



OFFICERS
Regional Director
Teresa Jackson, MD, DFASAM
President
Alicia Carrasco, MD, FASAM
Treasurer
Norman Litchfield, MD, FASAM
Policy Chair
Cate Heil, MD

February 23, 2024

The Honorable Brad Little
Governor, State of Idaho
State Capitol
PO Box 83720
Boise, ID 83720

Dear Governor Little,

On behalf of the Idaho Society of Addiction Medicine (ISAM), the medical specialty society representing physicians and clinicians in Idaho specializing in the prevention and treatment of addiction, we write today to express concern with House Bill 406, specifically instituting mandatory minimums for the possession of 4 grams or more of fentanyl. Primarily, we are concerned that this legislation could cast too wide a net, leading to incarceration of individuals caught in addiction, leaving them without meaningful treatment options.

While it is true that we are facing an unprecedented overdose crisis, enhancing criminal penalties has never been an effective approach to address drug use.^{1 2} Specifically, mandatory minimums impose a fixed amount of time in prison for certain quantities of a substance. They do not distinguish between individual users and large-scale distributors, or if they have a history of violent charges. As of November 2022, 90% of the 304 people in custody for drug trafficking at Idaho Department of Corrections (IDOC) were first-time traffickers and 84% were people without a violent criminal record.³

Most importantly, mandatory minimums do not deter use and are not cost-effective. Idaho already ranks high on the list for rate of incarceration. Estimates indicate that it costs \$20k to incarcerate a person per year in Idaho.⁴ Further, according to studies, mandatory minimums do not deter use, or reduce arrests or overdose deaths.⁵ In short, House Bill 406 would be a high cost, low reward solution.

Our preferred solutions involve re-routing people through treatment courts. Treatment courts cost less than \$10k per year for each offender, reduce drug use and re-arrest for non-violent drug offenders.⁶ The success rate varies from state to state (and there are guidelines on what works best), but recidivism will drop by 38-50% among drug court participants. Additionally, it is estimated that for every \$1 spent on drug courts saves \$4 in avoided costs for incarceration and healthcare. Prison-based treatment saves \$2-6. Evidence shows that providing substance use disorder treatment to incarcerated individuals works in reducing drug use after release and recidivism (NIDA). Evidence-based treatment in prisons unfortunately is not offered in a consistent fashion to prisoners in the United States. The solution is not putting more people into prison, but part of the solution involves initiating treatment while there.

As currently written, we do not support House Bill 406 and urge against its enactment. We hope that you will consider our perspective and appreciate the opportunity to comment. Please do not hesitate to reach out to our organization if we can provide any assistance. We are happy and willing to work with you.

Sincerely,

Alicia Carrasco, MD, FASAM
President, Idaho Society of Addiction Medicine

Cate Heil, MD
Policy Chair, Idaho Society of Addiction Medicine

¹ The Pew Charitable Trusts. (2018). More Imprisonment Does Not Reduce State Drug Problems. <http://pew.org/2tszeZl>

² Werb D. (2018). Post-war prevention: Emerging frameworks to prevent drug use after the War on Drugs. The International Journal on Drug Policy, 51, 160–164. <https://doi.org/10.1016/j.drugpo.2017.06.012>

³ <https://www.idahojusticeproject.org/mental-health>

⁴ National Institute of Corrections. (2019). Idaho 2019. <https://nicic.gov/resources/nic-library/state-statistics/2019/idaho-2019>

⁵ The Pew Charitable Trusts. (2018). More Imprisonment Does Not Reduce State Drug Problems. <http://pew.org/2tszeZl>

⁶ Stanford Network on Addiction Policy. (n.d.). Drug Courts as an Alternative to Incarceration. Stanford University . <https://addictionpolicy.stanford.edu/drug-courts-alternative-incarceration>