The Edward Byrne Memorial Justice Assistance Grant program (Byrne JAG) is the nation’s cornerstone public safety grant program. Under the law, states and localities may invest the funds across the entire justice system under eight broad purpose areas. One of those, the **Drug Treatment and Enforcement** purpose area, may include support for community-based and custody-based treatment programming, Medication for Addiction Treatment (MAT) programs, deflection from prosecution or incarceration for drug crimes, prescription drug misuse prevention efforts and more.

States and territories have used, or plan to use, Byrne JAG funds to implement and support a broad range of such activities, including, but not limited to:

- Drug prevention training and outreach to substance users and potential users
- Partnerships with clinical care, law enforcement, business communities, and community-based organizations to address the opioid crisis
- Evidence-based practices (EBP) for substance use disorder treatment and drug demand reduction
- Therapeutic aftercare and continued care programs
- Diversion programs for first time arrests
- Utilizing social workers to streamline and standardize the treatment assessment and enrollment process
- Multijurisdictional task forces seeking to impede the availability of illicit drugs

NCJA provides training and technical assistance (TTA) to the state administering agencies (SAAs) in each state and territory responsible for planning how Byrne JAG funds will be allocated. This brief provides a high-level **overview of trends and agency needs** in the Drug Treatment and Enforcement purpose area that states may find valuable as they conduct strategic planning.

**National Drug Treatment and Enforcement Trends**

A scan of national Drug Treatment and Enforcement programming trends found several current areas of focus. These include:

- Free or subsidized treatment for substance use disorders has increased nationwide; growing by 21 percent between 2004 and 2016. This is in part due to the passage of the Affordable Care Act in 2010, which allowed for government funding of for-profit, privatized treatment providers.
- The availability of evidence-based practices focused on improving prevention, treatment, and recovery support services has increased. Treatment providers now have access to up-to-date research and findings on the most effective treatment strategies and other resources from agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA).

*To learn about the Byrne JAG program and the eight purpose areas, see NCJA’s [Investing Byrne JAG webpage](https://www.ncja.org/investing-byrne-jag).*
Medication for Addiction Treatment (MAT) is effective for managing opiate addiction in individuals who are in jail, prison and following their release from incarceration. MAT lowers overdose deaths and allows for improved continuity of treatment.

Evidence shows that as medications for addiction treatment have become more available, overdose deaths have been reduced.

National Drug Treatment and Enforcement Needs

Justice systems face policy, training and programmatic needs in the drug treatment and enforcement area, many of which may be addressed with Byrne JAG funding, including:

- **Increased recognition of substance use disorders as a health/public health issue** and the continued shift of justice systems toward responses that emphasize treatment and minimize unnecessary justice system involvement.

- **Increased use of and training in MAT** and other strategies that reduce overdose deaths and improve treatment outcomes.

- **Continued reform of drug-related criminal statutes** that require custodial arrests, charging levels and harsh sentencing for drug-related offenses. Many of the current approaches to drug treatment and enforcement rely on the ability of justice systems to divert accused people away from traditionally punitive responses to treatment.
National Drug Treatment and Enforcement Needs (cont.)

- **Training and accountability** measures for cross-jurisdictional law enforcement task forces.
- **Expansion of evidence-based co-responder initiatives**—that dispatch care providers to calls involving individuals in mental health or substance use crises—alongside or instead of law enforcement officers.
- **Increased training of law enforcement officers** for responding to individuals with substance use disorders.

**Endnotes**


