



Ignoring ADHD Increases Justice and Corrections Ministry Budgets

The Centre for ADHD Awareness Canada (CADDAC) is a national not-for-profit organization representing over 7 million Canadians with ADHD.

ADHD is a prevalent neurodevelopmental disorder conservatively occurring in 4% of the adult population and 5% of the child population. Incident rates of ADHD in the correctional population are 5 times that of adults, and 10 times that of youth in the general population. Aggregated results of 42 previous worldwide papers found that the generally accepted prevalence rate of ADHD within jail systems is 26.1%.¹

Research has shown that approximately 80% of inmates with ADHD do not receive a prior diagnosis of their ADHD before entering the system. While ADHD is a common, yet significant, treatable mental health condition, the lack of awareness and appropriate policies in our justice and correction systems result in those with ADHD remaining both mis- and under-diagnosed and inadequately treated.²

How this impacts your budget

Scientific evidence has established that the treatment of ADHD

- decreases criminal behaviour in men by 32% and in women by 41%,³
- decreases recidivism by 30%,⁴
- reduces substance abuse in criminal offenders,⁵
- improves substance abuse treatment and suicidality when co-existing ADHD is treated first,⁶
- improves disruptive behaviour and reduces aggression while incarcerated, thereby reducing additional time on sentences and^{4, 7}
- would allow inmates with ADHD to participate in and successfully complete rehabilitation programs⁷

If ADHD awareness is built into the entire justice system, early intervention could change a youth's trajectory into adult offending, or an adult's trajectory into incarceration, resulting in significant savings.

It would therefore follow that effective identification and treatment of ADHD through the entire system would have important cost implications to Ministries of Justice and Safety and Corrections.

Canadian Feedback on ADHD in Corrections

A 2017 [CADTH RAPID RESPONSE REPORT](#), shared study information demonstrating ADHD symptom severity and global functioning improvement with newer ADHD medication treatment in a correctional facility. More importantly, additional studies showed symptom and psychosocial functioning improvements were maintained at 1- and 3-year follow-ups for those receiving medication treatment. Those who were not receiving treatment were found to have more substance misuse, and were more impaired in their daily functioning.

The paper, [Profile and Outcomes of Offenders with ADHD](#), located on the Correctional Service Canada web site reports that the Adult ADHD Self Report Scale (ASRS) is a valid screening tool for ADHD in offenders that can be easily and quickly administered at the mental health screening system already in place.

Concerns with Administering Stimulant Medication in Correction Facilities

These concerns can now mostly be alleviated by using newer ADHD once-a-day treatments that significantly decrease the potential of diversion and abuse.^{7, 8} For further assistance guidelines for the implementation of consensus based multimodal treatments of ADHD in correctional institutions have recently been developed.⁷

Expert Consensus

Expert consensus states that best practice would involve the screening of all new prisoners for mental health conditions at the initial intake which would include a screening for ADHD, followed by a comprehensive second screen shortly after their reception screen.⁹

CADDAC's Ask

Government working groups be developed to

1. build ADHD awareness within the entire Justice and Corrections System,
2. implement ADHD screening as indicated by expert consensus into existing mental health screening systems,
3. introduce treatment protocols for ADHD into correctional facilities as per expert consensus and
4. introduce follow-up ADHD treatment programs after an inmate's release

In Conclusion

By increasing awareness of ADHD in all justice and corrections systems and introducing appropriate policies for screening and treating inmates, Justice and corrections costs will decrease; rates of offending and recidivism will decrease; the success of the treatment for coexisting mental health disorders and substance abuse will increase; additional incarceration times for disruptive behaviour will decrease and access and success of rehabilitation programs will increase. In addition, the reduction in criminal behaviour and improved overall rehabilitation of these inmates will increase their and their family's quality of life and benefit the communities they return to and Canadian society in general.⁷

¹ Young, S et al, A Meta-analysis of the Prevalence of Attention Deficit Hyperactivity Disorder in

² Young, S et al, The economic consequences of attention deficit hyperactivity disorder in the Scottish prison system. BMC Psychiatry (2018) 18:210

³ Lichenstein P et al, Medication for Attention Deficit-Hyperactivity Disorder and Criminality. N Engl J Med. November 2012;367(21), 2006-2014.

⁴ Ginsberg Y et al, Underdiagnosis of Attention-Deficit/Hyperactivity Disorder in Adult Patients: A Review of the Literature. *Prim Care Companion CNS Discord* 2014;16(3):PCC.13r01600.

⁵ Konstenius M et al, Methylphenidate for Attention Deficit Hyperactivity Disorder and Drug Relapse in Criminal Offenders with Substance Dependence: a 24 Week Randomized Placebo-controlled Trial. *Addiction* 2014(109): 440-449.

⁶ Connor DF et al, Adolescent Attention Deficit Hyperactivity Disorder in the Secure Treatment Setting. *Criminal Justice & Behaviour*, June 2012;39(6), 725-747.

⁷ Scott DA et al, Expert Opinion and Recommendations for the Management of Attention-Deficit/Hyperactivity Disorder in Correctional Facilities. *J Correctional Health Care* 2016;22(1), 46-61.

⁸ Bright GM, Abuse of Medications Employed for the Treatment of ADHD: Results From a Large-scale Community Survey. *Medscape J Med*, 2008;10(5), 111-138.

⁹ Young ,S et al, Identification and treatment of offenders with attention-deficit/hyperactivity disorder in the prison population: a practical approach based upon expert consensus. *BMC Psychiatry* (2018) 18:281