

STOPPING THE REVOLVING PRISON DOOR:

AN ADDICTION TREATMENT TOOLKIT TO PREVENT DRUG USE AND CRIME, PROMOTE SUCCESSFUL REENTRY INTO SOCIETY, AND SAVE LIVES

*Developed by the Legal Action Center in Collaboration with the National Institute on Drug Abuse (NIDA),
National Institutes of Health/U.S. Department of Health and Human Services*

INTRODUCTION

Nearly two decades of research, represented by hundreds of studies, finds that substance abuse treatment, especially when it incorporates evidence-based practices, results in clinically significant reductions in alcohol and drug use and crime, and improves health and social function for many patients.¹

While there is no definitive answer as to why crime rates have declined so substantially in the United States since 1994, the expansion of drug courts, referrals to addiction treatment, and other collaborations between criminal justice and drug and alcohol treatment systems around the country have played important roles. When law enforcement and addiction treatment professionals work together to provide treatment for individuals still under the supervision of the criminal justice system, along with continuing care and services to facilitate their successful reentry into society, drug use and recidivism rates decrease, while community health and safety improve.

Successful partnerships, combined with the scientific breakthroughs by researchers supported by the National Institute on Drug Abuse (NIDA) in understanding addiction and identifying the most effective ways to treat it, point the way to how our nation can make even greater progress in reducing drug use and the criminal activity that often accompanies it.

We still have a long way to go, however. While more than half the people in every stage of the criminal justice system are addicted to or have misused drugs and alcohol, most of them never receive any treatment; recent data indicates that fewer than 18 percent of state and Federal prisoners report having received drug treatment since their incarceration.² With approximately eight million people under supervision of the criminal justice system—nearly 3 million incarcerated in state and Federal prisons and 5 million under community-based supervision—and millions more cycling through local jail systems, we have the opportunity to more broadly apply tools shown to be effective in reducing crime and rebuilding lives, families, and communities. This is both a public health and public safety issue that offers the chance of better outcomes both for individuals and for communities experiencing the fallout from high rates of drug-related crime and limited access to addiction treatment.

Public support has grown dramatically for sensible policy responses that integrate treatment into the criminal justice system. Public opinion surveys show that the American people widely support smarter, more effective approaches to reducing criminal activity, such as increased use of drug and alcohol treatment. A recent Zogby national public opinion poll of American attitudes toward rehabilitation and reentry of prisoners into their home communities showed that the U.S. voting public, by an 8 to 1 margin (87% to 11%), favors rehabilitative services for people in prison as opposed to a punishment-only system; 70 percent of those polled support services both during incarceration and after release from prison.³ In addition, nearly 80 percent of those polled said drug treatment was an important service that should be offered to prisoners.⁴

The goal of this toolkit is to provide cutting-edge practical information and tools to policymakers and practitioners in both the criminal justice and drug and alcohol treatment systems, based on the most up-to-date scientific knowledge that NIDA and other researchers have gleaned. It is in everyone's interest to identify and implement evidence-based approaches for promoting law-abiding behavior, sobriety, and productivity, and thereby help curb the devastating cycle of addiction, re-arrest, and re-incarceration.

This toolkit reflects the most up-to-date and useful scientific findings as it poses and answers nine Key Questions about drug addiction and treatment and their link to crime and reentry, and presents nine Public Policy Lessons about the most effective ways to address them.

Lessons Learned: What Science Teaches Us about the Most Effective Ways to Address Addiction in the Criminal Justice System

Key Question #1: What is Addiction?

According to the National Institute on Drug Abuse (NIDA), addiction is not just “a lot of drug use” but it is a disease that affects an individual’s brain as well as behavior and, in some cases, can be chronic. Although initial drug use might be voluntary, drugs of abuse have been shown to produce changes in the brain that affect behavior and interfere with an individual’s ability to make decisions.⁵ Recent scientific research provides overwhelming evidence that not only do drugs interfere with normal brain functioning, creating powerful feelings of pleasure, but they also have long-term effects on brain metabolism and activity. People addicted to drugs suffer from a compulsion to seek and use drugs, and many cannot quit by themselves. Quality treatment of an appropriate length, followed by a continuum of care, typically is necessary to achieve recovery.⁶

Key Question #2: Is Addiction Treatable?

Yes, drug addiction is a treatable disease. As with diabetes or heart disease, people in treatment for drug addiction learn how to make behavioral changes and may be prescribed medications as part of their treatment regimen. Through sustained treatment that incorporates research-based components shown to be effective, patients can learn to live normal, productive lives.⁷

Studies over the last 25 years have shown that treatment can not only effectively reduce drug and alcohol use but also can decrease criminal activity and mitigate a host of other health and social problems by increasing employment and productivity, promoting social stability and community well-being, and saving both the public and private sectors enormous amounts of money.⁸

Key Question #3: What is Addiction Treatment?

Treatment can take many different forms and occur in a variety of settings for different lengths of time. Because drug addiction is typically a chronic disorder, short-term treatment is usually not sufficient and may not prevent relapse. For many drug-addicted individuals, treatment is a long-term process that involves multiple interventions and attempts at abstinence.⁹

Treatment varies depending on the characteristics of the patient, as well as what drugs they are using and the length and severity of the addiction. People who are addicted to drugs come from all walks of life. Many suffer from mental health, occupational, medical, or social problems that make their addictive disorder difficult to treat.¹⁰ A comprehensive assessment of the nature and extent of an individual’s history of drug use, as well as any co-occurring mental health problems, is critical to formulating an effective treatment plan. Addiction treatment professionals can determine the types of interventions best suited for the individual, such as family-based or cognitive-behavioral interventions, or psychiatric treatment.¹¹ Drug addiction treatment professionals utilize a range of scientifically based approaches to address these differing needs. These include behavioral therapy (such as counseling, cognitive therapy, or psychotherapy), support groups, family therapy, medications, or a combination.¹² And, because of the numerous medical consequences of drug addiction, many patients require additional health services such as treatment for mental disorders, HIV/AIDS, hepatitis, and other medical conditions.

The length of quality treatment that a person receives is critical, as is having a continuum of care in place. Research has shown that longer term treatment is more effective than shorter term treatment for substance-using offenders.¹³ Experts recommend that formal, specialized treatment last a minimum of three months, to give participants time to learn how to break old patterns and to acquire and reinforce new skills to avoid drug use and criminal behavior.¹⁴ Longer term residential treatment programs can often last 6–12 months, and residential programs that treat parent(s) and their minor children may last as long as 12–18 months.

Key Question #4: If Addiction is Treatable, Why Do Some People Relapse?

Once a person goes through detoxification, withdrawal, and continued treatment, they may still be at risk of relapse, as occurs with other chronic health conditions. Because of changes that occur in the brains of addicted individuals that can

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persist long after drug use ceases, they may return to drug-taking even though they no longer have physical withdrawal symptoms.¹⁵ Relapse triggers can include stress and associations with peers and social situations linked to drug use. In addition, lack of safe housing and adequate employment opportunities can also contribute to recurrence of drug use.¹⁶ Relapse does not mean people will not recover; some individuals with severe addiction histories may require multiple episodes of treatment to achieve long-term abstinence and fully restored functioning, but many do recover.¹⁷ In fact, relapse rates for treatment of alcohol, opioids, and cocaine are lower than those for hypertension and asthma, and equivalent to those for diabetes, all of which are chronic conditions.¹⁸

Key Question #5: How Can Medication Aid an Individual's Recovery?

Medications can help suppress the withdrawal symptoms and drug cravings associated with the addiction, thereby helping to reduce drug use and improve an individual's chances of staying in treatment. Medications have also been shown to help normalize brain function.¹⁹ Research has demonstrated that prescribing methadone or buprenorphine maintenance therapy for people who have a difficult time abstaining from opiates altogether can be an effective approach. Not only do these therapies reduce craving and withdrawal symptoms, but they make illicit opiates less rewarding if taken with the medication on board—as a result, the individual may stop using.²⁰ Research has shown that maintenance therapy reduces criminal activity and the spread of HIV in the treated population. The overall death rate is also significantly reduced. Programs that provide comprehensive services, including counseling, therapy, and medical care, along with medication, generally garner better results than programs that provide minimal services.²¹

In addition to the medications developed for opioid abuse (methadone, buprenorphine, naltrexone), there are several currently available for alcohol addiction: disulfiram (also known as antabuse), acamprosate, and naltrexone. Research trials are currently underway to identify medications that

would have similar benefits for abuse of stimulants, such as cocaine and methamphetamine, and other drugs. Among these are several already marketed medications (for other indications), e.g., methylphenidate and bupropion have shown preliminary efficacy in treating amphetamine-dependent²² and methamphetamine-dependent subjects,²³ respectively.

Key Question #6: What are Recovery Support Services?

Recovery support services, including peer-to-peer services, are designed to help individuals initiate and sustain their recovery from addictive disorders and enhance their overall quality of life. Common examples of recovery support services include the following: support groups, recovery circles and coaching, peer mentoring, case management, training in life skills, health and wellness, education and career planning, spiritual support, services for family members of people in recovery, transportation and housing supports. These recovery support services have been identified in the professional and popular literature as enhancing people's efforts to make lifestyle changes, such as by aiding the discontinuing of abuse of alcohol and drugs and helping to prevent relapse and promote sustained recovery from addiction.²⁴

Key Question #7: What is the Connection Between Addiction and Crime?

While many people with drug and alcohol problems do not commit crimes, there is a clear link between crime and the use of alcohol and other drugs:

*At the time of arrest....*data from 35 sites across the country show that in most sites more than 60 percent of those arrested tested positive for at least one illegal drug.²⁵

*People under supervision of the criminal justice system...*60 to 80 percent of prison and jail inmates, parolees, probationers, and arrestees were either under the influence of drugs or alcohol during the commission of their offense, committed the offense to support a drug addiction, were charged with a drug- or alcohol-related crime, or

Lessons Learned: (cont'd)

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were regular substance users.²⁶ In a 2004 survey, the Bureau of Justice Statistics (BJS) estimated that about 53 percent of state and 45 percent of Federal prisoners met Diagnostic and Statistical Manual for Mental Disorders (DSM) criteria for drug abuse or dependence.²⁷

People who are in addiction treatment... Approximately two-thirds of clients in long-term residential drug abuse treatment, one-half of clients in outpatient drug abuse treatment, and one-quarter of clients in methadone maintenance treatment are currently awaiting a criminal trial or sentencing, have been sentenced to community supervision on probation, or were conditionally released from prison on parole.²⁸

More than 50 percent of violent crimes, including domestic violence, 60 to 80 percent of child abuse and neglect cases, 50 to 70 percent of theft and property crimes, and 75 percent of drug dealing or manufacturing offenses involve drug use on the part of the perpetrator—and sometimes the victim as well.²⁹

Studies show that most of the individuals under the supervision of the criminal justice system with alcohol and drug problems have never received treatment in the community other than detoxification.³⁰ Since detoxification is the first of several stages within the continuum of addiction treatment, detoxification alone has minimal impact on an individual's ability to quit using drugs over the long term.

Key Question #8: What are the Costs to Society of Untreated Addiction?

The costs to society of drug and alcohol addiction in lives and resources are staggering. In 2005, more than 35 million Americans had used illegal drugs in the past year. In the same year nearly 7 million suffered from drug dependence or abuse, and over 18 million Americans suffered from alcohol abuse or dependence.³¹ Since the early 1980s, drug-related deaths have more than doubled. Drug and alcohol addiction and misuse account for more deaths, illness, and disabilities than any other preventable condition.³²

Abuse of drugs, including alcohol and tobacco, costs our Nation more than half a trillion dollars annually in crime, lost productivity, health problems, premature death, underemployment, and family stability.³³ Specifically:

- The estimated economic cost of alcohol dependence and abuse was \$185 billion for 1998. More than 70 percent of those costs were attributed to lost productivity (\$134.2 billion), including losses from alcohol-related illness (\$87.6 billion), premature death (\$36.5 billion), and crime (\$10.1 billion).
- Additional alcohol-related costs include: healthcare expenditures (\$26.3 billion, or 14.3 percent of the total), property and administrative costs of alcohol-related motor vehicle crashes (\$15.7 billion, or 8.5 percent), and criminal justice system costs of alcohol-related crime (\$6.3 billion, or 3.4 percent).³⁴
- Cigarette smoking costs this country about \$158 billion a year; illicit drug use alone accounts for \$181 billion in crime, productivity loss, healthcare, incarceration, and drug enforcement.³⁵

Key Question #9: Is Treatment that is Mandated by the Criminal Justice System Effective?

Numerous studies have demonstrated that mandated treatment (required as a condition of deferred prosecution, sentence, or other criminal justice disposition) can be as effective as treatment entered into voluntarily.³⁶ Research has shown that combining criminal justice sanctions with drug treatment can be effective in decreasing drug use and related crime.³⁷

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Studies demonstrate that incarceration without access to the continuum of addiction treatment services has not been successful in deterring people with alcohol and drug problems from engaging in future criminal activity or alcohol and drug use. As a chronic, untreated disease, addiction is likely to result in continued contact with the criminal justice system and a greater likelihood of re-incarceration. In fact, a recent study indicated that 85 percent of drug-abusing offenders returned to drug use within one year of release from prison, and 95 percent returned to drug use within three years.³⁸

Unless we greatly improve the provision of drug and alcohol treatment and other effective interventions to the criminal justice population, recidivism rates will remain high, and the courts and correctional systems will expend copious resources on substance-involved individuals.³⁹

Public Policy Solution #1: Treatment and Recovery Support Services Should Be Available to Individuals Under Criminal Justice Supervision

While the criminal justice system is not the answer to preventing or treating addiction to drugs and alcohol—and people with alcohol and drug problems should not have to get arrested to obtain care—much research demonstrates that being arrested can be a catalyst for the delivery of effective addiction treatment and recovery support. All facets of the

criminal justice system—judges, prosecutors and defense bar, corrections, and parole and probation—can play a role in reducing drug and alcohol abuse and addiction and criminal activity, and can help promote successful community reentry. To do so, they must implement effective, evidence-based approaches and work well with each other and with the treatment system.⁴⁰

Historically, in much of the criminal justice system, alcohol and drug addiction treatment has been an afterthought (when thought about at all) in the design of correctional programs, such as day reporting, jail, prison, etc. While the past several decades have witnessed an increased interest in providing substance abuse treatment services for criminal justice offenders, few offenders have access to adequate services. The recent NIDA-supported Criminal Justice–Drug Abuse Treatment Studies (CJ–DATS) survey of a variety of correctional settings found that the vast majority of adult offenders did not have access to treatment, with fewer services available in jails and community correctional facilities than in prisons.⁴¹ It is estimated that only 5 percent of state corrections budgets are allocated to drug and alcohol treatment services.⁴² The failure to effectively integrate addiction treatment with criminal justice supervision reinforces the perception of treatment as a “luxury” instead of a core necessity.⁴³ Once treatment becomes a primary goal for the addicted individual, whether in prison or under criminal justice supervision in the community, significant progress can be made in reducing crime and increasing the numbers of people who leave the criminal justice system, successfully reenter society, and lead healthy, productive lives in safer and more stable communities.

Lack of knowledge about best practices and lack of cohesion among key stakeholders have been the most prevalent barriers in many jurisdictions. Fortunately, due in part to the work of NIDA and its CJ–DATS program, effective, research-based collaborations are now in place in many parts

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of the country, delivering life-saving treatment, recovery, and reentry services efficiently and cost-effectively.⁴⁴ When criminal justice and treatment agencies that have not worked together before begin to do so, they discover that they share many of the same goals, including helping individuals take personal responsibility for behavior that affects the public safety and the health of the community.

Public Policy Lesson #2: Addiction Treatment Increases Public Safety, Reduces Recidivism and Drug Use, and Saves Money

Extensive evidence from evaluations of drug courts and other diversion programs, prison-based treatment, and treatment in the community after release from incarceration demonstrates that criminal justice-based treatment significantly reduces drug use and crime, as well as health and social problems.⁴⁵

- Addiction treatment has been shown to cut drug abuse in half, drastically decrease criminal activity, and significantly reduce arrests⁴⁶
- Addiction treatment has been shown to improve employment prospects, with gains of up to 40 percent after treatment.⁴⁷

In addition to reducing drug use and crime and increasing employment, addiction treatment has been shown to reduce expenses related to criminal justice and public health systems.

- The cost of addiction treatment is 15 times less than the cost of incarcerating a person for a drug-related crime.⁴⁸
- An investment by California in treatment resulted in a savings of \$1.5 billion over 18 months, with the largest savings coming from reductions in crime.⁴⁹

Public Policy Lesson #3: Coordination with Addiction Treatment and Recovery Service Providers Should Occur at Each Point of Entry into the Criminal Justice System

Research has demonstrated that the most effective approaches to addressing addiction in the criminal justice system are those that integrate criminal justice supervision and the full range of effective addiction treatment and recovery support services. Integrating addiction treatment services in the criminal justice system yields the best results by optimizing the quality of both supervision and services and sending the clear and strong message from all parts of the law enforcement community—judiciary, prosecutor, defender, incarceration facilities, and supervision staff—that treatment is a central aspect of the sentence issued or of a pretrial release condition.⁵⁰

In truly integrated programs, the criminal justice system retains ultimate jurisdiction or authority over individuals.⁵¹ Programs that jointly allocate responsibility to criminal justice and addiction treatment professionals are in the best position to adjust their efforts, depending upon the person's progress in the program. This arrangement provides maximum flexibility and access to resources for handling an often impaired and potentially resistant population.⁵² However, treatment professionals should be authorized to make decisions about treatment, based on individual assessments and progress. The degree to which criminal justice authorities and treatment practitioners actively coordinate their functions should be based on a careful assessment of the person's risk status and ongoing monitoring of his or her progress in treatment. The need for systematic assessment of drug-involved offenders is crucial and is being addressed through development of several instruments as part of NIDA's CJ-DATS program.

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Key Ingredients for Successful Integration:

An integrated model is more than merely providing treatment services for select individuals or programs; rather, it creates a service delivery system that provides a framework for decision-making on treatment issues, regardless of an individual's legal status. In addition, addiction treatment for people in the criminal justice system should also focus on the attitudes and beliefs that support and lead to criminal behavior; effective treatment includes skills development that helps individuals recognize past errors in judgment and teaches them how to make choices that avoid drug use and criminal activity in the future.⁵³

An integrated system must ensure that the policies and procedures of each decision point incorporate scientific principles of effective care, including:

- An assessment process that integrates treatment and criminal justice information.
- A comprehensive treatment plan that is designed to reduce the risk of recidivism and the frequency and consumption of alcohol and other drugs.
- Treatment that stabilizes the person and helps them become a more productive member of society.
- Behavioral management techniques that leverage rewards and consequences to increase compliance and improve overall outcomes.⁵⁴
- Treatment that recognizes addiction as a chronic, relapsing condition, and provides clinically appropriate responses to relapse.

Much of the responsibility for individuals moving from incarceration to the community lies with community supervision agencies, known in many jurisdictions as parole or post-prison supervision. To reach the levels of system collaboration and

services integration required, staffs from criminal and juvenile justice supervision and addiction treatment agencies must reach beyond traditional roles and service boundaries by brokering services across systems, sharing information, and facilitating the treatment process.⁵⁵ As each agency brings its own culture, agenda, and operational differences to the planning process, administrators from each of the participating agencies must work together to establish compatible goals, policies, and procedures.⁵⁶ When the correctional system and the treatment system collaborate effectively, they can increase the likelihood of treatment success and reduce the risk of relapse and future criminal behavior.⁵⁷

Using the Full Range of Research- and Evidence-Based Approaches to Treatment Service Delivery:

Studies have consistently demonstrated that the full range of addiction treatment and recovery support services is effective in reducing drug use and future crime among the criminal justice population: these include residential, medication-assisted, drug-free out-patient, case management, relapse prevention, and other recovery supports.⁵⁸

Residential Treatment/Therapeutic Communities

Residential programs have a well-documented ability to successfully treat individuals in the criminal justice system. The Therapeutic Community (TC) model has been studied extensively and shown to be effective in reducing drug use and criminal behavior.⁵⁹ TCs use treatment approaches that include individual and group counseling, alcohol and other drug education, relapse prevention, and cognitive-behavioral skill-building activities designed to address criminogenic risk factors (e.g. criminal thinking, poor decision making skills, anti-social attitudes, etc).⁶⁰ TCs have proven to be effective as part of a community sanction (e.g., through a diversion program), as a condition of probation, or as an option during and after

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incarceration.⁶¹

Research indicates that prison-based treatment alone does not achieve the full potential for preparing addicted inmates to reenter society; rather, in-prison TCs with follow-up drug treatment once the individual is released into the community have proven to be the most effective and cost-beneficial.

- A cost-benefit analysis of the Amity prison TC program by the California legislature concluded that if the impacts of the Amity TC could be replicated more broadly throughout the California prison system, projected prison expansion over the next seven years could be reduced by 4,700 beds, for an annual savings of more than \$80 million.⁶²
- An evaluation of the KEY-CREST prison TC and community aftercare program in Delaware found that inmates who completed all phases of treatment had a rearrest rate of only 31 percent after three years, compared with 71 percent for similar inmates without treatment.⁶³
- A separate evaluation found that inmates who had completed KEY-CREST had significantly higher levels of employment and legitimate income after release than did untreated individuals.⁶⁴

Medication-Assisted Treatment

Medications for the treatment of alcohol and drug addiction are seriously underutilized in the criminal justice system despite the fact that several medications have demonstrated success in reducing substance use and crime among court-involved individuals.⁶⁵ Methadone maintenance treatment, in particular, has been consistently demonstrated in numerous experimental studies to reduce drug use and criminal activity among opiate addicts.⁶⁶ One study on the use of methadone treatment indicated a decrease in criminal behavior by as much as 80 percent.⁶⁷ Researchers at the University of

Pennsylvania found that Federal probationers who received naltrexone, another medication used for the treatment of opioid dependence, in combination with counseling, had lower rates of opioid-positive drug tests and were less likely to be reincarcerated for probation violations than those receiving counseling alone.⁶⁸

Outpatient Treatment

Outpatient treatment programs encompass a wide variety of programs for individuals with addiction histories who visit a clinic at regular intervals. Studies have shown that both inpatient and outpatient treatment programs are effective in producing positive outcomes for people who are addicted to alcohol and other drugs. Examples of studies demonstrating the effectiveness of outpatient treatment follow:

- Data from a Massachusetts treatment outcomes report (2000) indicated a 46 percent drop in arrests among outpatients at three months post discharge. In addition, the abstinence rate for outpatient clients rose from 55 percent to 71 percent at three months after discharge.⁶⁹
- Outcome assessments for Wisconsin outpatient programs found that at six months post-discharge, individuals who received outpatient treatment had an abstinence rate of 69 percent, that the person's ability to function on the job increased from 55 to 95 percent for outpatients, and that self-reports of good to excellent health increased from 55 to 77 percent for outpatients.⁷⁰

Relapse Prevention and Other Recovery Support Services

Because addiction is often a chronic, relapsing condition, recovery support strategies should be integrated into reentry services that help formerly

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incarcerated individuals make the transition back into the community successfully. Relapse prevention helps individuals learn new ways of acting and thinking that will help them stay off drugs, avoid situations that lead to drug use, and increase drug refusal skills. Research indicates that the skills individuals learn through relapse prevention therapy remain following treatment completion. In one study, most people maintained the gains they made in treatment throughout the year following treatment.⁷¹

Recovery support services help individuals with addiction histories maintain their recovery. Frequently led by people who are themselves in recovery, these support services include recovery circles and other types of support groups, recovery coaching and additional forms of peer mentoring, case management and referral services, and workshops that help individuals develop necessary skills. Research has shown that individuals with addiction histories need continued supports; recovery support services are effective in helping people stay sober and healthy.⁷²

Case Management

People under the supervision of the criminal justice system in the community are often referred to addiction treatment through a case management program, which provides a liaison between the criminal justice system and addiction treatment programs. These programs usually assess offender needs, provide a monitoring function, and either provide or refer offenders to services.⁷³ Activities take place within the context of an ongoing relationship.

The goal of case management is *continuity of treatment*, which, for the individual in the criminal justice system, can be defined as the ongoing assessment and identification of needs and the provision of treatment without gaps in services or supervision.⁷⁴ Ideally, case management activities

should begin in the courts for individuals who may appropriately be referred to community-based treatment, and, for those who are incarcerated, should begin in the institution before release and continue without interruption throughout the transition period into the community. Transition planning should begin at least 90 days before release from prison and as soon as possible for individuals incarcerated for shorter lengths of time in jail. Early initiation of transition planning is important because it establishes a long-term, consistent treatment process from institution to community that increases the likelihood of positive outcomes.⁷⁵

In a research study of 1,400 arrestees in two metropolitan jurisdictions, case management was shown to reduce drug use and recidivism and increase use of substance abuse treatment among drug-involved arrestees released after booking. Case management has also been shown to encourage entry into treatment and to reduce the time to treatment admission.⁷⁶ According to the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment, case management may be an effective adjunct to substance abuse treatment because it focuses on the whole individual and stresses comprehensive assessment, service planning, and service coordination to address multiple aspects of a person's life. A principal goal of case management is to keep individuals engaged in treatment and moving toward recovery and independence.

Public Policy Lesson #4: In-Prison Treatment Combined with Community-Based Care is Necessary for Successful Reentry

The most successful outcomes for treating individuals in the criminal justice system have been found among individuals participating in both in-prison treatment and community treatment during the period of post-release supervision.⁷⁷ In a study of convicted drug offenders in Delaware, people

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who participated in 12–15 months of treatment in prison followed by another 6 months of treatment in the community were more than twice as likely to be drug-free 18 months after release as those who had only the prison treatment. Those individuals were also arrested less often in the year and a half following release.⁷⁸

The provision of treatment during incarceration and upon release into the community is critical because the forced abstinence that may occur while a person is incarcerated does not equal recovery. Individuals leaving prison and jail are under an incredible amount of stress upon release; when transitioning from the structured environment of the prison or jail to society, they often return to the same communities and associations they had before, including those linked to their drug and alcohol use.⁷⁹ Recovery and treatment are long-term processes even for people who have not been incarcerated, let alone for those who face these extra pressures; therefore, people must have ongoing access to treatment.⁸⁰ Research indicates that treatment gains may be lost if treatment is not continued after the individual is released from prison or jail.

It is imperative that treatment programs “behind the walls” be supplemented by treatment and reentry services in the community. This policy is clearly in the public interest, as it will achieve maximum reductions not just of drug use but also of crime and victimization in the community. Additionally, in-prison drug treatment has been associated with significantly reduced use of injection drugs, reduced income from crime, fewer prison returns, fewer hospital stays for drug and alcohol problems, fewer disciplinary infractions by inmates, and reduced absenteeism by correctional staff.⁸¹

Public Policy Lesson #5: Resources for Addiction Treatment in the Community Should Be Identified Prior to Release

While, as we have seen, science teaches us that the most effective programs provide addiction treatment both inside the prison walls and in the community, providing community-based services will be impossible if those who need treatment cannot pay for it after they are released. It is critical to identify resources prior to release and begin the enrollment process during incarceration, both for ease of transition and to engage clients, which can become much more difficult after release. Some parole departments cover the cost of drug and alcohol treatment, but most people just out of jail and prison depend on Medicaid for outpatient services and, if they need residential care, may be eligible to obtain welfare benefits, such as Federal Temporary Assistance to Needy Families (TANF), food stamps,⁸² or equivalent state resources to help support the cost of residential treatment. However, it can take Medicaid and social services agencies up to 45 days to approve an application. Unless local programs agree to treat people with pending applications, they will be without care precisely when they are facing the stress of returning to their communities, placing them at increased risk for a return to drug use.⁸³

Under Federal law Medicaid coverage of alcohol and drug treatment is optional for states. Many states do not cover alcohol and drug treatment services, which places an extra burden on already scarce state and Federal funding for alcohol and drug treatment services. And, given that most individuals who leave the criminal justice system or are under community supervision have limited incomes, the average patient cost of \$54.60 per visit for outpatient clinics makes it extremely difficult for most people to afford treatment on their own.⁸⁴

In states that do provide Medicaid reimbursement

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for drug and alcohol treatment, it is critical to ensure that all who are eligible enroll in the Medicaid program as quickly as possible. The U.S. Department of Health and Human Services has ruled that individuals enrolled in Medicaid when incarcerated must regain that eligibility immediately upon release.

For incarcerated individuals who are not enrolled in Medicaid, some jurisdictions have instituted innovative policies to enroll eligible inmates before they are released. For example:

- The New York City Human Resources Administration, Department of Correction and Department of Health and Mental Hygiene, have begun helping inmates in the city jails' discharge planning program apply for Medicaid and other public assistance at least 45 days before they are released from jail—so that they are covered the day they go home.
- The Connecticut Entitlements Project is an interagency collaboration between Social Services, Mental Health and Addiction Services, Court Support Services, and the Department of Corrections to provide entitlement specialists in the institutions that connect inmates with the necessary entitlement approval prior to release.

Public Policy Lesson #6: Reconnecting Formerly Incarcerated Individuals with Their Families, Where Appropriate, May Help Reduce Crime and Prevent Relapse

A formerly incarcerated person's family can be a positive influence on a drug-abusing offender's recovery. Family members who do not participate in criminal activity or drug use and who do not benefit financially from the criminal activity of the individual can help the reentering individual to rebuild familial bonds and develop other positive social relationships to improve family functioning. These positive changes increase the likelihood that

the reentering individual will remain drug- and crime-free.⁸⁵ Extending addiction treatment and prevention services to family members—many of whom themselves have or are at risk for developing a drug or alcohol problem—can help the reentering individual to remain abstinent.⁸⁶

Family members who lead drug- and crime-free lives can become the “front line” of reentry, providing former inmates with critical material and emotional support including shelter, food, clothing, job leads, and guidance for staying sober and avoiding criminal behavior. Engaging the family can be helpful, as they may be more personally invested in and affected by positive outcomes for the returning offender than are criminal justice practitioners or other professionals.⁸⁷ However, despite 30 years of research suggesting that family support can help make or break a successful transition from prison to community, in practice, most criminal justice systems have only recently tried to harness the family's investment by engaging them in the transition.⁸⁸ Since positive social support from family and friends during drug and alcohol treatment is related to improved treatment outcomes, such as increased commitment to treatment, decreased arrest rates and drug use, and fewer relapses after treatment, more should be done to engage families in the reentry and recovery process.⁸⁹

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What Science Teaches Us About Addressing Addiction in the Criminal Justice System

Case Study: La Bodega de la Familia

La Bodega de la Familia in New York City engages both the individual and his or her family members in family case management and other services as a supplement to probation, parole, or pretrial supervision. By providing support to the families of drug users in the criminal justice system, La Bodega aims to increase the success of drug treatment, reduce the use of incarceration to punish relapse, and mitigate the harm that addiction causes within families.⁹⁰

A study of La Bodega's effectiveness found that family members participating in the program obtained needed medical and social services at significantly higher rates than those in the comparison group, and they showed a significantly stronger sense of being supported emotionally and materially in their social relationships. At the same time, the percentage of La Bodega participants using any illegal drug declined from 80 percent to 42 percent, a significantly greater drop than in the comparison group. Arrests and convictions were also lower among drug users participating in Bodega over six months.⁹¹

Public Policy Lesson #7: Providing a Comprehensive Range of Services Increases the Likelihood of Successful Reentry

Across the country, innovative programs are achieving great success in helping people who are leaving the criminal justice system or who still may be under its supervision reintegrate into their communities. This includes programs that divert appropriate individuals to community sanctions and those that help formerly incarcerated individuals transition from prison or jail into the community and connect to treatment and other health services,

as well as other sources of support. The most effective programs embrace a public health/public safety integration strategy and share a core set of components:

- Provision of quality addiction treatment services in the community.
- Close supervision of individuals to ensure their compliance and the use of consequences for noncompliance.
- Inclusion of family, where appropriate.
- Provision of mental health, HIV, hepatitis, and other needed healthcare services.
- Relapse prevention strategies.
- Job training, placement, and education.
- Diversion programs offering the opportunity to avoid incarceration or a criminal record.
- Post-incarceration programs addressing the special needs of individuals leaving prison or jail.⁹²

Public Policy Lesson #8: Special Needs of Women with Addiction Histories Who Are Under the Supervision of the Criminal Justice System Must be Addressed

Research demonstrates that to be most effective, programs need to consider the unique needs of women with addiction histories who are reentering the community from the criminal justice system. Increasingly, more women are being incarcerated for nonviolent drug offenses, and like their male counterparts, many of these women's crimes are related to alcohol/drug use and untreated addiction. Forty percent of incarcerated women report being under the influence of drugs and 29 percent report under the influence of alcohol at the time of their offenses. Sixty percent of women in state prisons

LEGAL ACTION CENTER

Nine Public Policy Solutions: (cont'd)

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were using drugs in the month before their offense. One-third of women in prison said they committed the offense to obtain money for drugs.⁹³ About three-quarters of women inmates are mothers—of these, 62 percent are single mothers, and 66 percent have children under the age of 18.⁹⁴

Many women who use drugs have faced serious challenges to their well-being during their lives. For example, research indicates that as many as 70 percent of women in substance abuse treatment report histories of physical and sexual abuse.⁹⁵ Many drug-abusing women do not seek treatment because of concerns about childcare and custody, reprisal from partners, and punishment from authorities in the community. Many women report that their drug-abusing male sex partners initiated them into drug use. Minority women may face additional cultural and language barriers that can affect or hinder their treatment and recovery.⁹⁶ The most successful programs serving women address these special needs.

Public Policy Lesson #9: Healthcare Services Should be Provided for Reentering Individuals, Including the Prevention, Screening, and Treatment of HIV/AIDS, Hepatitis C, and Sexually Transmitted Diseases

Many incarcerated individuals are at high risk of becoming infected with HIV, hepatitis, or sexually transmitted diseases (STDs), and many others are already infected; such high rates of illness among incarcerated and reentering populations stem from inadequate access to healthcare and, in some cases, past and continuing risky drug use (sharing syringes and other injection drug equipment) and sexual behaviors (multiple sex partners, unprotected sex, and untreated STDs).⁹⁷

The rate of HIV and AIDS among incarcerated individuals is very high:

- At least 2 percent of all state prison inmates in the United States are HIV-infected, according to a September 2005 report issued by the Bureau

of Justice Statistics of the National Institute of Justice. This prevalence rate is more than six times that of the general unincarcerated population (0.3%), and is likely an underestimate, since HIV testing of inmates is not mandatory in all states.⁹⁸

- At the end of 2004, 2.6 percent of all female state prison inmates were HIV positive, compared to 1.8 percent of males.⁹⁹

The large numbers of drug users in the criminal justice system and their high risk of getting and transmitting HIV, STDs, and hepatitis create an urgent need for:

- Comprehensive drug and alcohol treatment services.
- Prevention education and risk reduction counseling.
- Expanded care for infected inmates.
- Improved links between services in prisons and jails and those in the community.¹⁰⁰

It is common for substance-abusing criminal offenders to have other health conditions as well, including tuberculosis, mental illness, or other chronic health problems. Many incarcerated women have reproductive health needs and, as stated before, histories of physical, emotional, and sexual abuse. For many individuals, the criminal justice system provides a first chance for basic healthcare, addiction treatment, prevention education, and counseling and testing. These basic but critically important services can help break the cycle of addiction, incarceration, and disease transmission, and can benefit families and the larger community through reduced disease transmission, medical and social welfare costs, and drug-associated crime.¹⁰¹ Reentry programs that include prevention, screening, and treatment are key because such interventions reduce the risk of HIV infection and are much less costly than treating HIV-related illnesses.¹⁰²

STOPPING THE REVOLVING PRISON DOOR:

AN ADDICTION TREATMENT TOOLKIT TO PREVENT DRUG USE AND CRIME, PROMOTE SUCCESSFUL REENTRY INTO SOCIETY, AND SAVE LIVES

*Developed by the Legal Action Center in Collaboration with the National Institute on Drug Abuse (NIDA),
National Institutes of Health/U.S. Department of Health and Human Services*

CONCLUSION

A wise person once said that “a person is entitled to his own opinions but not his own facts.” Public policy discussions about drug and alcohol addiction and treatment and their relationship to the successful reentry of individuals from the criminal justice system to their communities have long suffered from myth and misinformation. We hope this toolkit successfully separates fact from opinion and provides the guidance that policymakers and practitioners in both the criminal justice and drug and alcohol treatment systems need to implement the most effective, evidence-based responses to these vital issues.

Research clearly demonstrates that while sentencing drug offenders to incarceration or community supervision without treatment usually fails to prevent them from returning to drug use and crime upon release, evidence-based drug and alcohol treatment programs—especially comprehensive programs that are integrated into the criminal justice system and that extend into the community following release—are effective in reducing drug use and crime, promoting employment and responsibility, and saving money. Now that leading researchers have identified effective ways to reduce drug use and related crime, policy makers and practitioners have the opportunity to implement those approaches and dramatically improve the safety and well-being of families, communities, and the whole Nation.

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