



MEDIA RELEASE

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The Impact of ADHD on Canadian Justice and Correction Systems

Rates of ADHD 5 to 10 times higher in Correctional Populations

MARKHAM, ON - October 03 2016 – During October, ADHD Awareness month, the Center for ADHD Canada, is drawing attention to an issue of importance that has long been ignored by the Canadian justice system. “If changes were implemented we could see far reaching societal benefits” states Heidi Bernhardt, CADDAC’s President and Executive Director. Incident rates of ADHD in the correctional population are five times greater than what we see in the community and ten times greater for youth¹. Yet little has been done to introduce assessment and treatment protocols within justice and correctional systems across Canada.

This is occurring even though research and on site experience has shown there are significant benefits to doing so. Dr. Duncan Scott, lead author of a 2015 medical paper, *Expert Opinion and Recommendations for the Management of Attention-Deficit/Hyperactivity Disorder in Correctional Facilities*, puts it this way, “The reason we treat in corrections is to reduce recidivism. We see success every day in that those whom we treat who remain on their medication have a substantially lower risk of reoffending in the community.”²

CADDAC recently launched and shared their new paper, “The Benefits of Recognizing and Treating ADHD in Canadian Justice and Corrections Systems”, with Ministries of Justice and Corrections, law/bar associations, and courts with the hope that increased awareness will result in a dialogue on the implementation of screening, assessment and treatment of this disorder throughout the system. “However uncomfortable this topic may make some in the ADHD community, it is high time that we shine a light on this issue,” says Bernhardt. “Involvement with the justice system is a reality for some in our community and unless we discuss it openly better solutions won’t be found.”

Often, in this country, ADHD still remains undiagnosed and under treated. Untreated ADHD symptoms of impulsivity, along with coexisting impairments in executive functioning and emotional dysregulation, create general impairment in self-regulation.³ These combined impairments can lead to poor decision-making, impulsive acts and emotional outbursts.⁴ When we combine all of this with the self-medication of unrecognized symptoms through substance use, it is easy to understand how those with ADHD become at a higher risk for involvement with the criminal justice system.³

Implementing screening and assessment procedures within all areas of the justice system would increase the chance of those with ADHD being diagnosed and receiving appropriate treatment. Dr. Risk Kronfli from Nova Scotia, a coauthor of the Scott paper and expert in the field added that he likes the fact that he can treat motivated offenders, while they are incarcerated, which allows them the opportunity to obtain their GED. "That alone gives them better opportunities when they are released and provides them with something to build on."

While there is great reluctance to introduce stimulant medication treatment, into corrections services, the benefits of providing appropriate treatment to those who are amenable, motivated, and responsible will far exceed the risks. Appropriate treatment in this environment (with a high prevalence of substance use disorder), would include careful and consistent implementation of risk management strategies. This would include rigorous monitoring, limiting quantities by dispensing daily, and enforcing clear policies that delineate medication discontinuation policies for those offenders caught misusing and/or diverting medication. Dr. Gunter Lorberg, another coauthor of the research paper and a treating physician in the field, states, "We have finally reached a point where with sufficient resources and the right approach, coupled with use of some of the most advanced medications for ADHD, the benefits of treating outweigh the risks."

Early detection and treatment of ADHD would reduce costs to the justice system by:

- Potentially altering a youth's trajectory into offending by early intervention¹
- Reducing substance abuse,⁵ criminal behaviour by 32-41%,⁶ and recidivism by 30%.⁷
- Improving disruptive behaviour and aggression in inmates while incarcerated with the added benefit of reducing additional time on their sentences.⁷
- Improving treatment for coexisting mental health disorders, suicidality and substance abuse which commonly co-occur with ADHD⁸ and are much more effectively treated if ADHD is treated first.⁹
- Allowing for better access to rehabilitation and education programs when incarcerated

In summary, the reduction in criminal behaviour, improved behaviour while incarcerated, and improved overall rehabilitation of inmates will increase their and their family's quality of life, reduce costs to the justice system, and benefit the communities they return to and Canadian society in general.⁴

For further information:

Russ LeBlanc
russleblanc@rogers.com
905.430.2933

Heidi Bernhard President and Executive Director CADDAC
heidi.bernhardt@caddac.ca
Phone: 905-471-3524

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- ² 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.
- ³ Eme R, Attention-Deficit/ Hyperactivity Disorder and Criminal Behavior, *Intl J of Sociological Study* 2013;1(2), 29-36.
- ⁴ Connor DF et al, Adolescent Attention Deficit Hyperactivity Disorder in the Secure Treatment Setting. *Criminal Justice & Behaviour*, June 2012;39(6), 725-747.
- 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.
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- ⁷ Ginsberg Y et al, Long-term Treatment Outcomes in Adult Male Prisoners with Attention Deficit / Hyperactivity Disorder. *J Clin Psychopharmacology*, 2015;35(5): 535-543.
- ⁸ Einarrson E et al, Screening for Attention-Deficit Hyperactivity Disorder and Co-morbid Mental Disorders among Prison Inmates. *Nord J Psychiatry*, 2009(63): 361-367.
- ⁹ Connor DF et al, Adolescent Attention Deficit Hyperactivity Disorder in the Secure Treatment Setting. *Criminal Justice & Behaviour*, June 2012;39(6), 725-747.