recovery support mechanisms.

Principle II: Public policies must acknowledge the link between drug use and criminal behavior. To stop the cycle of drug use and crime, the underlying drug use must be addressed.

Principle III: Public policies must reverse the devastating impact of current laws, strategies, and practices that disproportionately harm minority communities. They must consider the implications of policies that perpetuate disparities, and work to reverse the undue impact to certain communities and groups of people.

Principle IV: Public policies must bring sentencing statutes in line with an equitable dispensation of justice. They must promote rather than discourage involvement in treatment alternatives, and they must abandon arbitrary penalty classifications that result in unnecessarily harsh sentences which debilitate families and communities throughout Illinois.
Principle V: Public policies must provide taxpayers with a return on their investment in public safety and public health. They must result not only in greater levels of public safety, but must also represent the wise use of taxpayer dollars.

Principle VI: Public policies must recognize voter support for treatment alternatives to incarceration. They must acknowledge that “smart on crime” indeed is also “tough on crime” and that the public sees the social and fiscal value of treatment as an alternative to incarceration.

Based on these principles, we recommend the adoption of a No Entry strategy of criminal justice system management for non-violent, drug-involved offenders. Using a No Entry strategy, every stage of the criminal justice system—from charge to sentencing to supervision—is seen as an opportunity to create structured interventions to address the challenges of drug-involved offenders. This approach recognizes that treatment, coupled with community supervision and sanctions, is much more likely to result in long-term improvements in personal and family health and stability, public safety, and fiscal accountability than are strategies of increasingly severe justice involvement leading to the revolving door of incarceration.

Specifically, an investment in a No Entry strategy in Illinois would save the state millions of dollars in criminal justice and health care costs. An investment of approximately $125.7 million per year ($59.3 million for treatment and probation instead of incarceration for 10,000 individuals, plus $66.4 million to provide treatment to 15,000 current probationers) would provide community-based treatment for 25,000 non-violent, drug-involved offenders, a potential savings to the state of $223.3 million.

No Entry Recommendations
To begin to address the treatment needs of thousands of non-violent, drug-involved offenders, the Center for Health and Justice at TASC proposes the following recommendations:

Recommendation 1: Bring to scale the state’s capacity to provide community-based treatment for 25,000 non-violent, drug-involved offenders per year.

Recommendation 2: Appropriate $10 million for FY08 as a down payment to provide community-based treatment for non-violent, drug-involved offenders.

Recommendation 3: Appropriate annual increases of $23 million per year from FY09 through FY13 to provide community-based treatment for non-violent, drug-involved offenders.

Recommendation 4: Without increasing public safety risks, roll back statutory provisions that limit access to treatment alternatives.

Recommendation 5: Stop legislating enhanced punishment strategies for each new headline-making drug.

Recommendation 6: Require that a fiscal and community impact analysis be conducted for any proposed penalty enhancement for drug crimes.

For too many years, our state and our country have relied on punitive responses which are ineffective in stopping non-violent, addiction-driven offenses. Given what we know of the science of addiction, and given the extravagant costs of public policies that incarcerate rather than treat individuals with substance use disorders, it is time to apply what we know to what we do. It is time for No Entry.

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