Social Justice Brief

A Social Work Perspective on Drug Policy Reform

PUBLIC HEALTH APPROACH

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.

NASW
National Association of Social Workers

750 First Street NE, Suite 700
Washington, DC 20002-4241
SocialWorkers.org

The National Association of Social Workers (NASW) is the largest membership organization of professional social workers in the world, with nearly 145,000 members. NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.

A Social Work Perspective on Drug Policy Reform

PUBLIC HEALTH APPROACH

The establishment of reasonable and more effective drug policies associated with the criminal justice system should be of great interest to the social work profession. Social workers, as a workforce, are an integral part of the criminal justice service delivery continuum and, by definition, they are stakeholders in the national movement to bring about reforms in how drug-related offenses are processed. The social work profession's historical advocacy for individuals with limited resources and no political power demands social work involvement in drug policy reform.

It is reasonable to expect that social workers advocate for policies and programs that address over-incarceration by diverting low-level drug offenders from imprisonment to treatment-oriented alternatives. Since its inception as a profession, social work has been dedicated to social justice. More importantly, the profession has contributed knowledge of evidence-informed practice and policies to national discussions that seek to address needs of vulnerable populations.

The National Association of Social Workers (NASW), with nearly145,000 members, believes that clinical intervention can be a tool for reducing the rates of incarceration in the United States. Social workers were pioneers in developing service delivery systems that served diverse populations with multiple biopsychosocial issues. Currently most NASW members are licensed clinicians who are adept at assessing and providing treatment for people with mental health and substance use disorders. They are essential players in every community's public health efforts to increase the physical and emotional well-being of residents. Social work and public health professionals are natural allies.

Public Health is the art and science of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research on disease and injury prevention. Public health helps improve the health and well-being of people in communities and across the nation (whatispublichealth.org). At the heart of public health is a commitment to social justice, "based on the compelling desire to make the world a better place, free of misery, inequity and preventable suffering…" (http://publichealthsocialwork.org).

Public Health Social Work is a contemporary, integrated, trans-disciplinary approach to preventing, addressing, and solving social health problems. Over a hundred years old, it draws on both social work and public health theories, frameworks, research, and practice.

- It's about prevention, not just intervention after problems have occurred;
- It uses multiple methods, including research, policy, advocacy, clinical and macro approaches;

- It works across population levels, from individuals to groups, communities and whole populations;
- It's strengths-based and emphasizes resilience and positive factors to promote health and reduce risk.

(Boston University School of Social Work. (http://publichealthsocialwork.org/?page_id=2).

Most social workers practice in multidisciplinary work settings, which means that they are at ease working in collaboration with other public health professionals, government agencies, and advocacy communities that seek improvements and reforms in policies that result in positive outcomes.

The broad assumption about public health and national drug policy is that the use and abuse of illicit and/or prescription drugs and alcohol is ultimately a public health issue. The manifestation of such addictions usually results in significantly higher morbidity and mortality as compared to the general population. Although progress has been made in substantially lowering rates of substance abuse in the United States, the use of mind- and behavior-altering substances continues to take a major toll on the health of individuals, families, and communities nationwide. In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem (Healthy People 2000: Substance Abuse. (www.healthypeople.gov/2020/LHI/substanceAbuse.aspx).

To put the problem in perspective, during 2009, there were more than 1.3 million drug abuse violations across the country (U.S. Census, 2012. (www.census.gov/compendia/statab/2012/tables/12s0325.pdf.) In addition, in 2010, more than 853,000 people were arrested for marijuana-related violations that led to involvement in the criminal justice system (Federal Bureau of Investigation. *FBI Uniform Crime Report 2011*. (www.fbi.gov/stats-services/publications).

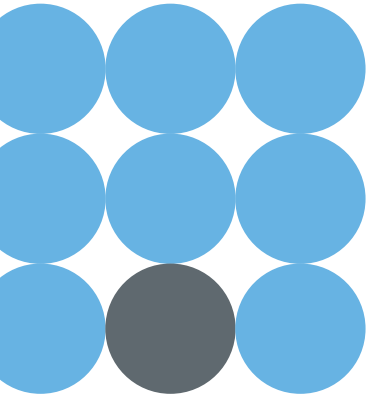
Generally, the arrestee will be subjected to pretrial incarceration, the bail process, trial, and sentencing. Even if the subsequent sentence results in probation or "time served," the individual will have a criminal record that can negatively affect future employment opportunities. They are subject to other collateral consequences of being convicted of even minor crimes such as simple possession of a controlled substance. The situation becomes exacerbated when issues such as arrest and sentencing disparities based on race are taken into consideration.

According to the 2011 FBI Uniform Crime Report:

- Two-thirds of those arrested for drug violations in that period were white and 33 percent were black, although blacks made up 12.8 percent of the population. Also, most of the arrests were for possession of drugs, rather than for their sale or distribution;
- 32.2 percent of African American boys born in 2001 will serve at least one year in prison during their lives (Uniform Crime Data of 2011; see www.fbi.gov/stats-services/publications).

Exclusive of incidents in which drug trafficking and drug-related violent crime are involved, NASW believes the response to drug-related arrests is best dealt with from a public health–disease management approach as opposed to a strictly criminal justice response. As stated in *Social Work Speaks*, "All reasonable avenues to address ATOD [alcohol tobacco, and other drugs] problems must be considered, including psychosocial treatments, medications, alternatives to incarceration, and harm-reduction approaches" (NASW, 2012, p. 33).

Nonetheless, the nation's criminal justice system continues to have a high level of arrests and incarcerations for offenses such as simple possession of marijuana or possession of drug paraphernalia. These low-level drug offenses clog up the court system and local



jails. Although de-criminalization of drug use is not likely to happen soon, it is important to examine how such offenses can be handled more reasonably.

History and Consequences of Over-Criminalization of Drug Use

Criminalization of personal behaviors is not new. In the 1920s, Congress passed the 18th Amendment, which prohibited alcohol use. In an acknowledgement of the failure of alcohol prohibition, a new Congress (on February 20, 1933) sent the 21st Amendment, which repealed prohibition, to the states. The reason for this legislative turnaround was that "Congress recognized that prohibition had failed to stop drinking and had increased prison populations and violent crime" (Boaz, 1999, para. 4). Similarly, during the 1980s the Reagan administration declared a "War on Drugs," which essentially had a similar purpose as that of the 18th Amendment—to react to a perceived threat to societal norms, by criminalizing personal behaviors (Boaz, 1999). As a result, the administration's response to the proliferation of crack cocaine use during the late 1980s reinforced the criminalization of personal drug use and increased the number of individuals in the criminal justice system. As has been widely reported, the consequences of the War on Drugs have been the arrests and incarceration of many thousands of mostly minority young men and women for minor drug offenses such as possession of marijuana. Many of those arrested and convicted of such minor offenses have histories of drug abuse, and the crimes for which they are arrested are more related to their substance use disorders than to building drug trafficking empires.

For example, consider the Rockefeller Drug Laws and subsequently, "stop-and-frisk" police procedures that are in place in New York State and New York City (NYC), respectively. In 1973, then-Governor Nelson Rockefeller enacted laws that called for stricter penalties for drug-related crimes, such as mandatory minimum sentences of 15 years to life for possession of four ounces of narcotics. The statutes became known as the Rockefeller Drug Laws. The laws almost immediately led to an increase in drug convictions, but no measurable decrease in overall crime ("A Brief History, 2009").

Stop-and-frisk policing policies were used in NYC to stem gun violence. The policy allows police officers to stop and search anyone that the officer considers to be *suspicious*. Recent data suggest that the policy was less than successful in getting guns off the streets but was highly successful in arresting people for low-level crimes such as simple possession of marijuana. The policy also exposed the NYC Police Department to accusations of engaging in racial profiling. For example,

- In 2011, NYC officers made 685,724 stops as part of the "stop-and-frisk" policy. Of that group, 605,328 people were determined not to have engaged in any unlawful behavior.
- In 2009, 36 percent of the time an officer failed to list an acceptable "suspected crime." Reasonable suspicion of a crime is required to make a stop.
- Of those frisked in 2011, a weapon was found just 1.9 percent of the time.
- 8.5 percent of those stopped were black or Hispanic, even though those groups make up about half of NYC's population.
- The number of stops involving young black men in 2011 (168,124) exceed the city's population of young black men (158,406). Even in white neighborhoods, police stopped more blacks than whites" (Legum, 2012, para. 3).

Recently, a number of high profile public officials have begun to wonder aloud whether the War on Drugs, as a national policy, should be revisited. For instance, New York Governor Andrew Cuomo has recently pushed ending criminal arrests for possession of small "personal use" quantities

of marijuana. In addition, both New Jersey Governor Chris Christie and Newark Mayor Corey Booker have stated that the War on Drugs has essentially been a failure ("Cory Booker Calls Drug War," 2012). Their position is that, over the years, there have been many law enforcement officers and significant funding committed to the War on Drugs, with very little to show for it in terms of slowing down drug trafficking and street level distribution of illicit drugs. Mayor Booker crystallized the argument against the War on Drugs by extolling the benefits of addiction treatment over incarceration, saying, "the drug war was costing billions and destroying lives." He also lamented the high percentage of blacks in New Jersey's prisons, writing that they make up 60 percent of the jail population, despite being 15 percent of the state's population (Jeltsen, 2012, para. 4).

Racial Disparities

We cannot discuss the implications of the War on Drugs without talking about how this translates along the lines of race. There are clear data that point to racial disparities in patterns of arrests and incarceration for low-level drug crimes. According to Human Rights Watch (2008), the punitive anti-drug policies of the last 20 years bear heavy responsibility for the extremely high and disproportionate representation of black Americans in the U.S. prison population. Drug offenses have played a greater role in black incarceration than white:

- Over 38 percent of all blacks entering prison in 2003 with new sentences had been convicted of drug offenses, compared to 25.4 percent of whites.
- Between 1990 and 2000, drug offenses accounted for 27 percent of the total increase in black inmates in state prison and only 15 percent of the increase in white inmates.
- Among blacks currently serving state prison sentences, 22.9 percent were convicted of drug offenses; among whites, 14.8 percent.

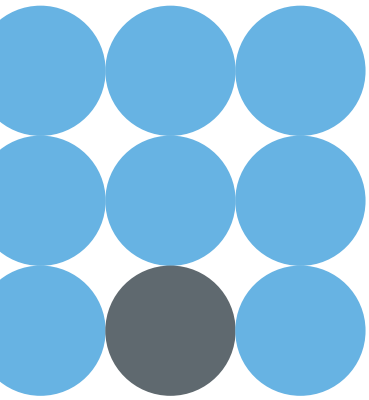
In some states, the impact of drug policies on black incarceration has been far greater. For example, in Illinois, the number of black admissions for drug offenses grew six-fold between 1990 and 2000, while the number of whites admitted for drug offenses remained relatively stable (Lurigio, 2005). This pattern of arrest and sentencing disparities for drug-related crimes continues to persist, resulting in a devastating impact on the lives of those affected.

Impact of Marijuana Arrests on Adolescents

Evidence shows that low-level drug arrests, especially for possession of marijuana, have a disproportionate impact on adolescents. In particular, most of the youths arrested for marijuana are the least likely to have criminal convictions. In NYC during 2010, "46 percent of the teenagers (ages 16 to 19) arrested for marijuana possession had never been arrested before for anything" (Levine, 2011). This is a potentially serious and life-altering concern for adolescents. For example, the implication of having an arrest record on youth employment can be devastating. For that reason alone, it would seem to be better public policy to develop not only diversion from incarceration for simple possession of marijuana, but also policing programs that limit arrest records for possession of marijuana.

Implications of Poverty, Health, Behavioral Health, and Limited Education

A significant number of justice-involved individuals have multiple biopsychosocial problems that impact their ability to make necessary behavioral changes to avoid rearrests and re-incarceration. However, the one overarching factor that contributes to creating risks for detention (for juveniles) and imprisonment (for adults) is lifelong poverty.



As stated by a California public defender, "*If poverty were a disease it would be the most insidious, devastating, and life threatening disease that Americans suffer. The poor suffer not just economically, but they also suffer lack of opportunity, lack of education, lack of health care, and significantly more violence than others better situated in the community. They suffer higher disease rates, death rates and imprisonment than their affluent brethren. They are imprisoned at much higher rates and they are executed for capital crimes more often than any other group. In fact, they are almost the exclusive recipients of the death penalty*" (Holmes, 2002, para. 5).

Poverty compounds the challenges confronting both juveniles and adults who are arrested and prosecuted. Poverty is often the antecedent in educational failure in at-risk youths; in poor employment prospects for young adults, especially for black and Hispanic young adults, who are released from prison or jail; and in inadequate family and social supports to help justice-involved individuals stabilize once released. In addition, substance abuse and mental health issues further complicate the lives of at-risk youths and young adults in the juvenile and criminal justice system. From a social work intervention and assessment point of view, it is usually the case that these individuals have multiple biopsychosocial issues that will have to be addressed to successfully reduce risks of rearrests and re-incarceration.

It is not surprising that NASW is aligned with governmental and nongovernmental organizations that support a national shift away from a Drug War mindset, and toward reasonable drug policies. NASW is a strong advocate for a criminal justice and juvenile justice approach that continues to protect public safety by prosecuting violent drug crimes and drug trafficking, while simultaneously reducing criminal prosecution and incarceration of low-level drug offenders.

Social Work as a Component of Public Health

Social work has a long-established relationship with public health. For example, the Florida Department of Health (2007) recognizes public health social workers as "an integral part of the interdisciplinary public health team" (para. 1). Social workers bring a "unique focus on psychosocial factors which impact health… [and produce outcomes that] "improve health and well-being of individuals, families and their communities" (para. 1).

Public health social work includes:

- Using an epidemiological approach to health and social problems by identifying the association between social factors and the incidence of health;
- Focusing on community or policy factors that could impact health;
- Planning and intervening at the five levels of prevention: health promotion, specific protections, early diagnosis and prompt treatment, limitation of disability, and rehabilitation;
- Emphasizing prevention by strengthening social support systems that promote well-being and provide protections against ill health and minimize disability and institutionalization; and
- Focusing on long-range strategies, systems change, policy, and legislation (Florida Department of Health, 2007).

Social work's public health perspective on drug policy is consistent with that of health care professionals, such as physicians and nurses, when looking at alternatives to incarceration in a criminal justice context.

Public Health and Drug Policy

"*A public health approach to drug policy is a coordinated, comprehensive effort that balances public health and safety in order to create safer, healthier communities,*

measuring success by the impact of both drug use and drug policies on the public's health" (Drug Policy Alliance, n.d., para. 1).

It should also be noted that a public health approach to drug policy includes the following elements:

- Substance abuse is viewed as a treatable chronic disease that can potentially be debilitating and life threatening if left untreated; and
- Drug abuse is a preventable condition; to significantly reduce incidence of drug abuse, there is a need for a coordinated national response to the problem that includes research, development of best practices prevention and treatment models, eliminating health disparities to accessing treatment; and facilitating access to care for low-income uninsured individuals (National Institute on Drug Abuse (www.drugabuse.gov/publications/topics-in-brief/drug-abuse-prevention).

It is far more cost-effective to seek alternatives to incarceration for minor drug offenders. For example, President Obama is on record for supporting the point of view that we should approach the national drug problem from a public health perspective. This position has been reinforced in public statements by Gil Kerlikowske, the director of the White House Office of National Drug Control Policy (ONDCP). The ONDCP *2012 National Drug Control Strategy* identifies 113 specific actions to be undertaken throughout the Federal government to reform U.S. drug policy. These actions include evidence-based public health and safety approaches aimed at reducing drug use and its consequences. The new ONDCP *Strategy* embraces three facts: (1) addiction is a disease that can be treated; (2) people with substance use disorders can recover; and (3) innovative new criminal justice reforms can stop the revolving door of drug use, crime, incarceration, and rearrest (*2012 National Drug Control Strategy,* www.whitehouse.gov/ondcp/news-releases-remarks/obama-administration-releases-21st-century-drug-policy-strategy).

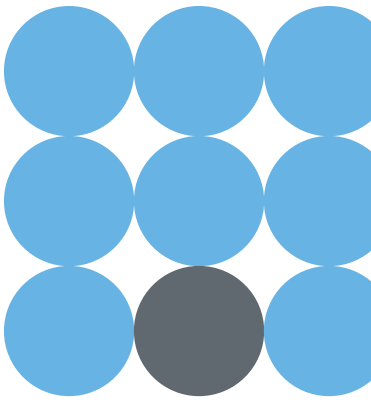
Given the general acceptance of drug abuse as diagnosable and treatable condition, it is not unreasonable to advocate for a public health response to illicit drug use.

A consistent thread in the debate about developing a public health approach to drug policies is drug treatment and prevention as a viable alternative to incarceration. More pointedly, does drug treatment and prevention increase public safety? There is evidence that drug treatment as an alternative to incarceration is effective. (see Figure 1)

Treatment Can Work with Criminal Justice Populations

Studies conducted by the National Institute on Drug Abuse (NIDA), provide support for the proposition that a public health model for treating low-level offenders who have histories of drug abuse is effective. The studies reported by NIDA (2011) indicate that access to drug treatment during incarceration and the provision of aftercare treatment upon release have demonstrated that treatment is effective in reducing recidivism and increasing public safety... Furthermore, according to NIDA, "research demonstrates that providing treatment to individuals involved in the criminal justice system decreases future drug use and criminal behavior while improving social functioning. Blending the functions of criminal justice supervision with drug abuse treatment and support optimally serves both public health and public safety concerns" (NIDA's Integrated Public Health—Public Safety Response section, para. 1).

The national debate on a public health approach to drug policies is fairly extensive with significant research to make the case

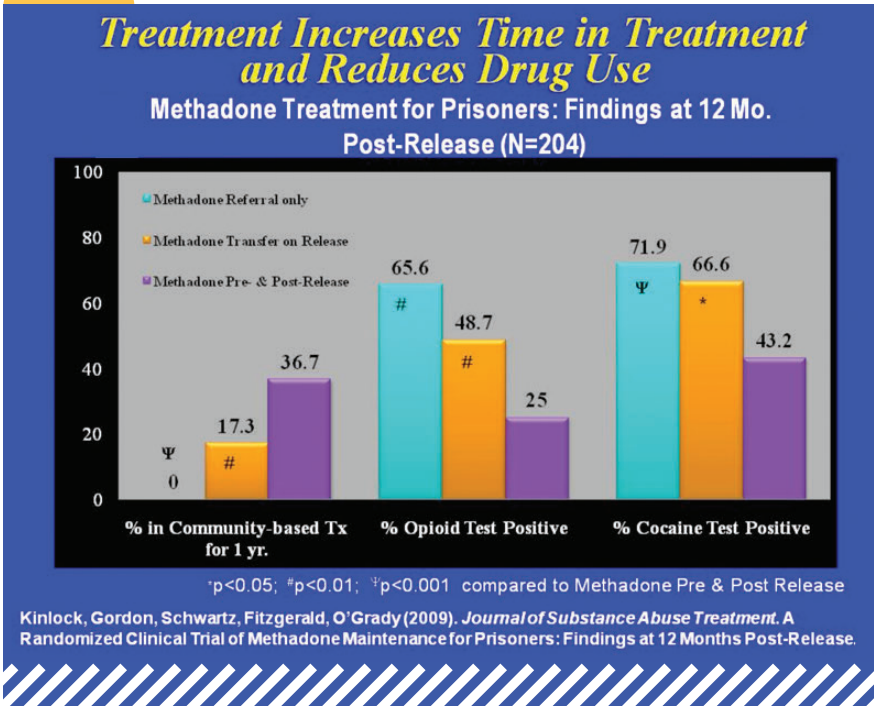


Given the general acceptance of drug abuse as diagnosable and treatable condition, it is not unreasonable to advocate for a public health response to illicit drug use.

for the justice system to adapt to public health models. The Justice Policy Institute (January, 2008) provides the following eveidence that support the efficacy of the public health approach:

- States with a higher drug treatment admission rate than the national average send, on average, 100 fewer people to prison per 100,000 in the population than states that have lower-than-average drug treatment admissions. Of the 20 states that admit the most people to treatment per 100,000, 19 had incarceration rates below the national average.
- Of the 20 states that admitted the fewest people to treatment per 100,000, eight had incarceration rates above the national average.
- Substance abuse treatment prior to contact with the justice system yields public safety benefits early on. Research has shown that drug treatment programs improve life outcomes for individuals and decrease the likelihood that a drug-involved person will be admitted to the criminal justice system.
- Substance abuse treatment helps in the transition from the criminal justice system to the community. Community-based drug treatment programs have been shown to reduce the chance that a person will become involved in the criminal justice system after release from prison.

FIGURE 1



Cost Benefits of Public Health Approach to Drug Policy

Substance abuse treatment is more cost-effective than prison or other punitive measures. The Washington State Institute for Public Policy found that drug treatment conducted within the community is extremely beneficial in terms of cost, especially compared to prison. Every dollar spent on drug treatment in the community is estimated to return $18.52 in benefits to society.

Given that it costs $210 per day to house an inmate in NYC jails (Roberts, 2010), it is clearly to the benefit of corrections officials to seek alternatives to incarceration that divert low-level criminal justice-involved individuals to less-expensive options. Comparatively, the choice of drug treatment can be cost-effective because it reduces drug use and health and related costs connected to drug use. Treatment is less expensive than not treating addicts or simply incarcerating addicts. For example, the average cost for one full year of methadone maintenance treatment is approximately $4,700 per patient, whereas one full year of prison costs approximately $18,400 per person. It has also been documented that every dollar invested in addiction treatment programs results in a return of between $4 and $7 in reduced drug-related crime and criminal justice costs. If health care costs are included, total savings can exceed costs by a ratio of 12 to one. Generally, the expense for treatment can be absorbed by other non-correctional funding sources such as Medicaid. Another option for covering the costs of drug treatment is to

reinvest the savings from reducing prison/jail census into evidence-based drug treatment and other behavioral health programs.

Evidence-Based Program Utilizing a Social Work/Public Health Paradigm

An example of social works' history of coordinating complex prevention, early intervention and long-term intervention for multi-problem populations, is New York City's Department of Health and Mental Hygiene's Correctional Health Service (CHS). CHS is responsible for medical, mental health, dental, discharge planning, and transitional health care services in the City's correctional facilities, which have over 100,000 admissions per year and house roughly 13,500 inmates and detainees on a given day. These services are provided directly and through contracts monitored by CHS (www.nyc.gov/html/doh/html/hca/correctsrv.shtml).

An important component of CHS's approach is its transitional services which are separated into two divisions (1) behavioral health transitional services, and (2) health care transitional services. The importance of the CHS model to this discussion is that each division is managed by a social worker and both are structured using social work transitional planning concepts and constructs that emphasize prevention, linkages to critical services, and early comprehensive needs assessments. New York City CHS is seen as a cutting edge program that is autonomous from the city's Department of Corrections. The approach gives a great deal of latitude for implementing services that place a premium on identifying and addressing underlying behavioral health and somatic health conditions that are best handled in a treatment context as opposed to primarily correctional approaches.

Affordable Care Act

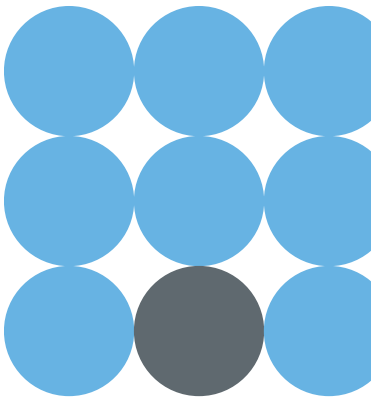
NASW anticipates that the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148) will have a major impact on the capacity of substance abuse service providers and planners in the criminal justice system. As a health care program, the ACA also covers behavioral health, including mental illness and substance use disorders. Therefore, social workers will be one of the many professional disciplines that will have a role in:

- Determining eligibility of justice-involved individuals for coverage for Medicaid once ACA becomes fully implemented;
- Working with primary health care staff to ensure that justice involved individuals are included in health exchanges;
- Providing transition planning and linkages to community-based medical and behavioral health services;
- Ensuring that electronic medical records include behavioral health diagnostic, assessments, and treatment planning information for justice-involved individuals deemed eligible for ACA coverage.

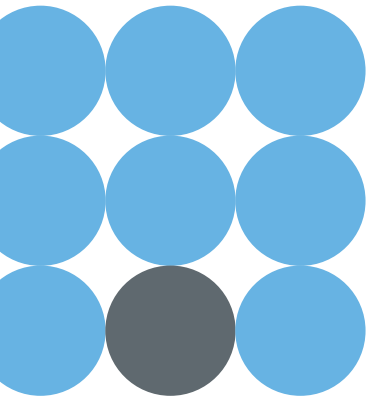
Conclusion

Activities such as transitioning justice-involved people onto ACA reflect an important transformation of service delivery in the nation's criminal justice system toward a public health model. Overall, the role of social work in all aspects of delivering a range of useful services, including substance abuse assessments, prevention, and treatment, is well established. Consequently, it is important that the social work profession articulate and advocate for a progressive movement by criminal justice administrators toward implementation of public health policies and programs where appropriate.

It has often been suggested that an overemphasis on public health will compromise public safety. However,



The average cost for one full year of methadone maintenance treatment is approximately $4,700 per patient, whereas one full year of prison costs approximately $18,400 per person.



many in the social work profession feel that inclusion of public health concepts in processing justice-involved individuals with serious health and behavioral problems will improve public safety. This approach will divert individuals to appropriate treatment and supportive services that will lead to reductions in the revolving cycle of arrest, incarceration, and rearrests of low-level offenders.

Throughout the country, hundreds of private and public sector organizations are coming together to advocate and respond to necessary reforms in the criminal justice system. This level of collaborative problem solving has been occurring for many years.

For example, the successful effort to mitigate sentencing disparities for convictions for crack cocaine as opposed to powder cocaine was achieved over a five-year period and involved advocates from all spectrums of criminal justice stakeholders including social work.

The social work profession is a major part of the criminal justice workforce, and social workers have an obligation to be proactive in advocating for reforms that set priorities for treatment and other biopsychosocial interventions over cycles of incarceration for individuals with histories of substance use disorders, serious mental illness, or co-occurring disorders.

Social workers must participate and assume leadership roles in stakeholder collaborations, participate in grassroots advocacy for criminal justice reforms, and develop research and written materials that speak to the issues from a social work perspective.

Finally, the social work profession must remind itself of its long history of introducing innovations to service delivery and of social justice problem solving that, in many ways, pre-dates current public health models.

For more information contact:
Melvin H. Wilson, LCSW
Manager, Department of Social Justice and Human Rights
mwilson@naswdc.org

References

Boaz, D. (1999). *Drug legalization*. Retrieved from the Cato Institute Web site: www.cato.org/publications/commentary/drug-legalization-criminalization-harm-reduction-excerpts

A brief history of New York's Rockefeller Drug Wars. (2009, April 2). *Time U.S.* Retrieved from www.time.com/time/nation/article/0,8599,1888864,00.html

Boston University School of Social Work. *Public Health Social Work*. Retrieved from http://publichealthsocialwork.org/?page_id=2

Drug Policy Alliance. (n.d.). *New direction for New York: A public health and safety approach to drug policy*. Retrieved from www.drugpolicy.org/docuploads/ndny_pubhealth.pdf

Federal Bureau of Investigation. *FBI Uniform Crime Data of 2011*. Retrieved from www.fbi.gov/stats-services/publications)

Florida Department of Health. (2007). *Overview*. Retrieved from www.doh.state.fl.us/family/social work/default.html

Holmes, C.C. (2002). *Crime and poverty*. Retrieved from www.pubdef.ocgov.com/poverty.html

Human Rights Watch. (2008). *Targeting blacks: Law enforcement and race in the United States*. Retrieved from www.hrw/sites/default/files/reports/us0508_1.pdf

Jeltsen, M. (2012, May 24). Cory Booker calls drug war national nightmare, supports medical marijuana. *Huffington Post*. Retrieved from www.huffingtonpost.com/2012/05/23/cory-booker-drug-war_n_1541082.html

Justice Policy Institute. *Substance Abuse Treatment and Public Safety*. January, 2008 Retrieved from www.justicepolicy.org/images/upload/08_01_REP_DrugTx_AC-PS.pdf

Kinlock, et.al. *A randomized clinical trial of methadone maintenance for prisoners: results at 12 months post release*. 2009. Journal of Substance Abuse Treatment. Retrieved from http://journalofsubstanceabusetreatment.com/article/s0740-5472(09)00030-0/abstract on September 10, 2012.

Legum, J. (2012, June 10). *10 Facts everyone should know about New York City's 'stop-and-frisk' policy*. Retrieved from ThinkProgress Justice Web site: www.thinkprogress.org/justice/2012/06/10/496984110-facts-newyorkcity-stop-and-frisk

Levine, H. (2011, October). Marijuana arrests: Gateway to the criminal justice system. *Brooklyn Rail*. Retrieved from www.brooklynrail.org/2011/10/local/marijuana-arrests-gateway-into-the-criminal-justice-system

Lurigio, Arthur J. The Disproportionate Incarceration of African Americans for Drug Crimes: The Illinois Perspective. Loyola University Chicago, TASC, Inc. 2005. Retrieved from (www.state.il.us/public/pdf/ResearchReports/Disproportionate%20Incarceration%20of%20African%20Americans%20for%20Drug%20Crimes.pdf)

National Institute on Drug Abuse. (2011, May). *Topics in brief: Treating offenders with drug problems, integrating health and public safety*. Retrieved from www.drugabuse.gov/publications/topics-in-brief/treating-offenders-drug-problems-integrating-public-health-public-safety

National Institute on Drug Abuse. *Drug Abuse is a Preventable Behavior*. March, 2007. Retrieved 12/7/12 from (www.drugabuse.gov/publications/topics-in-brief/drug-abuse-prevention)

National Association of Social Workers. (2012). Alcohol, tobacco, and other drugs. In *Social work speaks: National Association of Social Workers policy statements, 2012–2014* (pp. 28–33). Washington, DC: NASW Press.

Office of National Drug Control Policy. *Obama Administration Releases 21st Century Drug Policy Strategy*. April 17, 2012. Retrieved on 12/7/12 from (www.whitehouse.gov/ondcp/news-releases-remarks/obama-administration-releases-21st-century-drug-policy-strategy)

Patient Protection and Affordable Care Act, P.L. 111-148, 124 Stat 119–1025 (2010).

Public Health Social Work. *What is PHSW?* Retrieved from http://publichealthsocialwork.org on November 13, 2012.

Roberts, S. (2010, June 10). As crime rate drops, New York's jail population falls to lowest level in 24 years. *New York Times*. Retrieved from www.nytimes.com/2010/06/11/nyregion/11jails.html

U.S. Census Bureau. (2012). *The 2012 Statistical Abstract: Law enforcement, courts, & prisons: Arrests*. Retrieved from www.census.gov/compendia/statab/cats/law_enforcement_courts/prisons/arrests.html

NASW Resources

NASW » SocialWorkers.org

NASW Foundation » NASWFoundation.org

NASW Press » NASWPress.org

NASW Assurance Services, Inc. » NASWAssurance.org

NASW Center for Workforce Studies » Workforce.SocialWorkers.org

Help Starts Here » HelpStartsHere.org

Social Work Reinvestment Initiative » SocialWorkReinvestment.org

Social Work Policy Institute » SocialWorkPolicy.org

Social Work Portal » SocialWorkers.org/swportal

NASW
National Association of Social Workers

750 First Street NE, Suite 700
Washington, DC 20002-4241
SocialWorkers.org