



Substance Use Disorders in State Jails Criminal Justice Project Issue Brief (March 2025)

INTRODUCTION¹

Texas has faced a significant challenge at the intersection of public health and criminal justice -- the treatment of substance use disorders (SUDs) in state jail facilities. This issue brief examines a pressing need for evidence-based treatment of SUD in state jails. In Texas, as well as across the United States, a large proportion of individuals who enter the criminal justice system are struggling with SUD, often amplified by socioeconomic factors and limited access to effective treatment. Notably, approximately 64% of inmates in Texas state jails fit the criteria for substance use disorder diagnosis.² Given the high prevalence rates among incarcerated populations, it is crucial to evaluate and improve existing methods for treatment within state jail facilities.

Central to this issue is that Texas state jail facilities lack comprehensive SUD treatment programs.³ While there have been attempts to integrate treatment services, challenges such as limited funding and trained staff, lack of sufficient tracking and oversight, and gaps in continued care post-release continue to hinder successful execution.⁴ This deficit in programming only contributes to the cycle of substance use, incarceration, and recidivism, thereby making it difficult for justice-impacted people to rehabilitate and successfully reintegrate into society.

SUDs is not an isolated incident, and is an issue that affects the public's well-being and safety. Research consistently indicates that untreated substance use disorders lead to higher rates of criminal behavior and reincarceration.⁵ Failure to properly treat this disorder while people are serving time in carceral settings is putting Texas at risk of missing a significant opportunity to break cycles and boost positive outcomes for justice-involved people and our communities.

One possible way to address this multifaceted issue is by improving the availability and quality of evidence-based substance use disorder treatment programs in Texas state jail facilities. This strategy incorporates comprehensive assessments upon intake, evidence-based behavioral therapies, and vital discharge planning that ensures continuity of care post-release.⁶ In addition, integrating peer support specialists into these programs is crucial, as they offer unique, lived-experience perspectives that foster trust and motivate individuals to engage in their recovery journey. Their support continues after release, helping individuals navigate challenges, build community connections, and maintain their commitment to a healthier lifestyle.⁷

Moreover, integrating these programs with data-driven educational and vocational training will enable people to rebuild their lives once released, making them less likely to repeat old patterns and leading them back to incarceration.

Investing in this strategy would enhance general safety, reduce costs on the criminal justice system, and uphold Texas' commitment to rehabilitation and recovery for justice-impacted individuals.

KEY FACTS

- A significant portion of state jail felonies in Texas—45%—are for low-level drug offenses, indicating a substantial number of individuals incarcerated for minor drug-related crimes.⁸
- Approximately two-thirds of the roughly 3,260 inmates in Texas state jails suffer from a substance use disorder.⁹
- The Texas state jail system has the highest rates of recidivism across all statewide criminal and juvenile justice facilities.¹⁰
- There are 16 state jails in Texas, three of which are privately operated.¹¹ These facilities offer limited substance use disorder treatment programs, **with only 19% of facilities offering any SUD treatment services.**¹²
- Planned longer-term treatment or support increases one's chances of abstaining or consuming moderately by almost 25%.¹³

BACKGROUND

Substance Use Disorders (SUDs) in the United States have a complex and evolving history that reflects the shifts in societal attitudes, medical perspectives, and legal frameworks. Initially referred to as “substance abuse,” the recognition of debilitating substance use dates back to the early 20th century. A significant legislative milestone was the Harrison Narcotics Tax Act of 1914, which sought to regulate opiates and cocaine.¹⁴ This act marked a transition toward framing substance use as a legal issue rather than strictly a public health concern.¹⁵ Over the decades, the understanding of addiction evolved from being viewed as a moral failing to being recognized as a medical condition. The term “Substance Use Disorder” was formally adopted in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) in 2013, reflecting a more nuanced view that acknowledges the complex factors contributing to addiction.¹⁶

The prevalence of SUDs in the U.S. is significant. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), and the results from the 2023 National Survey on Drug Use and Health, approximately 46.2 million adults aged 18 and older had a substance use disorder in 2023.¹⁷ The COVID-19 pandemic exacerbated this issue, leading to increased rates of substance use and higher levels of SUDs among the population.¹⁸ This high prevalence underscores the urgent need for effective treatment and prevention strategies.

Historically, the criminal justice system has played a pivotal role in addressing substance use issues, often emphasizing punitive measures over therapeutic approaches. During the “War on Drugs” in the 1980s, a strict zero-tolerance policy was adopted, resulting in increased incarceration rates for drug-related offenses.¹⁹ This approach framed substance use primarily as a criminal issue rather than a health concern, leading to insufficient treatment opportunities for those affected.²⁰ Research has shown that punitive measures have not effectively reduced substance use or crime rates; instead, they have contributed to overcrowded facilities and cycles of recidivism.²¹

The prevalence of SUDs within the carceral system is particularly alarming. Studies indicate that approximately 65% of individuals in U.S. prisons meet the criteria for SUDs.²² From 2007 to 2009, roughly 58% of state prisoners and 63% of sentenced jail inmates met the criteria for drug dependence or abuse.²³ These statistics highlight the critical need for integrated treatment programs within correctional facilities. SAMHSA emphasizes the importance of providing treatment to incarcerated individuals, arguing that such interventions not only benefit the individuals themselves but also enhance public safety by reducing rates of recidivism.²⁴

The history of substance use disorders in the United States illustrates a progression from viewing addiction as a moral issue to recognizing it as a medical condition. Despite this evolution, the intersection of SUDs and the

criminal justice system still perpetuates cycles of addiction and incarceration. A comprehensive approach that prioritizes treatment over punishment is essential for effectively addressing the intertwined issues of substance use and criminality.

THE CURRENT STATE OF SUD TREATMENT IN TEXAS STATE JAILS

The Texas Department of Criminal Justice claims they provide “evidence-based substance use treatment services” that meet the needs of individual inmates.²⁵ They also state that they provide accountability for their programming by utilizing assessment tools developed specifically for incarcerated populations.²⁶ However, an investigation of the current state of SUDs treatment in Texas State Jails reveals a severe lack of comprehensive programming, oversight, and evaluation.²⁷

Assessments

The assessment tools used by TDCJ and its healthcare partners to identify SUDs include the Addiction Severity Index (ASI) and the Texas Christian University (TCU) Drug Screen Five. The ASI is a widely used assessment tool in the diagnosis and identification of SUDs.²⁸ It is administered through an interview process that addresses an individual's medical status, psychiatric status, employment status, legal issues, family and social relationships, and patterns of drug and alcohol use.²⁹ The TCU Drug Screen is similarly used in various criminal justice and community settings as a screener to identify individuals with substance use disorders.³⁰ Multiple studies have demonstrated the positive psychometric properties of these assessment tools and confirmed their reliability and validity.³¹ However, significance must also be placed on *who* is screened, not just how they are. A study of approximately 3,000 jails across the nation revealed that only 63% of individuals were screened for opioid use disorder (OUD) after admittance.³² These tools to assess existence and treatment are time-consuming and lengthy, rendering their utility in a carceral setting limited where the proper infrastructure for intake does not exist.³³ Thus, though there is access to the tools to identify substance use disorders in these facilities, identification is only the first step and is made pointless when comprehensive application and treatment do not follow it.

Programming

Further, of the 16 state jail facilities in Texas, only three offer special treatment programs specific to SUDs: Pre-Release Substance Abuse Program (PRSAP), State Jail Substance Abuse Program (SJSAP), and Pre-Release Therapeutic Community (PRTC).³⁴ The Pre-Release Substance Abuse Program (PRSAP) is a six-month program addressing substance use disorders and behavior based on the principles of a therapeutic community.³⁵ It is intended for incarcerated individuals with SUDs and “criminal ideology issues”.³⁶ Placement in the program is based on a vote by the Board of Pardons and Paroles (BPP) or through administrative placement.³⁷ The State Jail Substance Use Program is purportedly “a multimodal program designed to accommodate the diverse characteristics and individual needs of the state jail population.”³⁸ Incarcerated individuals are placed in one of two tiers: 60 to 90 days or 90-120 days based on their ASI assessment. The program only has 1200 spaces available and eligibility criteria are unclear.³⁹ Given the state jail population in Texas is about 3,260, and over 2,000 of that group is dealing with some form of SUDs, there is clearly a stark gap in availability.

Finally, PRTC is a program that consists of two tracks. The first is a three-month program focusing on a cognitive behavioral model to address issues of criminality through structured activities, with peer support services available upon release.⁴⁰ The second track is a six-month program addressing all SUDs, where emphasis is given to addressing the particular drug choice of the individual.⁴¹ According to TDCJ, peer support recovery specialists assist individuals and provide contacts with agencies that may be needed for successful reintegration after release. Here, placement is contingent on a vote by the BPP, administrative placement, and the individual's assessment score. Moreover, each of these facilities only provides cognitive-behavioral or peer-based

therapeutic programs. Although these programs are designed to target errors in criminal thinking and drug-seeking behavior, they are only helpful for people suffering from low-threshold SUD and should not be relied upon as the *sole* approach to treatment.⁴²

Within these specialized programs, PRSAP has been found to produce consistently higher rates of recidivism among program participants.⁴³ The magnitude of these increases fluctuates but remains within a range of roughly +0.4% to +3.5%.⁴⁴ Even with failing statistics being produced year after year, between FY2015 through FY2023, TDCJ placed over 20,000 individuals in the program.⁴⁵ Yet, entry and completion of a more effective programming, such as cognitive-behavioral therapy, largely depends on the length of time the individual is in state jail.⁴⁶ Those with six-month sentences automatically do not qualify because the waiting list is *at least* six months long.

Additionally, the programs that are easier to get into are poorly run and serve mostly as a way to get early release rather than to gain meaningful treatment and long-term recovery help.⁴⁷ This issue is further exacerbated as TDCJ does not track reasons for program placement delays.⁴⁸ Aside from three specialized programs available in three units, the remaining units have a hodgepodge of programs that are largely dependent on the community and volunteer services.

Community and Volunteer Services

Community services in certain state jails include services for parents, such as Fathers Reading Everyday (FRED), outdoor services provided by Habitat for Humanity, as well as service work for city agencies like Texas Parks and Wildlife and the Texas Department of Public Safety.⁴⁹ Though these are good opportunities for incarcerated individuals to engage in the community, none of these services are related to substance use treatment or education.

Volunteer services are slightly more relevant. Of the 16 state jail facilities, 15 provide individuals with a program titled Substance Abuse Education.⁵⁰ A thorough search of TDCJ's programming and several public information requests did not reveal what this program does or how it is administered.⁵¹ Additionally, according to recent reports, TDCJ relies on about 27,500 volunteers to provide programming.⁵² Yet, the department does not provide sufficient oversight of volunteers and volunteer-led programs, despite the fact that they are statutorily required to submit annual reports on their existence and progress.⁵³

Evaluation

Finally, TDCJ does not comprehensively evaluate the efficacy of its substance use disorder programs. Currently, TDCJ is only providing a biennial report that includes the evaluation of 13 programs, even though, again, they are statutorily required to evaluate and determine the effectiveness of all rehabilitation and reintegration programs.⁵⁴ For most of the programs it is not clear whether they have done anything to reduce substance abuse or rates of recidivism, the main goals TDCJ has made clear. For at least one program - the Pre-Release Substance Abuse Program - we now know it *increases* an individual's likelihood of recidivating.⁵⁵ This lack of evaluation also makes it impossible to judge other forms of success, such as whether participants in their SUD programs have since found stable employment or housing, or simply reduced their drug use.

The Challenges of Treating SUDs in the State Jail System

There are many challenges that exacerbate the failure of SUDs treatment in state jails. Amongst them are staffing shortages, a convoluted healthcare management structure, and budgetary constraints.

While incarcerated populations nationwide have increased, recruitment and retention rates for staff have plummeted.⁵⁶ In 2022, the number of people working for state prisons hit a 20-year low.⁵⁷ In Texas, some carceral facilities are operating with only 30% of the guard positions filled, and agency-wide, the Correctional Officer

vacancy rate is 28%.⁵⁸ What's more, the overall turnover rate at TDCJ is 26%.⁵⁹ High vacancy rates and turnover increase the workload for the remaining staff and decrease the quality of life for both the staff and the incarcerated population. This decrease in quality extends to the programming offered for substance use disorders. **With staffing shortages, comes the added challenge of inexperienced or underqualified individuals providing programming supervision.** Unlike experts trained in understanding and treating substance use disorder, most correctional staffers have demonstrated high levels of stigma toward incarcerated individuals with SUDs.⁶⁰ Effective care cannot occur in a setting steeped in condemnation.

Undoubtedly adding to the problem is the inscrutable nature of TDCJ's healthcare structure. According to the department, the Health Services Division, the Correctional Managed Health Care Committee, as well as their partners, the University of Texas Medical Branch and Texas Tech University Health Sciences Center, all contribute to the provision of healthcare in carceral facilities.⁶¹ Several public information requests were sent to each entity responsible for providing healthcare, including substance use disorder treatment.⁶² TDCJ itself was only able to provide programming information which is posted on its website. The department had no responsive information to share regarding the requests for reports, publications, and evaluations conducted that speak to the efficacy of programming.⁶³

Further, the Health Services Division, point blank states that "substance use disorder treatment in TDCJ does not fall under [their] purview."⁶⁴ The University of Texas Medical Branch admits to operating Correctional Managed Care, an entity that provides healthcare to inmates, but denies that substance abuse programming is their responsibility. However, in a contradictory statement, UTMB also stated that they provide health care services to inmates that *may* relate to substance abuse.⁶⁵ Further, they have four policies in the Correctional Managed Health Care Policy Manual that explicitly reference Substance Use Disorder. One policy provides that "Inmates exhibiting signs of alcohol or other substance abuse are provided the appropriate medical support and referred to an appropriate facility."⁶⁶ No further explanation is given for what appropriate medical support is nor what an appropriate facility would be. This confusion and abdication of responsibility was highlighted in the recent TDCJ Sunset Report, which stated that the entire Department denied responsibility for rehabilitation programs.⁶⁷

Another issue frequently given as a limitation for correctional facilities to administer effective SUDs programming is the cost. Science-based psychosocial treatments are increasingly expensive to implement, often requiring financial and staffing resources not typically available in criminal justice settings. For example, the gold standard for Opioid Use Disorder (OUD) care is medication-assisted treatment (MAT), which involves the two-prong approach of professional counseling with prescribed medication, usually buprenorphine, methadone, or naltrexone.⁶⁸ Only 1% of affected individuals in state and federal prisons receive MAT.⁶⁹ Since the maximum amount of time a person can stay in a Texas state jail is two years, there is reluctance to implement costly treatment for substance use disorder treatment, planning, and delivery. Yet, the results speak for themselves. In the first state to implement a treatment program offering MAT, statewide overdose deaths decreased by 12% and post-incarceration overdose deaths dropped 61%.⁷⁰

Though significant, these challenges are not insurmountable. Addressing them and improving outcomes for individuals and communities is critical. Despite the growing need for substance use disorder services, barriers such as limited funding, inadequate staffing, and the complexities of delivering care in a correctional environment persist. Overcoming these challenges requires coordinated efforts to expand access to evidence-based treatment, integrate care with community resources, and prioritize rehabilitation over punitive approaches. By tackling these obstacles, states can create a more effective and humane system that supports recovery, reduces recidivism, and promotes public health and safety.

BEST PRACTICES IN SUDs TREATMENT

Research shows that best practice in SUDs treatment includes proper and comprehensive assessments, the creation of treatment plans that are tailored to the specific threshold of substance use, and continuity of care post-release.⁷¹

Before effective treatment can be implemented, proper screening and assessments must take place. TDCJ should screen for all SUDs to accurately gauge what intervention and treatment steps are needed, and which punitive and unnecessary practices must be avoided. A standardized intake process must include a thorough assessment of each individual's SUD history and threshold. The current assessment tools being used, the ASI and TCU Drug Screen, have the capability to screen for the severity of substance abuse and to identify concurrent mental health disorders. Thus, administrators can use existing tools in a more effective manner. Additionally, based on these assessments, program facilitators should develop treatment plans and tailored interventions.

Medication-assisted treatment (MAT) interventions, which utilize FDA-approved medication (i.e. buprenorphine, methadone, and naltrexone) should be implemented for sustained recovery for those with high-threshold SUDs. Cognitive Behavioral Therapy (CBT) has also shown significant results in treating SUDs.⁷² This includes several behavioral and cognitive-behavioral interventions such as motivational interventions, contingency management, and relapse prevention.⁷³ However, existing psychoeducation and group counseling must also be improved for those with lower threshold SUDs. Here, significance should be placed on providing trauma-informed care rather than just drug education programs and peer support groups, which do not have strong evidentiary support when used in isolation.⁷⁴ By embedding these evidence-based therapies within jail programming, individuals are equipped with the tools necessary to address the root causes of their substance use and build healthier coping mechanisms.

Another important principle in recovery is in the transition from jail to community. Research has shown that planned longer-term treatment or support increases one's chances of abstaining or consuming moderately by almost 25% (23.9%).⁷⁵ Thus, case management during incarceration which addresses housing, employment, and treatment post-release is significant. Partnerships should be established with community-based organizations and healthcare providers to ensure access to medication-assisted treatment (MAT), peer recovery support, and outpatient counseling upon release. Additionally, eligible individuals should be assisted in applying for or reinstating Medicaid coverage before release to remove barriers to accessing healthcare services. **For individuals who have the shortest jail stays, the emphasis should be on assisting them in retaining or finding treatment providers in the community.** By ensuring a seamless transition from jail-based care to community-based services, the state jail division can mitigate the risk of relapse and support long-term recovery.

Finally, implementing rehabilitation programs that have been successful elsewhere without tailoring them to specific carceral settings can lead to significant issues that undermine effectiveness.⁷⁶ Carceral environments vary widely in terms of resources, population demographics, facility structures, and institutional culture - all of which influence the program's feasibility and impact. A one-size-fits-all approach risks failing to address the unique needs of incarcerated individuals, such as trauma histories, co-occurring mental health disorders, and cultural barriers.⁷⁷ Additionally, without implementing mechanisms for ongoing evaluation and improvement, these programs may stagnate, unable to adapt to emerging challenges or changing conditions. This lack of adaptability can result in wasted resources, reduced participant engagement, and limited or counterproductive long-term outcomes, ultimately perpetuating cycles of addiction and recidivism rather than fostering recovery and rehabilitation.⁷⁸ Tailoring and continuous assessment are essential to ensure that SUD programs are both relevant and effective in diverse carceral contexts.

POLICY RECOMMENDATIONS

Substance use disorder treatment in Texas state jails faces significant gaps despite the growing recognition of its importance. While some progress has been made in implementing programs, inconsistent access, limited availability of evidence-based practices, lack of evaluation, and barriers to continuity of care upon release remain pressing issues. Addressing these deficiencies is vital to improving outcomes for incarcerated individuals and reducing the cycle of reoffending. Currently, the state jail system has the highest rates of recidivism across all statewide criminal and juvenile justice facilities.⁷⁹ A commitment to expanding and enhancing SUD treatment can pave the way for a more rehabilitative system that supports recovery and fosters healthier communities across the state. This includes, but is not limited to:

- **Requiring the State Jail Division (SJD) under TDCJ to provide drug and alcohol rehabilitation programs for individuals housed in the facilities they operate.** Current language only requires the SJD to actively *encourage volunteer* organizations to provide such programs, allowing for too much discretion and a lack of accountability.⁸⁰
- **Implementing comprehensive intake assessments, evidence-based behavioral therapies, and robust reentry planning to ensure continuity of care post-release.**⁸¹
- **Tailoring programming approaches to the average state jail stay, between six months and two years.** Research has shown that multi-pronged interventions that utilize pharmacological and psychological therapies show the most promise.⁸² This includes case management plans that utilize MAT programs, CBT classes, and peer support groups. Reintegration back into the community, where treatment, housing, and employment are accessible, must also be prioritized.
- **Establishing a continuous evaluation process for the rehabilitation programs implemented by TDCJ in state jails.** Though the Department is statutorily required to maintain a program evaluation capability to determine the effectiveness of rehabilitation and reintegration programs and services, no such capability currently exists.⁸³ Without proper evaluation, the agency lacks the ability to study outcomes and make improvements where needed.

CONCLUSION

Substance use disorder is a pervasive and persistent problem among incarcerated individuals, and the Texas state jail system is no exception. Tackling this will probably require interventions at all stages of the criminal justice process—from identifying and treating withdrawal in police custody and on arrival to prison, to psychosocial and pharmacological treatments during incarceration, to community links being made that allow for continued accountability upon release.

While newer programs and treatments are initially more costly to implement, in the long term, they will save the state, and taxpayers, significant amounts of money. Because state jail recidivism rates are so high, the cost of rehousing individuals upon return is only one factor to be taken into consideration. The average cost of incarcerating an individual in state jail is over \$28,000 a year.⁸⁴ Even non-violent crimes due to higher recidivism rates cost society and victims of those crimes, from police and investigatory resources to trauma and property loss, depending on the type of crime. Additionally, the collateral consequences that result from incarceration, such as an individual's ability to obtain employment, manage a fractured family, and a lifelong criminal legal record, are all factors that have an impact on the well-being and financial standing of a community.

In fact, 60% of formerly incarcerated people are unemployed up to four years post-release.⁸⁵ Criminal records keeping people out of the formal economy means they are more susceptible to participation in illicit means. Additionally, when a primary caretaker is incarcerated, more children and dependents rely on publicly funded assistance programs, increasing the financial burden on taxpayers. Having a parent who is incarcerated also

doubles a child's chances of being unhoused.⁸⁶ Rather than paying to house and supervise an individual in the carceral setting at extremely high costs, the state can save money by providing effective treatment and reentry services that decrease an individual's likelihood of returning.

Making a front-end investment to treat SUDs in state jails, is a long-term assurance of the wellness and safety of Texas communities.



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REFERENCES & ENDNOTES

- ¹ This brief was authored by Natasha Malik, Esq. Special thanks to Kaya Roane, Policy Advocate and interns, Pearl Anadu and Elliott Abromeit, for their contributions.
- ² Bronson, J., & Berzofsky, M. (2017, June). *Drug use, dependence, and abuse among state prisoners and jail inmates, 2007-2009*. Bureau of Justice Statistics. <https://bjs.ojp.gov/library/publications/drug-use-dependence-and-abuse-among-state-prisoners-and-jail-inmates-2007-2009>
- ³ Texas Sunset Advisory Commission. (2024, September 26). *Texas criminal justice entities staff report*. https://www.sunset.texas.gov/public/uploads/2024-09/Texas%20Criminal%20Justice%20Entities%20Staff%20Report_9-26-24.pdf
- ⁴ *Ibid.*
- ⁵ Belenko, S., Hiller, M., & Hamilton, L. (2013, November). *Treating substance use disorders in the criminal justice system*. Current psychiatry reports. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3859122/>
- ⁶ Wakeman, S. E., & Rich, J. D. (2016, July 8). *Barriers to post-acute care for patients on opioid agonist therapy; an example of systematic stigmatization of addiction - journal of general internal medicine*. SpringerLink. <https://link.springer.com/article/10.1007/s11606-016-3799-7>
- ⁷ Van Wormer, K., & Davis, D. R. (2020). *Addiction Treatment: A Strengths Perspective*. Cengage Learning.
- ⁸ Tex. Dep't of Crim. Just., Statistical Report Fiscal Year 2023 (2024), https://www.tdcj.texas.gov/documents/Statistical_Report_FY2023.pdf.
- ⁹ Bureau of Justice Statistics, U.S. Department of Justice. (2020, August). *Drug use, dependence, and abuse among state prisoners and jail inmates, 2007-2009 (Revised)*. <https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf>
- ¹⁰ Legislative Budget Board. (2023, February). *Statewide criminal and juvenile justice recidivism and revocation rates*. Retrieved from https://www.lbb.texas.gov/Documents/Publications/Policy_Report/7689_Recidivism-Revocation_Feb2023.pdf.
- ¹¹ Tex. Dep't of Crim. Just., Unit Directory, https://www.tdcj.texas.gov/unit_directory/index.html (three of the sixteen state jail facilities are privately operated by Management and Training Corporation).
- ¹² Texas Appleseed. Public information request submitted to the Texas Department of Criminal Justice, February 2024. Data on file with the author.
- ¹³ Beaulieu, M., Tremblay, J., Baudry, C., Pearson, J. & Bertrand, K. (2021). *A systemic and meta-analysis of the efficacy of the long-term treatment and support of substance use disorders*. *Social Science & Medicine*, 285, 114289.
- ¹⁴ Harrison Narcotics Tax Act, ch. 1, 38 Stat. 785 (1914) (repealed 1970).
- ¹⁵ Musto, D. F. (1999). *The American disease: Origins of narcotic control* (3rd ed.). New York, NY: Oxford University Press.
- ¹⁶ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK519702/>.
- ¹⁷ Substance Abuse and Mental Health Services Administration (SAMHSA). (2024, July). *Results from the 2023 National Survey on Drug Use and Health*. Retrieved from <https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/National%20Report/National%20Report/2023-nsduh-annual-national.pdf>.
- ¹⁸ Czeisler, M. É., Lane, P. E., Petrosky, E., et al. (2020). *Mental health, substance use, and suicidal ideation during the COVID-19 pandemic — United States, June 24–30, 2020*. *Morbidity and Mortality Weekly Report*, 69(32), 1049–1057. Retrieved from https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_w.
- ¹⁹ Mauer, M. (2006). *A 25-year quagmire: The war on drugs and its impact on American society*. The Sentencing Project. Retrieved from <https://www.prisonpolicy.org/scans/sp/A-25-Year-Quagmire-The-War-On-Drugs-and-Its-Impact-on-American-Society.pdf>.
- ²⁰ *Ibid.*
- ²¹ Volkow, N. D. (2021, November). *Addiction should be treated, not penalized*. *Neuropsychopharmacology: Official Publication of the American College of Neuropsychopharmacology*. Retrieved from [https://pub.ncbi.nlm.nih.gov/articles/PMC8369862/#:~:text=A%20vicious%20cycle%20of%20punishment%20The%20daming,from%20a%20wide%20variety%20of%20causes%20\[19](https://pub.ncbi.nlm.nih.gov/articles/PMC8369862/#:~:text=A%20vicious%20cycle%20of%20punishment%20The%20daming,from%20a%20wide%20variety%20of%20causes%20[19)
- ²² Substance Abuse and Mental Health Services Administration (NIDA). (2020, June). *Criminal justice drug facts*. Retrieved from <https://nida.nih.gov/publications/drugfacts/criminal-justice>.
- ²³ U.S. Dep't of Just., Bureau of Just. Stat., *Drug Use and Dependence, State and Federal Prisoners, 2007–09* (2014), <https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf>.
- ²⁴ Substance Abuse and Mental Health Services Administration (SAMHSA). (2023). *Best practices for successful reentry from criminal justice settings for people living with mental health conditions and/or substance use disorders*. Retrieved from <https://store.samhsa.gov/sites/default/files/pep23-06-06-001.pdf>.

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- ²⁵ Texas Department of Criminal Justice (TDCJ). (2024, October 23). *Rehabilitation Programs Division*. Retrieved from <https://www.tdcj.texas.gov/divisions/rpd/index.html>.
- ²⁶ *Ibid.*
- ²⁷ Texas Sunset Advisory Comm'n, Staff Report (2024).
- ²⁸ Denis, C., et al. (2016). *Usefulness and validity of the modified Addiction Severity Index: A focus on alcohol, drugs, tobacco, and gambling*. *Substance Abuse*, 37(2), 168–175. <https://doi.org/10.1080/08897077.2015.1036334>
- ²⁹ Texas Department of Criminal Justice. (n.d.). *Addiction Severity Index (5th ed.)*.
- ³⁰ Knight, D. K., et al. (2018). *The TCU Drug Screen 5: Identifying justice-involved individuals with substance use disorders*. *Journal of Offender Rehabilitation*, 57(8), 500–517. <https://doi.org/10.1080/10509674.2018.1549180>
- ³¹ Pankow, J., et al. (2012). *Examining concurrent validity and predictive utility for the Addiction Severity Index and Texas Christian University (TCU) short forms*. *Journal of Offender Rehabilitation*, 51(2), 78–95. <https://doi.org/10.1080/10509674.2012.633021>
- ³² Maruschak, L. M., et al. (2023). *Opioid use disorder screening and treatment in local jails, 2019*. Bureau of Justice Statistics. Retrieved from <https://bjs.ojp.gov/document/oudstlj19.pdf>.
- ³³ Pilowsky, D. J. et al. (2020). *Screening for alcohol and drug use disorders among adults in primary care: A review*. Retrieved from <https://www.dovepress.com/screening-for-alcohol-and-drug-use-disorders-among-adults-in-primary-care-peer-reviewed-fulltext-article-SAR>.
- ³⁴ Texas Department of Criminal Justice. (n.d.). *Substance abuse services*. Retrieved from https://www.tdcj.texas.gov/divisions/rpd/substance_abuse.html.
- ³⁵ *Ibid.*
- ³⁶ *Ibid.*
- ³⁷ *Ibid.*
- ³⁸ *Ibid.*
- ³⁹ Texas Department of Criminal Justice. (n.d.). *Rehabilitation Programs Division*. Retrieved from <https://www.tdcj.texas.gov/divisions/rpd/index.html>.
- ⁴⁰ *Ibid.*
- ⁴¹ *Ibid.*
- ⁴² Zaller, N. D., Gorvine, M. M., Ross, J., Mitchell, S. G., Taxman, F. S., & Farabee, D. (2022). *Providing substance use disorder treatment in correctional settings: Knowledge gaps and proposed research priorities—Overview and commentary*. *Addiction Science & Clinical Practice*, 17(1), 69. <https://doi.org/10.1186/s13722-022-00351-0>
- ⁴³ Texas Sunset Advisory Comm'n, Staff Report (2024).
- ⁴⁴ *Ibid.*
- ⁴⁵ *Ibid.*
- ⁴⁶ Texas Appleseed. (2023, November 14). A look inside: The lack of treatment for substance use disorders in state jails. Texas Appleseed Blog. Retrieved from <https://www.texasappleseed.org/blog/look-inside-lack-treatment-substance-use-disorders-state-jails>.
- ⁴⁷ *Ibid.*
- ⁴⁸ Texas Sunset Advisory Comm'n, Staff Report (2024).
- ⁴⁹ *Ibid.*
- ⁵⁰ Texas Appleseed. Public information request submitted to the Texas Department of Criminal Justice, February 2024. Data on file with the author.
- ⁵¹ *Ibid.*
- ⁵² Texas Sunset Advisory Comm'n, Staff Report (2024).
- ⁵³ *Ibid.*
- ⁵⁴ Texas Government Code § 493.0083.
- ⁵⁵ Texas Sunset Advisory Comm'n, Staff Report (2024).
- ⁵⁶ The Marshall Project. (2024, January 10). *Prison correctional officer shortage spurs overtime overload*. Retrieved from <https://www.themarshallproject.org/2024/01/10/prison-correctional-officer-shortage-overtime-data>.
- ⁵⁷ *Ibid.*
- ⁵⁸ Texas Sunset Advisory Comm'n, Staff Report (2024).
- ⁵⁹ *Ibid.*
- ⁶⁰ Zaller et al., *Providing Substance Use Disorder Treatment*, 17 *Addiction Sci. & Clinical Prac.* 1 (2022).
- ⁶¹ Texas Appleseed. Public Information Request to Texas Department of Criminal Justice,, Public Information Request to Texas Tech University Health Sciences Center, Public Information Request to University of Texas Medical Branch at Galveston, February 2024. Information on file with the author.
- ⁶² *Ibid.*
- ⁶³ *Ibid.*
- ⁶⁴ *Ibid.*

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- ⁶⁵ Texas Appleseed. Public Information Request to University of Texas Medical Branch at Galveston. February 2024. Information on file with author.
- ⁶⁶ Correctional Managed Health Care. (n.d.). *Correctional Managed Health Care Policy Manual: Inmates with alcohol or other substance abuse disorders* (No. G-56.1).
- ⁶⁷ Texas Sunset Advisory Comm'n, Staff Report (2024).
- ⁶⁸ *Ibid.*
- ⁶⁹ Widra, E. (2024, January 30). *Addicted to punishment: Jails and prisons punish drug use far more than they treat it*. Prison Policy Initiative. Retrieved from <https://www.prisonpolicy.org/blog/2024/01/30/punishing-drug-use/>.
- ⁷⁰ *Ibid.*
- ⁷¹ Institute for Social Research. (2011). *Jail-based substance abuse treatment: Literature review*. Retrieved from <https://isr.unm.edu/reports/2011/jail-based-substance-abuse-treatment-literature-review.pdf>.
- ⁷² Moore, K. E., Barrett, T. S., & Nyhan, K. (2020). *Reentry interventions that address substance use: A systematic review*. *Psychological Services, 17*(1), 93–105. <https://doi.org/10.1037/ser0000293>
- ⁷³ McHugh, R. K., Hearon, B. A., & Otto, M. W. (2010). *Cognitive behavioral therapy for substance use disorders*. *Psychiatric Clinics of North America, 33*(3), 511–525. <https://doi.org/10.1016/j.psc.2010.04.012> (Motivational Interventions target ambivalence toward behavior change relative to drug and alcohol use, with subsequent application to motivation and adherence to a wide variety of other disorders and behaviors. Contingency management approaches are grounded in operant learning theory and involve the administration of a non-drug reinforcer following demonstration of abstinence from substances. Relapse Prevention focuses on the identification and prevention of high-risk situations (e.g., favorite bars, friends who also use) in which a patient may be more likely to engage in substance use.)
- ⁷⁴ Taxman, F. S., Perdoni, M. L., & Harrison, L. D. (2007). *Drug treatment services for adult offenders: The state of the state*. *Journal of Substance Abuse Treatment, 32*(3), 239–254. <https://doi.org/10.1016/j.jsat.2006.12.019>
- ⁷⁵ Beaulieu, M., Tremblay, J., Baudry, C., Pearson, J., & Bertrand, K. (2021). *A systematic review and meta-analysis of the efficacy of the long-term treatment and support of substance use disorders*. *Social Science & Medicine, 285*, 114289. <https://doi.org/10.1016/j.socscimed.2021.114289>
- ⁷⁶ Becker, S. J., et al. (2013). *A meta-study of evidence-based practices in substance use treatment*. *Substance Abuse Treatment, Prevention, and Policy, 6*(4), 4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3859122/>
- ⁷⁷ Zaller et al., *Providing Substance Use Disorder Treatment*, 17 *Addiction Sci. & Clinical Prac.* 1 (2022).
- ⁷⁸ Texas Sunset Advisory Comm'n, Staff Report (2024).
- ⁷⁹ Legislative Budget Board. (2023, February). *Statewide criminal and juvenile justice recidivism and revocation rates*. Retrieved from https://www.lbb.texas.gov/Documents/Publications/Policy_Report/7689_Recidivism-Revocation_Feb2023.pdf
- ⁸⁰ Texas Sunset Advisory Comm'n, Staff Report (2024).
- ⁸¹ Wakeman, S. E., & Rich, J. D. (2016). *Barriers to post-acute care for patients on opioid agonist therapy: An example of systematic stigmatization of addiction*. *Journal of General Internal Medicine, 31*(4), 366–372. <https://doi.org/10.1007/s11606-016-3799-7>
- ⁸² De Andrade, D., Ritchie, J., Rowlands, M., Mann, E., & Hides, L. (2018). *Substance use and recidivism outcomes for prison-based drug and alcohol interventions: A systematic review and meta-analysis*. *Epidemiologic Reviews, 40*(1), 121–133. <https://doi.org/10.1093/epirev/mxy004>
- ⁸³ Texas Gov't Code § 493.0083
- ⁸⁴ Legislative Budget Board. (2025, January). *Biennial report on adult criminal justice populations: Fiscal years 2018 to 2030*. Retrieved from https://www.lbb.texas.gov/Documents/Publications/Policy_Report/8745_Adult_Criminal_Justice_report.pdf
- ⁸⁵ Brennan Center for Justice. (2023, February 16). *Mass incarceration gets attention as an economic issue—finally*. Retrieved from <https://www.brennancenter.org/our-work/analysis-opinion/mass-incarceration-gets-attention-economic-issue-finally>
- ⁸⁶ *Ibid.*