

150320-
150327

**U.S. Department of Justice
National Institute of Justice**

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this ~~document~~ material has been granted by

Communique/U.S. Dept. of
Health and Human Services

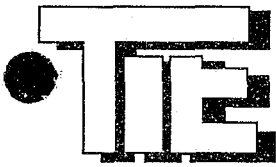
to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the ~~document~~ owner.

to 33 percent of untreated inmates.

In This Issue...

Introduction from CSAT	150320	1
Guest Editorial		3
Crime, Substance Abuse, and Mental Illness	150321	5
Building State Systems		8
Classification, Assessment, and Treatment Planning	150322	10
Colorado's Cooperative Plan	150323	12
Intermediate Sanctions		16
Sanctions in Oregon	150324	19
Linking Corrections with Treatment and Community Resources		22
Relapse Prevention Approaches	150325	25
Health Care Issues Among Substance-Using Offenders . .	150326	28
Special Needs of Women in the Criminal Justice System	150327	31
CSAT's Criminal Justice Projects and Programs		34
Materials from Federal Resources		35



Center for Substance Abuse Treatment

150320

communiqué

A Memo to the Field from CSAT's Treatment Improvement Exchange

Forging Links to Treat the Substance-Abusing Offender

Challenges and Directions for the 1990s

“ Nationwide, over 500,000 of the 680,000 inmates in State prisons may have substance abuse problems, but State prisons can provide drug treatment to just over 100,000 . . . Fewer than 20 percent of these inmates are receiving any type of drug treatment in prison.”

—U.S. General Accounting Office, *Drug Treatment: State Prisons Face Challenges in Providing Services*. Report to the Committee on Government Operations, House of Representatives. Washington, D.C.: GAO (GAO/HRD-91-128), September 1991, pp. 1, 6.

—Lisa W. Scheckel, Acting Director, Center for Substance Abuse Treatment

Our Nation faces an extraordinary challenge in providing treatment services to offenders who have substance abuse problems. Over the past decade, a number of criminal justice systems have initiated treatment programs in response to the rising tide of alcohol- and drug-dependent offenders serving mandatory sentences in prisons and jails. However, the sheer volume of addicted offenders combined with cuts in local budgets has placed tremendous strain on these programs.

To remedy the serious unmet need for services, we all need to plan and work together—those of us in the treatment community along with policymakers and staff in all sectors of the criminal justice system. State and local public health departments are essential partners in any collaborative efforts, as we confront the alarming rates of communicable disease—particularly HIV/AIDS and tuberculosis—now occurring in some corrections settings. The incidence of AIDS is 14 times higher among State and Federal inmates than among the general population.

Extent of the problem

The number of drug-abusing offenders in our criminal justice system has reached crisis proportions. In 1991, the Federal Bureau of Investigation reported an estimated 1,010,000 State and local arrests for drug law violations in the United States.

- Arrests related to alcohol and other drug use increased by 126 percent during the last decade.
- Drug offenders accounted for 56 percent of the population in Federal correctional facilities in 1991, up from 25 percent in 1979.
- More than half the inmates in local jails report being under the influence of drugs or alcohol at the time of their offense, and over 70 percent of offenders in many metropolitan areas test positive for drugs.
- The National Institute of Justice estimates up to 80 percent of offenders, parolees, and probationers have some degree of substance abuse problem related to their criminal activity.

special
issue



U.S. DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

Public Health Service
Substance Abuse and
Mental Health Services
Administration

continued from page 1

Without treatment, offenders who have substance abuse problems are overwhelmingly trapped in the "revolving door of justice"—in crime, arrest, conviction, incarceration or community supervision, release, and return to crime. Substance-abusing offenders commit four to eight times more crimes than other criminals. Without treatment, 50 percent of released jail inmates are rearrested within 1 year. In Texas, 2/3 of paroled drug offenders are back in prison within 36 months of release.

Studies show that offenders who receive correctional or community-based drug treatment are less likely to return to criminal activity. In Wisconsin, only 6 percent of inmates treated in a correctional drug treatment unit returned to prison during the 2 years after release, compared to 33 percent of untreated inmates.

In This Issue...

Introduction from CSAT	150320	1
Guest Editorial		3
Crime, Substance Abuse, and Mental Illness	150321	5
Building State Systems		8
Classification, Assessment, and Treatment Planning	150322	10
Colorado's Cooperative Plan	150323	12
Intermediate Sanctions		16
Sanctions in Oregon	150324	19
Linking Corrections with Treatment and Community Resources		22
Relapse Prevention Approaches	150325	25
Health Care Issues Among Substance-Using Offenders	150326	28
Special Needs of Women in the Criminal Justice System	150327	31
CSAT's Criminal Justice Projects and Programs		34
Materials from Federal Resources		35

The unmet need for treatment

The Nation's response to this crisis has been inadequate. An enormous gap exists between the number of offenders who need treatment and the services available to them. Let me characterize what I mean by "inadequate."

- Drug treatment in Federal prisons is reaching only a small fraction of inmates with serious substance abuse problems. In 1991, the General Accounting Office (GAO) reported only 364 inmates were receiving treatment in intensive residential programs, and aftercare services were not in place.
- Nationwide, fewer than 20 percent of State inmates with substance abuse problems were receiving any type of drug treatment in prison in 1991, according to a GAO report.
- Only 19 percent of jails in a 1987 survey had funded drug treatment programs other than detoxification; only 15 percent of smaller jails with fewer than 50 inmates could provide either funded or volunteer treatment services.
- State corrections officials report that the lack of information about what other States are doing hinders their ability to enhance their existing treatment services and to overcome the obstacles to doing this.
- State corrections officials also report having limited funds to provide treatment and difficulties in assuring available aftercare.

Cost benefits of providing treatment

For society, the benefits of drug abuse treatment far outweigh the cost. According to a recent study, every \$1 invested in treatment programs nets a \$4 return through the decrease in drug-related crime, criminal justice costs, and theft.

Good treatment can be more appropriate than incarceration for many people who abuse drugs, and the cost of residential treatment is less than one-half the cost of incarceration. New York estimates that an untreated drug abuser costs the State \$21,500 every 6 months for social and governmental costs, while the cost of incarceration is \$20,000 for 6 months. Compared to this, treatment costs are modest. In New York State, 6 months in adult, residential drug-free treatment costs an average of \$8,250; methadone treatment averages \$1,750 per person; and outpatient treatment averages \$1,575.

What we know about treating offenders

We know a great deal about how to help offenders overcome their addictions and become contributing members to society.

- We know that treatment works, even for serious drug offenders.
- We know that the use of incentives and sanctions in treating drug offenders seems to yield higher retention and lower relapse rates than voluntary treatment.

continued on page 4

TIE Communiqué

A Memo to the Field from the Center for Substance Abuse Treatment (CSAT)

Project Officer: Dick Bast, CSAT
Technical Coordinator: Roberta Messalle, CSAT
Editor: Patricia Kassebaum, JBS, Inc.

The Treatment Improvement Exchange (TIE) is operated by Johnson, Bassin & Shaw, Inc. (JBS) under Contract No. ADM-270-90-0001 from the CSAT Division of State Programs, Parklawn Building/Rockwall II, 10th floor, 5600 Fishers Lane, Rockville, MD 20857. For further information, contact JBS, 8630 Fenton Street, 12th Floor, Silver Spring, MD 20910, 301/495-1080.

continued from page 2

- We know that offenders need to receive continuity of care as they move through the system and into community treatment and supervision.
- We know that offenders leaving a structured, institutional setting endure great stress—often with limited coping skills—and have a critical need to learn how to prevent relapse.
- We know that a comprehensive approach is needed—that many drug-abusing offenders lack adequate education, job skills, medical care, family support, or even a home as a backdrop for remaining sober or drug free.

What States can do

State alcohol and other drug (AOD) agencies, with their expertise on treatment issues and on resources across the State, play an essential role in improving drug treatment for this critical population, both in terms of access and quality. Since 1991, the Center for Substance Abuse Treatment (CSAT) has advised States to consider inmates' needs when developing their statewide treatment plans.

The nature of this collaboration will vary depending on State needs. This issue of the *TIE Communiqué* describes the approaches used by several different States, including the provision of technical assistance, contracts with the State AOD agency to provide all corrections treatment, and Colorado's legally mandated strategy for coordination among five State agencies.

Treatment and the justice system are natural allies in this fight against drug abuse. Agencies in many States are finding that by pooling their resources—rather than competing for a limited supply—everyone benefits.

We at CSAT are committed to helping States collaborate to improve

their services. We encourage States to seek CSAT funding for demonstration models of intersystem collaboration. During the past two fiscal years, CSAT has spent \$37 million for 38 demonstration projects involving offenders. Our training and technical assistance projects are described in this issue.

For States setting up collaborative efforts, CSAT endorses the following principles:

- A coordinated, systemwide approach is necessary, so effective continuity of care can be provided as offenders move through the system.
- Comprehensive services need to be available, requiring linkages among courts and criminal justice systems, public health, and social services.
- The assessment made for substance abuse should include a medical screening for those infectious diseases related to drug users' high-risk behaviors.
- A high-quality assessment of the offender's drug problems is important for determining the most appropriate offender-treatment match and for guiding decisions about case management and intervention.
- Relapse prevention programs—essential for the offender population—are particularly critical after a period of incarceration.

My thanks go out to all of you who are working so hard to improve the quality of treatment available for offenders within the criminal justice system and who have taken the lead in collaborative efforts. I also thank all those whose expertise is reflected in their contributions to this special edition of the *TIE Communiqué*. Working together, I am confident that we will be able to meet the challenges of addiction treatment for offenders in the 1990s.