

Challenges in Determining and Implementing Best Practices in Criminal Justice

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Today's Presentation

- Conceptual framework
- The challenge
- Best practice care

Conceptual Framework

Crisis: Incarcerating Addiction

- 1 in 100 behind bars in America
 - Over 170,000 in California institutions
 - Almost 45,000 in Illinois institutions
 - Over 63,000 in New York institutions

(Pew Center on the States, 2008 / CDCR, 2008 / IDOC, 2005 / NYS DOCS, 2007)

Crisis: Incarcerating Addiction

- Across the nation...
 - 41% of state prisoners in 2004 were behind bars for non-violent drug or property offenses = 515,000 people
 - 59% of federal prisoners in 2006 were behind bars for non-violent drug or property offenses = 103,766 people
 - TOTAL = 618,766 people

(BJS: Sabol, Couture, & Harrison, 2007)

Crisis: Incarcerating Addiction

- 700,000 people released from prison each year
- Within 3 years of release...
 - 68% rearrested
 - 52% returned to prison

(BJS: Sabol & Harrison, 2007; BJS: Langan & Levin, 2002 / IDOC, 2005)

Crisis: Incarcerating Addiction

- The prevalence of people with substance use disorders involved in the criminal justice system is exponentially higher than in the general population

Estimated Rates of Substance Use Disorders in Criminal Justice Populations

General Population	Probation	Jail	Prison	Parole or Supervised Release
9%	40%	68%	45-53%	37%

(BJS: Harrison & Beck, 2006; Mumola & Karberg, 2006; Karberg & James, 2005 / SAMHSA, 2007)

History

- A. Get tough on crime / Harsh drug laws – between the 1970s and '90s, state and federal government had passed increasingly harsh, punitive drug laws resulting in vast numbers of people behind bars
- 1973 – Rockefeller Drug Laws (NY) mandated 15-year prison sentences for possession or sale of small amounts of narcotics
 - 1978 – 650 Lifer Law (MI) required mandatory life imprisonment for possession, sale or conspiracy to sell or possess 650 grams (~ 1 1/4 pounds) of cocaine or heroin

(FAMM, : n.d.)

History

- By 1983, 40 states had passed mandatory minimum provisions
- 1984 – the federal Sentencing Reform Act attempted to temper mandatory minimum laws by providing non-binding guidelines
- 1986 – the federal Anti-Drug Abuse Act established 5- and 10-year mandatory minimums in response to the untimely overdose death of college basketball star Len Bias
- 1988 – the federal Omnibus Anti-Drug Abuse Act established disparately harsh penalties for crack offenses

(FAMM, : n.d.)

History

- B. Patterns of drug distribution and sales in urban areas have led to increased criminal penalties in these areas
 - Open-air markets
 - Safe zones

History

C. Changes in treatment

- Managed care – research suggests that managed care may reduce the effectiveness of substance abuse treatment
 - limits range of services
 - limits number of services
 - limits follow-up care critical to sustained recovery
- Acute care
 - episodic
 - time-limited

(Olmstead, White, & Sindelar, 2004)

History

- D. Science – the evolution of understanding addiction as a brain disease
- Prolonged substance abuse changes the brain, BUT...
 - Recovery is possible
 - The brain recovers functionality over the course of time

(Volkow et al, Synapse 14:169-177, 1993 / Volkow, N.D. et al., Journal of Neuroscience, 21(23), 2001)

Public Health Paradigm

- A. A public health paradigm can address the problem of addiction that has become embedded in criminal justice systems across the U.S.
 - Health is not just the absence of disease
 - Health includes the overall well-being on various parameters
 - Social
 - Physical
 - Mental

Public Health Paradigm

- B. For offenders, a multifaceted approach to treatment is required to move to a state of overall well-being

The Challenge

The Challenge

- The treatment system has failed to understand that the criminal justice system is not, in fact, a unified system but rather a series of independent legal and procedural steps through which individuals are processed, often repeatedly

The Challenge

- Policymakers and legislators have failed to fully comprehend the deleterious consequences of placing vast numbers of people with substance use disorders under the jurisdiction of the criminal justice system

The Challenge

- We must construct treatment and intervention strategies that are responsive to these issues

Best-Practice Care

Recovery-Oriented System of Care

“Recovery refers to a clinical status that is assessed in terms of the client’s progress in changing the cognitive, emotional, and social characteristics of his or her disorder.”

– George DeLeon

(DeLeon, 2007)

Recovery-Oriented System of Care

- Developing a Recovery-Oriented System of Care (ROSC) is the most effective approach to addressing the crisis untreated addiction in incarcerated populations
 - Based on a public health paradigm
 - Able to address the problem on the vast scale it requires
 - *“It takes a village”*

(DeLeon, 2007 / White, Kurtz, and Sanders, 2006)

Recovery-Oriented System of Care

- Recovery management within a ROSC means treating addiction as a lifelong process, shifting focus of care from...
 1. episodes of acute care / treatment, to
 2. symptom stabilization, to
 3. client-directed management of ongoing, lifelong recovery
 - enhanced engagement
 - continual recovery assessment

(DeLeon, 2007 / White, Kurtz, and Sanders, 2006)

Recovery-Oriented System of Care

- A recovery system in which recovery management is possible
 - must be organized in the broadest possible scale
 - has treatment programs, community programs, and public systems working in concert

(DeLeon, 2007 / White, Kurtz, and Sanders, 2006)

Recovery-Oriented System of Care

- Recovery system
 - Identification and organization of potential service opportunities in communities
 - Level of recovery service menus based on needs, weaknesses, strength of populations
 - Develop and implement service model that integrates a ROSC throughout all phases of the justice system
 - Infrastructure / delivery system to coordinate
 - a. Facilitates mandated information reporting to public systems for accountability
 - b. Clients move through stages of recovery, from acute care to recovery in the community

Recovery-Oriented System of Care

- Correctional model
 - Sheridan Reentry Prison
- Community model
 - Illinois Access to Treatment Program (TASC)
 - Pre-release planning and continual case management

Correctional Model: Sheridan Reentry Prison

- 46% of Illinois prisoners in 2005 were behind bars for non-violent drug or property offenses = 20,541 people
- Specialty drug treatment prison in Illinois
- ~950 beds, expanding at Sheridan and in other facilities (SWICC)
- Funding split between drug treatment in prison and community treatment and support services
- Offers continuous substance abuse treatment and supportive services throughout the prison stay and after release
- Provides continuous case management services built on the ROSC model

(IDOC, 2005)

Thank you

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