

CRIMINALIZATION COSTS

Pocket guide



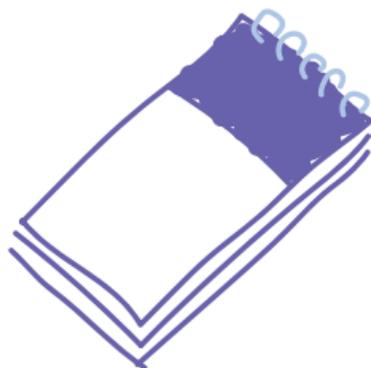
*Criminalization costs lives,
harm reduction – saves.*

ABOUT THIS POCKET GUIDE



This pocket guide was created to advise on advocacy of reallocating funds from law enforcement budgets to health and harm reduction budgets for people who use psychoactive substances. It is organized into 11 statements, followed by supporting arguments, which should be used in advocacy work. Arguments are prepared based on existing practices and evidence-based information.

This guide is supplementary to the “Criminalization Costs” assessment. For more detailed information on the arguments and further reading, visit <https://harmreductioneurasia.org/> and <https://harmreductioneurasia.org/criminalization-costs/>.



INTRODUCTION



The criminalization of people who use psychoactive substances in the Central and Eastern Europe, and Central Asia (CEECA) region, instead of maintenance of public health and safety, increases the financial and social burden on the states. For people who inject drugs, approximately 58% will experience incarceration in their life.

Incarceration costs 2 to 6 times more than treatment from health and social service groups. However, in almost all of the countries in the CEECA region, due to de facto criminalization of people who use psychoactive substances, harm reduction and other health services are severely underfunded and depend on international donors. Guidelines from the World Health Organization recommend that at least 40% of people who use opioids receive opioid substitution therapy (OST); however, most countries in the CEECA region barely reach 20%.

Governments should take evidence-based health and human rights approaches and reallocate money from policing, prosecuting, and incarceration of people who use psychoactive substances to community harm reduction and health services.

1.

Health and social care solutions provide a more cost-effective investment than imprisonment.



One example of the cost effectiveness of harm reduction is the Law Enforcement Assisted Diversion (LEAD) program in USA. Through case management and other supportive services, 58% of people suspected of low-level criminal activity involving drugs and sex work were less likely to be arrested. In addition, criminal and prosecution costs, including jail, for LEAD participants were significantly lower than for control participants, with 4763 US dollars (USD) for the LEAD group and 11,695 USD for the control group.

In Portugal, after decriminalization in 2001 and introduction of Dissuasion Commissions, the proportion of drug-related offenders in prison populations declined from 44% in 1999 to under 21% in 2012. Furthermore, the average cost for people who use psychoactive substances and seen by Dissuasion Commissions (2005-2011) was lower than for those who had court cases (average of 357 euros versus 525 euros). In addition, the number of people choosing voluntary drug treatment increased by 60% between 1998 and 2008.

2.

Incarceration is ineffective in reducing drug law offences.



Prison generally does not deter people from the use of drugs; mostly, negatively affects the health and permanent socio-economic status of people who use psychoactive substances. Possession of drugs, even for personal use, is a criminal offence in most of the CEECA countries. People with a history of drug use or drug use disorders comprise a substantial portion of the prison population.

About 1 in 3 people in prisons worldwide are estimated to have used psychoactive substances at least once while incarcerated. Despite this, the CEECA region has 17 countries from 29 that provide OST treatment in prisons, only 5 have needle and syringe exchange programs (NSP), and only 4 have both.

HIV, hepatitis C, and active tuberculosis infections are disproportionately higher among prison populations, particularly among those who inject drugs in prison. Criminal convictions severely limit future employment and educational opportunities, further alienating people with problematic drug use from productive reentry into society.

3.

There are alternatives to imprisonment for drug law offences.



Some countries have introduced alternatives to imprisonment for drug-related offenses, such as fines, suspended sentencing, probation, and disciplinary work (Moldova, Kyrgyzstan). In some countries, courts provide pathways to treatment and rehabilitation as an alternative to incarceration (Russia, Latvia). Others divert people to harm reduction and social services without any interaction with the justice system (the LEAD program in USA and SUTIK in Estonia).

In reality, these alternatives have limited efficacy. Forced treatment often does not work. Fines, suspended sentencing, probation, and disciplinary work still leave the criminal record intact, further burdening the most marginalized and vulnerable. Nonetheless, drug policy responses often include imprisonment to prevent use, generating considerable economic costs and in detriment to harm reduction funding in the community.



4.

Incarceration should not be considered as a solution for drug-related issues, because it has adverse effect on peoples' life.

The criminalization of drug use deters people from treatment programs and has adverse effects on their health and well-being. Recent data have shown that incarceration is associated with an 81% increased risk of HIV and 62% increased risk of hepatitis C infection. Incarceration limits employment and educational opportunities and alienates those who have been incarcerated from rejoining society as productive citizens.

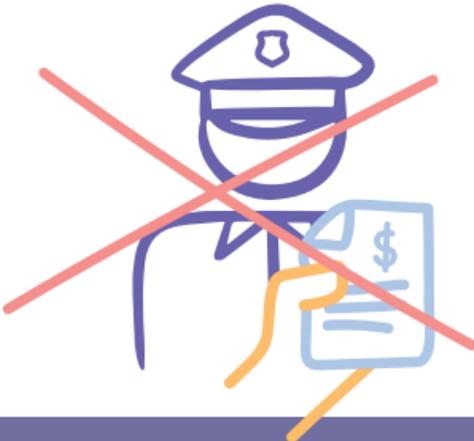
According to the 2019 Report of the UN High Commissioner for Human Rights, people who use psychoactive substances face an increased risk of torture and ill-treatment (while in detention). Human rights experts concluded that the use of withdrawal symptoms to obtain information or confessions, to punish or to intimidate or to coerce, may amount to torture. Both international and regional human rights documents prohibit torture and the inhumane or degrading treatment of people in prison or other detention facilities.



5.

Fines should not be the alternative to imprisonment.

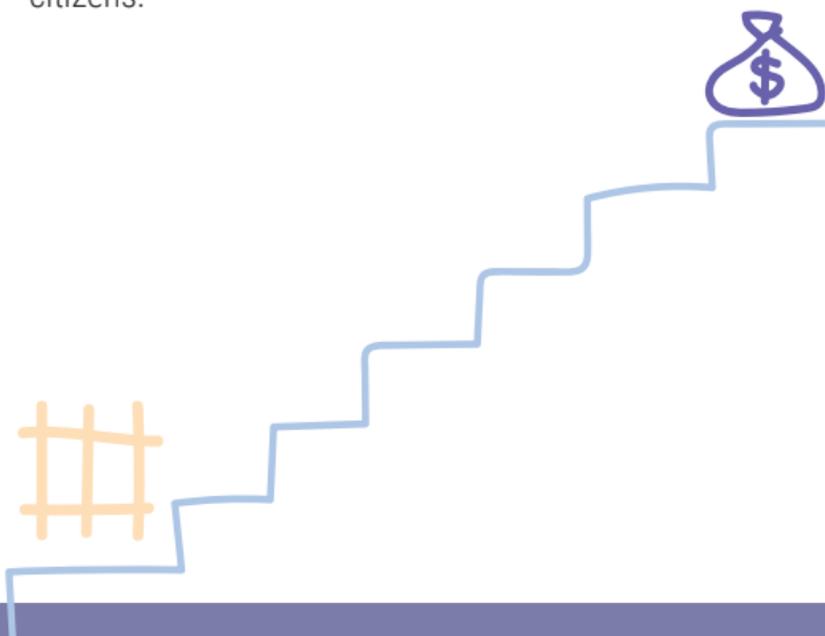
Fines disproportionately burden society's most disadvantaged groups. People with drug dependence generally have low incomes and are easy targets for the police. If a person cannot pay a fine, or gets arrested multiple times, the fines grow exponentially, and the person can end up in debt, administrative penalties can become criminal, and/or the debt can be sent to a collection agency. In some countries, a prison sentence does not free person from debt. As a result, after incarceration, the person may lose housing, all sources of income, and resources needed for basic needs such food, clothing, and medicine.



6.

Incarceration is just a portion of the total cost of criminalization.

Incarceration is not the only cost for society. The criminalization of people who use psychoactive substances also requires money for larger police forces, temporary detention facilities, medical facilities and examiners, prosecutors, defenders, judges, and other court workers. Furthermore, people who are incarcerated do not pay taxes and afterward have tremendous obstacles to once again becoming productive citizens.



7.

NSP

Besides the opioid substitution therapy and needle and syringe exchange programs, additional health and social service benefits can be required for people who use psychoactive substances.

OST

The criminalization of people who use psychoactive substances can result in homelessness, food deficiency, domestic and police violence, loss of parental rights, and social isolation. Consequently, a person can become dependent on state support (which may include legal aid, social work, housing, etc.). There can also be additional medical costs to treat various health problems attributed to drug use and/or living in poverty, including treatment of HIV, tuberculosis, and hepatitis C infections, as well as sexual and reproductive health testing and treatment.



8.

In cases of incarceration, detention facilities should ensure access to harm reduction services for people who use psychoactive substances.

The lifetime prevalence of drug use in prison ranges from 2% to 76% worldwide. The health consequences of drug use in detention facilities include acute withdrawal symptoms, which in some cases lead to death, infectious diseases, psychiatric comorbidity, overdoses and intoxication.

To adequately serve this population, all detention facilities must ensure the following:

1. Access to quality OST for all in need and continuation of it after release.
2. Access to drug paraphernalia (needles, syringes, alcohol wipes, etc.).
3. Access to counseling & psycho-social interventions, as well as access to HIV, hepatitis C, tuberculosis, and sexually transmitted disease (STD) testing and treatment.
4. Have trained and prepared staff to administer Naloxone.



9.

Imprisonment does not reduce problems---it just creates more.

Approximately 95% of incarcerated people with problematic drug use will use after release from prison, and 60% to 80% of them will commit new crimes. In addition, it is highly probable that those who never used drugs will start in prison due to the easy availability of drugs.

The use of drugs in prison creates additional health risks because of the lack of harm reduction services in prison settings, the high likelihood of shared injecting equipment, the use of new psychoactive substances as alternatives to illegal drugs, and the altered modes of drug use (i.e., from sniffing to injecting). In addition, a criminal record limits employment and educational opportunities, and leads to various economic, social, and legal problems.



10.

Criminalization unnecessarily burdens the whole society.

Taxpayers fund oversized police budgets, drug testing, jails, prisons, medical professionals, public defenders, prosecutors, and courts. After release from prison, there are further costs to reintegrating ex-inmates into society. Criminalization also creates other risks and threats, such as infections, overdoses, and mental health issues. Not only does criminalization lead to social isolation, stigma, and discrimination against people who use psychoactive substances, expenses associated with criminalization are a chronic drain on state budgets.



11.

Law enforcement agencies should take an active role in securing public health and safety.



Some policymakers believe that public health and safety can only be preserved through the criminalization of people who use psychoactive substances. However, data have shown that this mistaken belief contributes to violence against people who use psychoactive substances; an increased rate of HIV, hepatitis, STD transmissions; and stigma and discrimination that undermines people's physical and mental health. In some countries, policing deters people from accessing lifesaving services, such as NSP and OST.

People who use psychoactive substances should not be criminalized for the possession for personal use of small amounts and should not be afraid to carry drug paraphernalia for minimization of risks related to drug use or Naloxone, which saves lives.

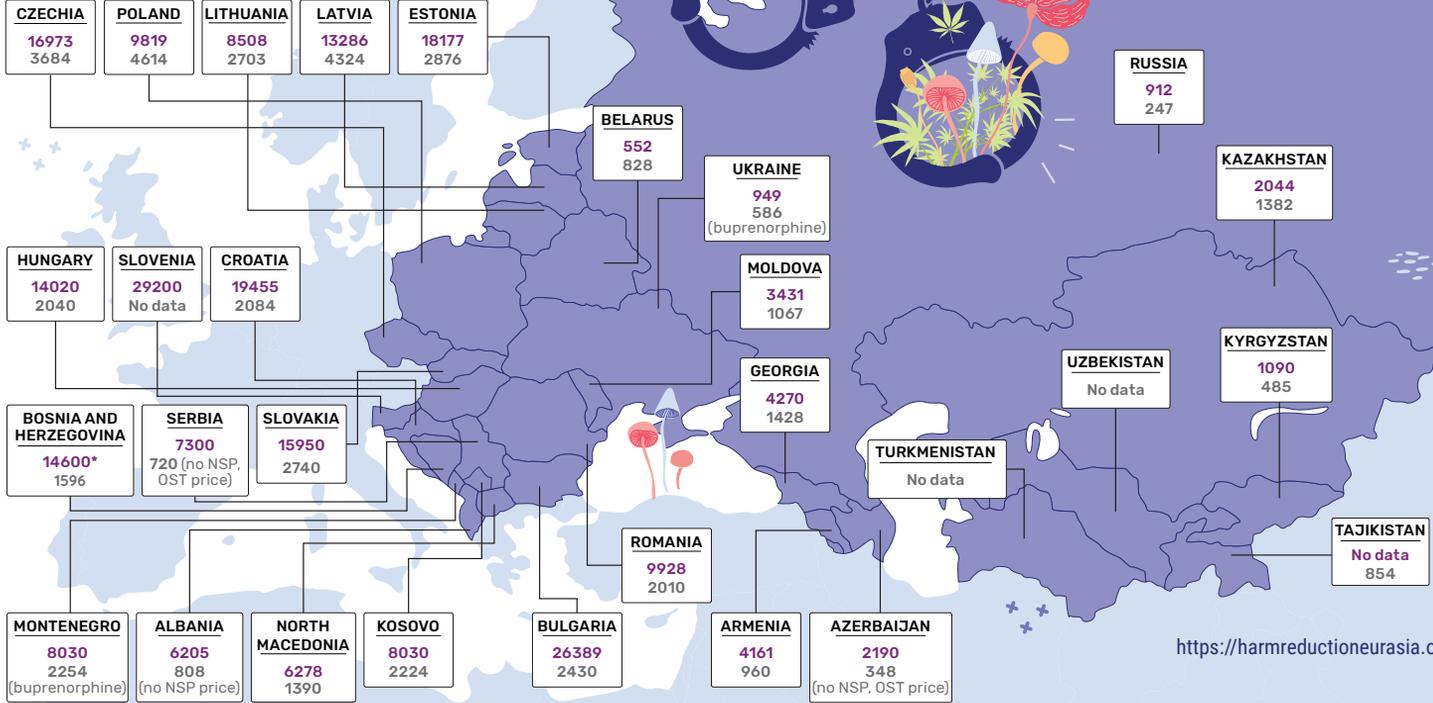
The criminalization of people who use psychoactive substances instead of treatment of the underlying causes of addiction increases costs to the state, robs the state of tax revenue and citizen productivity, and creates unnecessary and permanent harm to a person's right to health and life.



CRIMINALIZATION COSTS MAP

in Central and Eastern Europe and Central Asia (CEECA)

In prison (in €/per prisoner/per year)
In freedom (in €/per client/per year)



<https://harmreductioneurasia.org/criminalization-costs/>



Notes



ehra 
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CARR
FUND** For civil
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