

Offenders with Substance Use Disorders: Jail-Related Services that Work

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Disclosure Slide

- No relationships to disclose
- No conflicts

Outline of Presentation

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Introduction

- Substance Use Disorder (SUD) is the recurrent use of alcohol and/or drugs causing clinically and functionally significant impairment.
- An SUD diagnosis is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.¹
- Primarily, drug use is associated with three types of offenses:
 1. Drug Possession and sales
 2. Offenses related to use (e.g., stealing to pay for drugs)
 3. Offenses related to a lifestyle that predisposes the user to illegal activity

Introduction

- Substance use and SUDs run rampant within the offender population
 - 65% of inmates meet criteria for SUD.²
 - Of the remaining, 20%:
 - Had histories of substance use
 - Were under the influence at the time of their crime
 - Committed crime to get money to buy substances
 - Were incarcerated for violating drug or alcohol laws²

Introduction

- Substance use, mental illness and incarceration are inextricably intertwined
 - 70% of state and 64% of federal prisoners used substances prior to incarceration.³
 - Approximately 25% of violent offenders committed these offenses while using substances.³
- For both adults and adolescents, the justice system is the largest referral source for substance abuse treatment.⁴
- Inmates often have co-occurring conditions
 - Approximately half of offenders with SUD are also diagnosed with mental illness.⁵

Pre-Incarceration Diversion

- In efforts to help people avoid incarceration, diversion programs have begun to be implemented, especially for people with severe mental illness.
- While programs vary in their approach to achieve diversion from traditional criminal justice case processing, many focus on individuals with substance use and mental health issues.
- Many diversion programs are limited to individuals with first-time or low-level offenses.
- As the numbers of people entering courts and correctional institutions has grown and public resources have decreased, many jurisdictions are exploring diversion alternatives out of necessity

Pre-Incarceration Diversion

- Diversion is often implemented at three levels:⁶
 1. Law Enforcement
 - Involves collaboration between law enforcement and mental health professionals to manage incidents among those with mental illness.
 2. Pretrial/prosecution
 - Can include jail, bond or pretrial release, arraignment, deferred prosecution, community-based education, supervision by a states/district attorney, court, pretrial services department
 - 5 Main components

Pre-Incarceration Diversion

3. Problem-solving/specialty court

- Includes the use of the criminal justice system's authority to provide behavioral health care and other services in lieu of incarceration.
- Typically consisting of a special court docket and team approach (including a judge, defense and prosecuting attorneys, probation/parole officer, case manager and/or representatives from addiction or mental health treatment), variations include courts seeking to address addiction, mental illness, and trauma.
- May be focus on special populations, such as veterans or families, or on specific charges such as prostitution, domestic violence, or driving under the influence (DUI).

Jail-Based Services

Overview

PRE-RELEASE PROGRAMS

- Individual counseling
- Alcoholics Anonymous groups
- Narcotics Anonymous groups
- Educational groups:
 - Healthy Relationships
 - Anger Management
 - Money Management
 - Productive Citizenship (life skills)
 - Male Responsibility

POST-RELEASE PROGRAMS

- Drug/alcohol treatment referrals
- Shelter, clothing, and food referrals
- Assistance in obtaining ID
- Job readiness/employment assistance
- Work boots, uniforms, some tools
- Goal-setting assistance
- Mentoring

Jail-Based Services

- The most common type of jail-based service are group treatments, including:
 - Meeting with a substance abuse clinician
 - AA & NA groups
 - Relapse prevention groups
- Several programs have demonstrated effectiveness:
 - **Correctional Therapeutic Community for Substance Abusers:** An in-prison residential treatment intervention for incarcerated
 - **Forever Free:** Drug treatment program for women who abuse drugs and are incarcerated.

Jail-Based Services

- Effective programs, continued
 - **Helping Women Recover and Beyond Trauma:** A manual-driven treatment programs serve women in criminal justice or correctional settings.
 - **Interactive Journaling:** Guides adults and youth with substance use disorders through a process of written self-reflection.
 - **Modified Therapeutic Community for Persons with Co-Occurring disorders:** 12- to 18-month residential treatment program developed for individuals with co-occurring substance use disorders and mental disorders.
 - **Moral Reconciliation Therapy:** A cognitive-behavioral approach combining elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth.
- More information at www.nrepp.samhsa.gov/Index.aspx

Jail-Based Services

- Jail-Based substance abuse services are guided by 13 key principles outlined by NIDA:⁷
 1. Drug addiction is a brain disease that affects behavior.
 2. Recovery from drug addiction requires effective treatment, followed by the management of the problem over time.
 3. Treatment must last long enough to produce stable behavioral changes.
 4. Assessment is the first step in treatment.
 5. Tailoring services to fit the needs of the individual is an important part of effective drug abuse treatment.
 6. Drug use during treatment should be carefully monitored.

Jail-Based Services

7. Treatment should target factors that are associated with criminal behavior.
8. Criminal justice supervision should incorporate treatment planning for drug abusing offenders, and treatment providers should be aware of correctional supervision requirements.
9. Continuity of care is essential for drug abusers re-entering the community.
10. A balance of rewards and sanctions encourages pro-social behavior and treatment participation.

Jail-Based Services

11. Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach.
12. Medications are an important part of treatment for many drug abusing offenders.
13. Treatment planning for drug abusing offenders who are living in or re-entering the community should include strategies to prevent and treat serious chronic medical conditions such as HIV/AIDS, hepatitis B and C, and tuberculosis.
14. Henrico County Jail – East, is one example; has had an in-jail TC or peer-run recovery support program for many years.

Re-Entry Services

- The Virginia Department of Corrections (DOC) began placing Transition Coordinators within local and regional jails in 2003.
- The program provides transitional services and is responsible for delivering life skills training and connecting offenders with community services.
- Currently this type of program operates at 14 jails in VA.

Re-Entry Services

Transition Cooperative Program at Dillwyn Correctional Center

- Voluntary program initiated in 2005 as a pilot re-entry program at an all male, medium security prison for offenders no more than 18 months and no less than 90 days from their release date
- Participants reside in the same housing unit, containing 88 beds.
- Includes paid institutional work assignments.
- Assesses the offender's needs
- During discharge, inmates receive community resources, reference letters, tax, SSI and food stamp applications.
- A 2010 evaluation found that successful program completers had a 15% recommitment rate over a two-year post-prison release period. Unsuccessful program participants had a recommitment rate of 22%.

Re-Entry Services

Re-entry Preparation Housing Unit Programs at High Security Prisons

- Three high security prisons (Sussex I, Sussex II and Wallens Ridge State Prisons) provide residential re-entry programming to offenders starting five years from release.
- Programming includes the ***Thinking for A Change*** cognitive-behavioral curriculum, life skills training, reentry planning, education and anger management programming.
- All inmates in these programs complete a reentry version of the COMPAS Risk and Needs Assessment that is shared with Probation and Parole staff when the offender is released.

Re-Entry Services

Faith Based Re-entry Programming

- Prison Fellowship has partnered with the DOC and provides faith based residential reentry programming at two prisons, James River Correctional Center and Central Virginia Correctional Center for Women.
- Chaplain Services of the Churches of Virginia, Inc., provides faith based counseling and support to all of the DOC major prison facilities.
- A number of local and regional jails have outside, faith-based groups coming into their jails to provide spiritually-based counseling.

Recommendations

- Until you have data to suggest one approach is more effective than others, in your jail, try all approaches that have either practice-based or research-based evidence to support them
- More widely and consistently implement pre-diversion tactics
- Take measures to make treatment options more available to inmates, including MAT where appropriate, both in jail and immediately thereafter
- Skills building for inmates while serving sentences
- Community supports upon release – keeping people involved in treatment upon re-entry

Conclusion/Summary

- Substance use and Substance Use Disorder are widely prevalent in the offender population.
- Substance use and related activities not only place individuals at risk of incarceration, but place them at risk for recidivism.
- There are guidelines and programs which are effective in aiding these individuals.
- More widely implemented prevention and treatment programs stand to improve outcomes not only for offenders/those at risk of offending, but the criminal justice system as a whole.

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