

ALCOHOL'S IMPACT ON CORRECTIONS

Systemic and Individual Costs

Part One

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Introduction

Alcohol continues to be a major problem for the corrections system. It is responsible for increased crime rates as well as hijacking the brains of many of our inmates. Alcohol has been problematic for years but now its impact needs to be revisited as harsher, more acute drugs have permeated the correctional system, including a surge of Opioids and Methamphetamines. The new drugs get the lion's share of attention, but alcohol remains a serious problem for corrections officials. Alcohol abuse robs inmates of quality of life and keeps them bound to the correctional system. Since alcohol has been around so long, it is easy for corrections staff to adopt a "laissez faire" attitude. Key issues can be clouded since alcohol is a legal recreational drug.

Excessive alcohol use is a leading cause of preventable death in the United States. The costs associated with it, such as those from losses in workplace productivity, health care expenditures and criminal justice, were \$249 billion in 2010.^{1,2} In 2018, there were 48,602 opioid overdose deaths. In 2015, there were 95,158 alcohol attributable deaths, nearly double that of opioid deaths.

Often those in correctional facilities have multiple drug and alcohol issues, with alcohol use exacerbating their drug use. For some, alcohol becomes a trigger for illegal behavior and illegal drug use. Alcohol is not an innocent drug and taking it in large amounts or with other drugs can multiply its effects. Alcohol is a depressant and puts the person in a cycle of feeling buzzed and/or intoxicated and then later depressed and withdrawn after the high wears off. Withdrawal from Alcohol Use Disorder (AUD) can be deadly without proper medical attention.

Addiction is defined as a primary, chronic disease of brain reward, motivation, memory and related circuitry.³ Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors. Alcohol can often be used as an escape to numb one's feelings and cope with stress. Initially, alcohol, gives relief but as the disease takes over, use becomes pathological and brings pain and discomfort. Alcohol Use Disorder impacts every area of a person's life, making it a holistic health problem. →



Alcohol use disorder continues to impact corrections

Alcohol has been part of our culture since the dawn of time it is easy to miss the devastating impact it can have for some of our inmates. Not only may it be just as addictive as some of the harsher drugs but it is relatively easy to make in prison using common commissary items. In addition, alcohol and marijuana can be considered gateway drugs for a subsection of youthful offenders who end up using harsher drugs, resulting in poly-substance use.

Current community standards allow for the use of alcohol as a fun social experience to relieve stress and enjoy socializing with others. However, excessive consumption can actually hijack the brain's processing and the disease takes over.⁴ Unfortunately, with Alcohol Use Disorder (AUD), common responses are denial and self-destructive behaviors.

Our profession needs to realize assessing and diagnosing an alcohol problem as early as possible could save an inmate from years of disastrous drinking and poor choices. If Alcohol Use Disorder gets overlooked, inmates fail to make the connection between their drinking and choices that cause criminal results.

Rarely do inmates get treatment without first having severe consequences and court involvement prompting them. It usually takes external monitoring and outside resources to have AUD sufferers take a break from alcohol use. Only with a period of sobriety, usually between six to eight months, can a person's brain fog lift and the true work of recovery begin.⁵

Prevalence of alcohol problems in corrections

In 2019, 25.8% of people 18 and older reported they had engaged in binge drinking in the past month and 6.3% reported they had engaged in heavy alcohol use in the past month.⁶ Binge drinking has been known to occur frequently on college campuses. This population is very prone to develop drinking problems; they minimize the impact alcohol can have on a young brain. In 2019, 14.1 million adults in the United States 18 and over had Alcohol Use Disorder. This number of people places extra strain on the medical profession treating different types of cancer and physical problems arising from serious alcohol

use. There are mounting costs of doctor visits, hospitalization, damaged relationships and lost jobs.

A report from the National Drug Intelligence Center estimated the cost to society for drug use was \$193 billion in 2007, with \$114 billion of it associated with drug-related crimes, including criminal justice costs and costs borne by the victims of crimes. The same report showed the cost of treating drug and alcohol use was \$14.6 billion, a fraction of the societal cost.⁷

In corrections, individuals with Substance Use Disorders and incarceration histories had 3.1 times the odds of using Alcohol Use Disorder treatment and 1.6 times the odds of using Drug Use Disorder treatment compared to their counterparts with Substance Use Disorders but no incarceration history.⁸ Corrections has a captive population that desperately needs help with substance addictions but unfortunately only 28% of the people in prison and 22% of the people in jail with Alcohol and/or Drug Use Disorders participate in any type of drug or alcohol treatment.⁹ Unfortunately, in some jail or prison systems,



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treatment is not easily available without referrals into the community.

The criminal justice system is taxed with coming up with creative ways to serve inmates with Substance Use Disorders. The Bureau of Justice suggests 58% of adults in state prisons and 63% of people sentenced to jail have Drug Use Disorders compared to 5% in the general adult population. Typically, if an inmate does not start some type of treatment and education while incarcerated, chances of connecting with services in reentry is slim.

In many correctional jurisdictions, alcohol problems seem to be just as prevalent as drug problems. Female inmates often choose alcohol to cope with the problems that have led them to prison, which are often very distinct from those of men. An international study by Fazel, et.al. in 2005 found among women in prison, about 10-24% have Alcohol Use Disorders and another 30-60% have Drug Use Disorders.¹⁰ Men who are in prison have slightly higher rates of Alcohol Use Disorder, 18-40%, and slightly lower Drug Use Disorders, 10-48%. Overall, it is very significant that ¼ to ½ of all men and women incarcerated have some type of Alcohol Use Disorder which can easily go untreated if not adequately assessed and rigorously addressed.

Association between alcohol addiction and crime

Criminal activity is more closely linked to the use of alcohol than to any other drug.¹¹ Many inmates when buzzed or under the influence make very poor choices and fail to think clearly in the moment. Intoxication plays its strongest role in homicide and physical and sexual assaults, but also can impact burglary and robberies.¹² Alcohol use can unmask criminal attitudes and behaviors an individual suppresses when sober. The cost is significant on the criminal justice system, prosecuting and enforcing sentences for those who, if not intoxicated, may have avoided prosecution. Higher alcohol doses seem to produce a significant linear increase in aggression for both men and women.¹³ As addiction increases, so do violent offenses, such as assault, homicide, sexual assault and domestic violence.

Alcohol and crime have a closely interconnected relationship, with alcohol abuse being a contributing factor to many crimes and many crimes being a contributing

factor to alcohol abuse. This synergistic effect shows how important it is to break this connection, but our inmates often fail to see this relationship. Many of our inmates have major thinking errors where they minimize or blame away the impact of their crimes and the impact alcohol made on their poor choices. It is necessary to help inmates “connect the dots” and show how education and treatment could help lower relapse and subsequent crimes. It is important to stress crimes are not caused by alcohol intoxication, but alcohol intoxication is a salient, contributing factor.

The criminal justice system is in dire need of educating our inmates on how alcohol has influenced their decisions and created astronomical problems for them. Inmates need to better understand what alcohol has cost them, as well as what it has cost those they love. There seems to be a ripple effect, as each crime impacts everyone in families associated with the offender as well as the victims and their families.

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Medical aspects of alcohol use disorder

Genetic predisposition accounts for 60% of the risk for developing AUD.¹⁴ This complex, chronic medical disorder damages numerous organ systems, including gastrointestinal, cardiac and the central nervous system. Many patients are also afflicted with mental illnesses such as antisocial personality disorder, major depressive disorder and bipolar disorder. Chronic, excessive alcohol use causes sickness, shortens lifespan and increases the risk for cancer. Successful treatment of AUD requires attention to all afflicted organ systems.

The gastrointestinal tract is particularly susceptible to damage. The esophagus, stomach, liver and pancreas are all affected by alcohol abuse. Alcohol is a common cause of bleeding from the esophagus and stomach.

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These patients frequently require hospitalization and may require blood transfusions. GI bleeding can lead to death in some cases. Alcohol also damages the pancreas. The resulting inflammation causes intense abdominal pain, nausea and vomiting. Patients with pancreatitis often require hospitalization including admission to the ICU. The risk of pancreatitis is increased 3-fold with chronic alcohol use. Liver damage is due to the direct toxic effects of alcohol. Continued use of alcohol leads to scarring and fibrosis of the liver, then to cirrhosis.

Cirrhosis is the final stage of liver disease. In cirrhosis, the patient suffers marked scarring of the liver with extreme loss of function. Patients will fail to pass blood through the liver at the rate necessary to make clotting factors, make proteins and clear toxins. Rising pressure in the veins within the abdomen leads to bleeding in the stomach and esophagus. Persistent toxins in the blood cause a particular of confusion known as encephalopathy. Cirrhosis is highly associated with hepatocellular carcinoma and premature death.

Alcohol damages the heart as well as blood vessels throughout the body. The primary mechanism is an increase in blood pressure, which causes direct damage to the heart muscle and the walls of the arteries. Heart failure leads to the inability of the heart muscle to pump blood at the rate needed to deliver oxygen and fuel to tissues and to remove wastes from the body. The odds of developing heart failure increase up to 20% in chronic alcohol users. Strokes occur when blood vessels in the brain clot due to damage from a rupture or leak. Strokes cause permanent loss of brain tissue. The odds of suffering a stroke due to a vessel clogging increase by more than 25% in alcohol users, and the increase in odds of suffering a bleeding stroke are even higher.¹⁵

Alcohol use causes a variety of cancers. Women who are chronic alcohol abusers are 40% more likely to develop breast cancer. Oral and esophageal cancers occur at 3 times the normal rate among heavy alcohol users. Persons with Alcohol Use Disorder are twice as likely to suffer from liver cancer and they develop colorectal cancer 1.5 to 2.7 times more often than non-users. These cancer rates rise with continued use.

Overall, individuals who use alcohol frequently suffer high rates of cancer. Those who drink seven or more alcoholic beverages per day are 5 times more likely to develop cancer than those who do not. Chronic alcohol

use causes permanent injury to many organs. Chronic use can cause significant disability and premature death.

Alcohol use causes permanent brain damage

Brain injuries caused by excessive alcohol consumption are lifelong and affect thought processes as well as mobility and general stability. Alcohol injures areas in the frontal lobes, particularly the prefrontal area, as well as the limbic system (emotional center). These regions play an important role in personality, goal directed behaviors, planning, stress responses and impulse control.¹⁶ Executive function (working memory, decision-making, value judgements) deteriorates based on cumulative lifetime alcohol use. Memory is heavily affected.¹⁷ It is no wonder as inmates drink longer, their decision-making and behaviors get worse.

The permanent damage caused by AUD impedes the efforts of providers who are working with inmates to establish new patterns of pro-social behaviors and beliefs in order to maintain sobriety.

The prefrontal-orbital cortex is the part of the brain directly behind the sinuses that surrounds the eye sockets. This area is instrumental in learning, making choices and controlling impulses. When it is damaged by alcohol use, it shrinks. As this area shrinks, memory tasks become more difficult. The ability to judge the consequences of one's actions becomes impaired and the ability to learn from experience suffers. Polysubstance use accelerates this phenomenon.

The permanent damage caused by AUD impedes the efforts of providers who are working with inmates to establish new patterns of pro-social behaviors and beliefs in order to maintain sobriety. Inmates learn at a slower pace and struggle to make basic connections due to brain damage.



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Psychological aspects of alcohol use disorder

When there is an intimacy of addiction, it significantly impacts those who abuse alcohol.¹⁸ As the disease progresses, it takes over more of a person's life, including their dreams, aspirations, relationships and emotional pursuits. Finding a way to use alcohol through the neglect of everything personally important becomes the addict's mantra.

Addiction acts differently from other diseases. Unlike other progressive diseases, the addiction often tells lies to the addict. Alcohol promises good feelings and mastery over tasks that later backfire on the person, creating a complicated and intricately woven set of problems. Unlike other diseases, symptoms can reoccur years later, even during sobriety, when the person relives memories or other unpleasant aspects of the disease. Alcoholism can remain hidden for years, as seen in the "functioning alcoholic." An alcoholic can appear to have "average functioning" and be in control, but there is a secret life behind the scenes. The secret life often includes considerable inner darkness, poor choices and awkward and sad moments that hurt the person as well as those they love.

The intimacy of the alcohol starts to betray the person. They give up important people and roles in their life.

Alcohol becomes the person's lover. The alcoholic would do anything to protect their habit and will lie to those they love most. This feeds a lot of self-centered thinking, which to the alcoholic, seems rational at the time, but, it is a self-protective excuse to keep using. Denial and lies start abounding to keep the secrecy alive.

As a long-time alcoholic stated about his intimacy and inner struggle,

"People have commitment. People have truth. I did not. Let me tell you what I did have. I had multiple liquid partners who I needed, wanted and loved. DEEPLY! People have affairs, and their mates and partners get crushed. My affair was with the bottle, and my ex-wife and children did not have a chance. And there was so much power. The opposite of power is

weakness-and that is not me. I am too strong. I thrive with conflict-I like to fight. In my mind I never lose, especially to myself. If I can't beat me, then nothing can or ever will. How does one resolve a conflict with self? By not having a conflict. No conflict means no problems. Not being sober and being in the moment means no pain. It is simple really."

Substance use disorders have final impact

Individuals who drink more than three drinks a day will shorten their life span by about 10 years.¹⁹ Nearly 30% of persons who suffer from AUD will die due to intentional or non-intentional injury.²⁰ Over 20% will die from cardiovascular disease with or without diabetes. Around 12% will die from cancer. Around 5% will die from alcohol withdrawal. Persons suffering from AUD live a life saddled with illness, disability and loss. They die way too young.

Conclusion

Alcohol is not an innocent drug and is often overlooked in our system. It can be a slow killer and infiltrates

the mind and organs of individuals in the justice system. Alcohol Use Disorder impacts the entire person, physically, mentally, medically, behaviorally and spiritually. Often due to the nature of the disease, the inmate often minimizes or denies the problem and the damage being done medically. It is imperative all staff in corrections see the mission of educating and referring the inmate for assessment and treatment before it is too late and there is irreparable damage. The inmate will need a social support system both in our facilities and when they re-enter society to support their sobriety. Without these supports, our best efforts will be fruitless as this disease waits to get triggered again when the person with Alcohol Use Disorder is least prepared for the cravings and the intimacy of their addiction.

It is imperative corrections weigh the cost to the system in areas related to the impact of alcohol use on crime and alcohol's impact on mental health problems in our institutions. The financial costs associated with prosecuting and incarcerating those with alcohol-related crimes are astronomical. Corrections needs to invest in educating all staff working with inmates with Substance Use Disorder and treat the problem while we have a captive audience.

ENDNOTES

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