http://www.uvm.edu/~vlrs/

The state of Connecticut has recently reacted to challenges with drug addiction and a large prison population by making changes to its drug possession penalty laws. Connecticut serves as one example of a state government that has enacted policy changes to combat drug addiction and problems in criminal corrections system. In this case study, we outline the drug possession penalties prior to October 2015, the policy changes passed by the legislature, and the effects of those changes and other drug treatment programs.

Connecticut's penalties for drug possession were harsher prior to modifications in sentencing laws in Public Act No. 15-2. The penalty for possession of narcotics was up to 25 years in prison, depending on whether the crime was a first offense or repeat offense. Prison sentences could be substituted with, or supplemented by, fines up to $250,000. A first time offender of narcotics possession could receive up to seven years in prison and/or up to a $50,000 fine. A second time offender could receive up to 15 years in prison and/or up to a $100,000 fine. For any subsequent offenses, a person could receive up to 25 years in prison and/or up to a $250,000 fine. If the offender was found in possession of any illegal drug within 1,500 feet of a school the individual did not attend or a licensed day care center, the person could receive an extra two years on a prison sentence. Judges were allowed to impose less than two years if the crime occurred non-violently.[1]

In 2015, there were 729 accidental drug deaths in Connecticut. This number had steadily increased since 2012, when there were 357 drug deaths. The number of accidental deaths from Heroin, Methadone, and Hydromorphone all increased from 2012 to 2015. The most dramatic increase in opioid deaths came from Fentanyl, which increased from 14 deaths in 2012 to 189 deaths in 2015.[2]

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1 James Orlando, OLR Backgrounder: Drug Possession, Sale, and Paraphernalia Penalties (2013-R-0342) (Hartford, CT: Connecticut General Assembly Office of Legislative Research, 2013), 1-3, https://www.cga.ct.gov/2013/rpt/pdf/2013-R-0342.pdf.

2 Connecticut Accidental Drug Deaths, updated 3/21/17, http://www.ct.gov/ocme/lib/ocme/AccidentalDrugIntoxication Tf1 00~465 976(a)-5(r)er,

The total number of incarcerated individuals in Connecticut in 2015 was 16,025.[3] As of October 2015, just before the new laws went into effect, there were 510 people serving prison time in Connecticut for drug possession.[4]

Connecticut Governor Dannel P. Malloy signed Public Act 15-2 into law in June of 2015. The Act reduces the possession of marijuana or other illegal drugs from a felony to a Class A misdemeanor.[5] The punishments for such a misdemeanor are up to one year in prison and/or up to $2,000 in fines.[6] After a first offense, the court has the right to reevaluate a defendant and adjust sentencing based on prior offenses. If the court deems an individual drug dependent, prosecution can be suspended and the court can offer substance abuse treatment as an alternative to incarceration.[7] For repeat offenders, the court may change the charge from a misdemeanor to a felony, which carries up to three years in prison.[8]

The following year Governor Malloy signed Public Act 16-43 into law.[9] This law addresses the rising opioid crisis in Connecticut and formally recognizes the relationship between the State Legislature, the Governor's Office, Yale-New Haven Hospital, and the insurance industry.[10] Public Act 16-43, along with past legislation, aims to attack the opioid crises at one of its roots: over prescription. A statewide prescription monitoring system was put in place to ensure that patients are only prescribed up to seven days' worth of pills at a time.[11] In addition to limitations on the amount of pills prescribed per patient, health care professionals are required to educate patients and the guardians of minors about the addictive qualities of the pills[12] Connecticut is taking legal strides to address addiction as a medical issue. Dr. Fiellin, a professor at the Yale School of Medicine said, "We look forward

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[3] Incarcerated Population by Status and Gender, , updated 7/8/15, http://www.ct.gov/doc/cwp/view.asp?a=1505&q=265598.

[4] State of Connecticut, , 2016, http://portal.ct.gov/en/Office-of-the-Governor/Press-Room/Press-Releases/2016/07-2016/Gov-Malloy-Number-of-People-in-Jail-

to working with all stakeholders to develop a strategic plan that is evidence-based, data-driven and focused on the strategies that will most effectively treat and prevent the disease of opioid addiction."[13] This approach sets Connecticut's laws and efforts to combat opioid addiction apart from the approaches of other states grappling with similar issues.

As of July 2016, the number of simple drug possession offenders in Connecticut prisons is 311, down from 510 in October 2015.[14] The total prison population has also decreased from 16,084 in July 2015 to 15,195 in July 2016 (the lowest total incarceration population in almost 19 years).[15] Total accidental drug deaths increased from 2015 to 2016, from 729 to 917. Deaths from Heroin, Oxycodone, and Methadone all increased. Fentanyl deaths increased from 189 in 2015 to 483 in 2016.[16]

A judge may approve a person charged with possession of drugs or drug paraphernalia to participate in a pre-trial drug education program.[17] The participant attends a 10- or 15-session program at a state facility and, upon successful completion of the pre-trial program, the charges may be dismissed.[18] If a participant fails to complete the program, he/she may be reinstated into the program twice.[19]

Drug or alcohol dependent offenders who are charged with drug sale or possession may be eligible to participate in a substance abuse treatment program rather than being prosecuted and/or incarcerated.[20] Potential participants are evaluated to confirm their dependency, then may file a motion to have prosecution suspended for up to two years

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[13] "David A. Fiellin, M.D." CIRA, Center for Interdisciplinary Research on AIDS. Accessed May 11, 2017. http://cira.yale.edu/people/david-fiellin-md; "Gov. Malloy Signs Comprehensive Bill Combating Opioid Abuse and Launches Strategic Plan to Tackle Addiction." May 28, 2016 Saturday. Date Accessed: 2017/05/11. www.lexisnexis.com/hottopics/lnacademic.

[14] State of Connecticut,
, 2016, http://portal.ct.gov/en/Office-of-the-Governor/Press-Room/Press

until they complete the treatment program.[21] The charges may be dismissed if the participant completes the program to the satisfaction of the court and the Court Support Services Division (CSSD).[22]

Courts can also order a convicted offender to participate in a program as an alternative to a prison sentence.[23] The person must have been drug or alcohol dependent at the time of the crime, be likely to benefit from the treatment, meet probation requirements, and there must have been a connection between the dependency and the crime.[24] Should the offender complete the program, comply with the conditions, and abstain from relevant substances for two years, the court can terminate the probation.

Although conducted prior to the 2015 changes in the law, a study regarding the cost-effectiveness of drug treatment programs in Connecticut prisons may offer some insights.[25] The research studied drug treatment programs from May 1996 to December 2000, examining the programs' effects on re-arrests. The researchers collected data from 831 male inmates who had served at least six months in prison; 286 of the participants participated in one of four drug treatment programs while 545 did not.[26] The data was collected from 24 months prior to inmates' release and 24 months after their release.[27] Post-release data was collected at six-month intervals, and re-arrest rates were lower at each timepoint for inmates who had participated in drug treatment programs.[28] For example, one year after release, 32.6 percent of treatment participants were re-arrested, whereas 45.9 percent of inmates who had not participated in programs were re-arrested.[29] Researchers noted other factors that influence the likelihood of re-arrest, including age, race, other programs attended, and prior time served. The likelihood of re-arrest also decreased with the intensity of the program attended. Finally, three of the four treatment programs were cost-effective by saving on incarceration costs.[30] For example, the most cost-effective program cost $672 per inmate and cost $7,931 per treatment success (an inmate who was not re-arrested). The cost of incarcerations per inmate is $45,536 for 646 days, resulting in a savings of $37,605 per inmate due to that program.[31]

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21 Ibid.
22 Ibid.
23 Ibid.
24 Ibid.
25 Daley M, Love CT, Shepard DS, Peterson CB, White KL and Hall F. "Cost-Effectiveness of Connecticut's In-Prison Substance Abuse Treatment," , 39(3): 69–92, 2004.
26 Ibid.
27 Ibid.
28 Ibid.
29 Ibid.
30 Ibid.
31 Ibid.

Because Connecticut changed its laws so recently, there is not enough information to determine the effects of the new government policies on the issue of drug addiction or on the large prison population. In the year since these changes were made, Connecticut has seen its total prison population decline, the number of people incarcerated for drug possession decrease, and accidental drug deaths increase. There is insufficient data to determine a caus