NATIONAL ASSEMBLY:
DRUGS, ALCOHOL ABUSE, AND THE CRIMINAL OFFENDER

Conference Proceedings

Program of Events

Wednesday, December 8, 1999

Program of Events

Thursday, December 9, 1999

NATIONAL ASSEMBLY:
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DECEMBER 7-9, 1999

Executive Summary

With the incarcerated population approaching 2 million offenders, the majority of them with drug and alcohol abuse problems, an unprecedented gathering of professionals from public health and public safety considered how to move beyond traditional barriers and address comprehensively the related problems of substance abuse and crime.

Recent studies have demonstrated the sheer scope of the problem. General Barry McCaffrey, Director of the Office of National Drug Control Policy, noted that between 50 and 85 percent of prisoners are incarcerated because of problems related to drug and alcohol abuse. In 1998 alone, about two-thirds of adult and one-half of juvenile arrestees tested positive for at least one illicit drug. And nearly one in five state inmates said they had committed the offense that landed them in jail to obtain money to buy drugs.

Crime, substance abuse and mental illness are inextricably linked. Indeed, it is becoming unusual for an offender not to have a substance abuse and/or mental health problem. "The criminal justice system has replaced our state mental hospitals," Nelba Chavez, Ph.D., Administrator of the Substance Abuse and Mental Health Services Administration in the U.S. Department of Health and Human Services, told conference participants. For more than 8 million children, one or both parents are dependent on alcohol and illicit drugs, and many have a mental illness or are involved in criminal activity as well.

By coming together, the conference participants reflected a new model for dealing with substance-abusing offenders – one that overcomes traditional barriers and blends the public health and public safety approaches, methodologies, and cultures, as well as funding streams when appropriate. Throughout the conference, participants explored ways to create a multidisciplinary system that can redefine what it means to hold offenders accountable for their behavior and for the damage they do to society.

The public discourse on these issues, partly shaped by traditional divisions between public safety and public health professionals, often is polarized. One either is "tough on crime" and thinks a punitive prison experience is sufficient for any offender, substance-abusing or not; or one is "compassionate" and favors treatment, believing that substance abuse should be blamed almost entirely for the offender's criminal behavior. Prison and treatment are presented as an either/or proposition.

But officials and participants argued that requiring treatment for offenders, especially those already in prison, is the truly tough approach to crime. Through treatment, offenders come to terms with their pasts and generate the capacity to lead productive lives. Whether they are treated or not, more than 96 percent of prisoners eventually return to society, at a rate of about 500,000 each year from state prisons alone, McCaffrey noted. They can return drug-free and able to contribute to society, or they can return likely to abuse substances and commit crimes. Thus, the argument for treatment rests largely on a need to protect the public.

Ultimately, officials noted, effective policy must be based on science, not politics or ideology. In the last few years, research has established that treatment works – even mandatory treatment – and what kind of treatment works for whom. (Some of that research is summarized in *Principles of Drug Addiction Treatment: A Research-Based Guide*, published by the National Institute on Drug Abuse.) There is no longer any doubt that addiction is a brain disease in which repeated drug use impairs the capacity of the brain to function even after drug use

ceases, and that appropriate, comprehensive, and sustained treatment yields enormous benefits for the addict, his or her family, and society.

A recent federal study found that 18 months after release, an inmate who receives treatment is 73 percent less likely to be rearrested and 44 percent less likely to return to drug use than one who receives no treatment. Other federal and state studies have found similar results. Repeatedly, studies find substantial declines – of 40, 60, even 80 percent – in drug selling, prostitution, homelessness, and welfare receipt and substantial increases in employment among those receiving treatment.

Treatment produces obvious financial savings. While a year of outpatient treatment costs less than $5,000 per participant, and comprehensive residential treatment programs range between $5,000 and $15,000, a 6-year prison term can cost as much as $150,000. The National Center on Addiction and Substance Abuse at Columbia University estimates that 80 percent of the cost of incarcerating offenders is linked to substance abuse. By investing in treatment, especially while offenders are in prison and are mandated to comply, society can save billions of dollars when offenders return to society less likely to abuse drugs and alcohol and to commit crimes. And society reaps the benefit, of course, when former offenders return to society able to work, pay taxes, and otherwise contribute to their communities.

The scope of treatment is important. Experts at the conference repeatedly noted that offenders with substance abuse problems often have a variety of other problems that make it difficult for them to sustain compliance with treatment programs or otherwise maintain productive behavior. Mental illness, the effects of physical or emotional abuse, poverty, homelessness, educational and work skill deficits, difficulties in parenting or, for juveniles, abusive parents–most offenders face a combination of these serious problems in addition to substance abuse.

Women, juveniles, and some other populations have special needs, several panelists stressed. Large proportions of female offenders have histories of sexual trauma and/or domestic violence or are mothers of young children. Practices that are commonplace in dealing with male offenders–such as strip searches, confrontational styles of discipline, or placement in a prison far from families–can be especially inappropriate for women.

Juveniles are not miniature adults. They do not have fully developed rational/cognitive abilities and usually do not respond well to the same treatment parameters as adults. Juvenile substance abuse usually is just one problem among several. Many of these issues reflect an effort to identify with a peer group: Gang membership, gun possession, violence, and general delinquency usually accompany the substance abuse behavior. Juveniles often are following the path of their parents into substance abuse. Treatment of the whole family may be indicated, and intensive aftercare is always necessary.

Drug prevention programs, while important with all populations, can be especially important for juveniles. Young people who use drugs are several times more likely to commit various crimes, such as assault and property destruction, as those who do not use drugs.

In every session of the Assembly, presenters urged cross-disciplinary and multidisciplinary approaches to assemble the specific services each offender requires and deliver them through clear, easy-to-access case management systems. Moreover, coordinated treatment must remain consistent and must be sustained throughout the prisoner's incarceration and reentry into society.

Unless an offender's multiple needs are addressed, treatment is more likely to fail as one or another set of problems ultimately undermines the effort. Addressing drug addiction without also addressing, for example, mental illness or an abusive family situation reduces the likelihood of success. Failure to provide aftercare and follow-up services also negatively affects outcome.

There simply is not enough funding to deliver services in the traditional "stove-pipe" way, with each agency operating independently, nor is there enough expertise or funding in any one discipline to meet the multiple needs of substance-abusing offenders at each stage of the process.

The consensus for a multidisciplinary approach is now widespread. However, significant difficulties arise, even when determined people of good will try to make such an approach operational, when agencies come together to pool funding or share data or generate a common plan for treating particular offenders. Senior officials from several federal agencies spoke of how difficult and time-consuming it has been to sort through the morass of conflicting laws and regulations to coordinate programs and offer financial incentives at the federal level. Programs have separate constituencies, political sponsors and funding streams, and even legal prohibitions on combining funds. Furthermore, program professionals often have different priorities, methodologies, philosophies, and professional cultures.

Three Cabinet officials set an example in a "Call to Action." In a rare joint public appearance, Attorney General Janet Reno, Secretary of Health and Human Services Donna Shalala, and Barry McCaffrey promised the kind of coordinated approach at the senior level that they urged conference participants to adopt in states and localities. To provide technical assistance toward that effort, a "one-stop shopping" office has been established at the U.S. Department of Justice to coordinate available assistance from several federal agencies.

In the end, the hard work of organizing and building comprehensive, coordinated programs must be done at the state and local levels. Panelists in the individual sessions offered insights into and recommendations for developing strong coalitions of service providers, convincing state and local policymakers to fund comprehensive, multidisciplinary programs, and providing a full range of services. Among the themes that emerged from the panelists' discussions were:

- **Early Collaboration/Early Intervention**. Public safety, public health, and other social service agencies should meet early and regularly to establish and refine system needs, agency roles, and agency accountability. The highest priority is defining responsibility for conduct of a thorough assessment. The completed assessment will guide development of a treatment plan, case management procedures, and identification of lead agencies in each case. Moreover, a thorough and early assessment will help identify appropriate candidates for diversion and community corrections. It will also help to determine the appropriate extent of family involvement. Judicial leadership and oversight can initiate and maintain this process.

- **Written Agreements**. Because of the potential involvement of numerous agencies in certain cases, roles and responsibilities must be clear, understood, and accepted. Memoranda of Understanding are useful tools for specifying authority and fostering accountability.

- **Shared Resources**. Funding is not sufficient to meet treatment and supervision needs if each agency acts independently. However, by combining expertise and funding, where possible, existing resources can be deployed with greater impact. Furthermore, a team approach fosters decisionmaking regarding use of existing resources.

- **Coerced Treatment**. The authority of the justice system can create an opportunity for intervention by treatment and other social services and reinforce their efforts. Research indicates that coerced treatment, especially if guided by a thorough assessment, is as effective as voluntary treatment. This is a public safety matter of some importance, in that juvenile and criminal justice populations are often treatment resistant.

- **Carefully Planned and Consistently Delivered Treatment**. A treatment plan must be established in accordance with assessment results and must be understood by justice officials, service providers, case managers, and treatment participants. Testing, combined with sanctions and rewards, should be in place to foster compliance. Discharge planning should begin early in the treatment process, involving agencies that

will participate in transitional and follow-up supervision and support, and should include employment and housing considerations. Intensive relapse prevention training should be provided to prepare the participant for success and for quick recovery from relapses. In short, a continuum of recovery and accountability should be established and maintained.

- **Adherence to and Advocacy for Established Science**. Appropriate treatment has demonstrated a significant, positive impact on crime, criminal justice and health costs, and family and community well-being. State and local policymakers should be made aware of the cost-effectiveness of treatment and persuaded to provide adequate resources. To maintain credibility, programs must evaluated by experts with no ties to the programs. To foster a spirit of trust with policymakers, programs should highlight collaborative efforts between public safety and public health.

NATIONAL ASSEMBLY:
DRUGS, ALCOHOL ABUSE, AND THE CRIMINAL OFFENDER
TUESDAY, DECEMBER 7, 1999

Opening Remarks

Speaker:
General Barry McCaffrey, Director
Office of National Drug Control Policy
Washington, D.C.

Summary of Proceedings

General Barry McCaffrey welcomed Assembly participants to the first national conference jointly sponsored by the U.S. Department of Justice (DOJ), the U.S. Department of Health and Human Services (HHS), and the Office of National Drug Control Policy (ONDCP) on the related issues of substance abuse and criminal activity.

A wide range of constituencies were represented by the more than 800 Assembly participants, McCaffrey noted. Participants came from mental health, public health, juvenile justice, substance abuse treatment, criminal justice policy, and law enforcement agencies. State and local corrections officials, prosecutors, public defenders, judges, and those who work in the fields of probation and parole attended as well.

The problems facing the criminal justice and health care systems are immense, McCaffrey said. Currently there are approximately 1.9 million people behind bars, and soon the number will exceed 2 million – "a disaster." The government will spend $36 billion annually "to maintain these individuals in enormous pools of human misery." Citing research done at Columbia University, McCaffrey noted that "between 50 percent and 85 percent of those behind bars in America" are there because of "fundamental problems related to the compulsive use of psychoactive drugs or alcohol."

Incarceration for drug-related offenses accounts for a large proportion of those cases. Approximately two of three federal prisoners are incarcerated for drug-related offenses. Of the 900,000 state prisoners, an estimated "22 percent are there for drug-related offenses; among the 600,000 in county and municipal jails, the numbers are simply not known."

"When one starts to look at the reason why someone ends up behind bars – say, at age 30 – convicted for the third, fourth, or fifth time, the dominant reason probably will be related to drugs and alcohol," McCaffrey said. "Substance abuse is what's behind the criminal behavior, although that's probably not on the charge sheet.…A disproportionate amount of assets in our society" are used for people going through the criminal justice system. The same individuals present themselves to three different systems of care: in hospital emergency rooms and public health clinics, in the social welfare system, and in the criminal justice system.

Not only are separate systems of care and random policy decisions unduly expensive, but such approaches will neither solve the problems faced by people committing criminal offenses nor ensure the safety of our communities. Instead of disparate approaches to care, McCaffrey proposed using a comprehensive, multi-disciplinary "conceptual framework" or "architecture" for dealing with the related problems of substance abuse and criminal activity. As an example of this collaborative, systems approach, he cited President Clinton's 1999

National Drug Control Strategy for reducing the availability and use of drugs, particularly among the nation's youth, as well as criminal activity and other social consequences of substance abuse. To attain these goals, the Strategy calls for a partnership among federal, state, and local governments, along with businesses, schools, other community groups, and families and individuals. Working in a collaborative way will generate a "huge payoff" for individuals, their families, and communities across the country, McCaffrey asserted.

What is needed are "practical, hard-nosed policies" with evidence of effectiveness, such as found in the "Breaking the Cycle" program that combines treatment, supervision, and sanctions and the "Drug-Free Prison Zone Project," currently being conducted in 28 federal facilities. The latter program seeks to interdict and control the availability of drugs in prison, and in facilities where it has been implemented, drug use and drug-related misconduct are down significantly. Such cross-agency programs are fundamental to ensuring a decrease in crime rates and an increase in the number of people who are integrated back into society, he said.

Keynote Addresses

Convener:
Donald Vereen, Jr., Deputy Director
Office of National Drug Control Policy
Washington, D.C.

Speakers:
Laurie Robinson, Assistant Attorney General
Office of Justice Programs
U.S. Department of Justice
Washington, D.C.

Nelba Chavez, Administrator
Substance Abuse and Mental Health
Services Administration
U.S. Department of Health and Human Services
Washington, D.C.

Summary of Proceedings

Donald Vereen, Jr.
Deputy Director, Office of National Drug Control Policy

The main goal of the National Assembly was to seek consensus on collaborative policies that link treatment and justice systems to guide actions after the Assembly, Donald Vereen, Jr. told participants. "These multi-disciplinary, systemic policies, not merely programs, must become the focus of our work," he said.

The specific objectives around which the Assembly needs to build consensus are:

- To understand the criminal and juvenile justice systems – working in concert with other service systems – as a series of opportunities for intervention with drug- and alcohol-disordered offenders;

- To prevent entry into the criminal/juvenile justice system for those who can be diverted safely to community social service systems.

- To limit penetration into the criminal/juvenile justice system for adult and juvenile nonviolent offenders through community justice interventions in concert with other social service systems.

- To intervene with those who must be incarcerated or securely confined, through appropriate treatment and supervision, both during and after the period of confinement.

Laurie Robinson
Assistant Attorney General, U.S. Department of Justice

If we are going to break the cycle of substance abuse and crime, the mix of people represented at the Assembly is critical, Laurie Robinson said. "Unless all of us are working together across disciplines, we are not going to have an impact, we are not going to be effective in adopting strategies that actually can change behavior of substance-abusing adult and juvenile offenders." We need to get away from "our old stove-pipe thinking," and look at these problems comprehensively, from the standpoint of broad public needs.

Collectively we need to recognize that both enforcement and sanctions and prevention and treatment are essential, she said. It doesn't have to be an "either/or debate." The vast majority of people in the criminal justice system have a substance abuse problem. Without a comprehensive, collaborative approach to ensure both a continuum of care and accountability, these offenders will continue the cycle of drug use and crime.

A range of intensive treatment and comprehensive aftercare support services is needed. Such services might include mental health counseling, drug treatment, employment training, education, parenting help, and whatever else it takes to help offenders make it through reentry. "As human beings we are most comfortable operating in our own, sometimes narrow, spheres, but it is critical that we do this bridging if we are going to address this complex problem successfully," Robinson said.

Robinson challenged the Assembly to think creatively about ways to foster collaborations and to develop comprehensive strategies for dealing with substance-abusing offenders drawing on the wealth of innovative state and local programs, as well as on the research on what works. It would be great, she said, if the criminal justice system were to:

- Share offender assessments on substance abuse from one stage of the criminal justice system to the next – as when a person is in the hospital and their medical chart is passed along the way – rather than start over with a new assessment at every stage.

- Think about interventions as they affect the whole family, particularly when dealing with children and with women offenders who have substance abuse problems and are the caretakers of minor children.

In considering cost-effectiveness, Robinson noted that we spend $166 billion annually in the United States on health care, criminal justice, and other costs resulting from substance abuse. "The bottom line in Washington is money. Common sense says it would be a wiser investment to focus more of our dollars on treatment when we know for a fact that it can reduce drug use and crime."

Nelba Chavez, Ph.D.
Administrator, Substance Abuse and Mental Health Services Administration,
U.S. Department of Health and Human Services

An "undeniable overlap" exists between issues of justice and issues of health, Nelba Chavez noted. Nearly 75 percent of adult probationers reported using illegal drugs at some point during their lives; almost 45 percent reported illicit drug use during the previous year; and almost 30 percent indicated they used illicit drugs during the previous month, she said, citing the December 1999 National Household Survey. In addition, the rate of serious mental illness for prisoners is almost six times that of the general population.

We need to find effective collaborative strategies that make substance abuse and other health services a central part of a "rational" justice system. We need to deal with the frustrations and illnesses that result in violence and to help the victims of that violence, she said.

The country must invest resources in reaching adults, adolescents, and children who need substance abuse prevention and treatment services before they become part of the criminal justice system, using community mental health programs, antidrug services, and other support systems. Effective services must be comprehensive, gender specific, culturally relevant, and age-appropriate.

Chavez called for a "contract" between the health systems – dealing with primary care, substance abuse, and mental health – and the justice system, in which providers step outside their individual disciplines and develop a multidisciplinary philosophy with a multicultural approach. To do so, it will be necessary to build on the various types of expertise represented at the Assembly.

Drugs, Alcohol Abuse, and Crime: A Historical Perspective on National Policies

Speaker:
David Musto, M.D., Professor
Child Psychiatry and History of Medicine
Yale University School of Medicine
New Haven, Connecticut

Summary of Proceedings

> *"Cocaine: a drug through which its stimulant properties can supply the place of food, make the coward brave, the silent eloquent, free the victims of alcohol and opium habits from their bondage and, as an antiseptic, render the sufferer insensitive to pain..."*
>
> -1885 booklet sent to physicians to introduce cocaine

Providing a far-reaching historical perspective on national policies related to substance abuse, treatment, and drug-related crime in the United States, historian and professor Dr. David Musto of the Yale School of Medicine argued that perspectives on drugs have shifted radically throughout U.S. history, varying with prevailing cultural and political attitudes, and that insights into previous drug epidemics can inform current efforts to address drug abuse.

"The most important thing to know about our current drug epidemic is that it is not the first," said Musto, author of *American Disease: Origins of Narcotic Control.* From the early 1800s to the dawn of 2000, the United States has experienced several "epidemics" of alcohol and drug abuse with corresponding legislative attempts to control use through prohibition and punishment. Society's response to drug abuse can be viewed from one of two perspectives: either as an "anti-drug movement" or as a "health movement" – either as one "against drugs or alcohol" or as a search for "positive health."

"The broad outlines of earlier waves of drug use and its eventual decline are so like recent decades that it makes one wonder whether history truly repeats itself," Musto said.

In the 1830s and 1840s, a national anti-alcohol movement developed across the country, culminating in more than a dozen states prohibiting alcohol by 1850. These events, said Musto, set the stage for the18th amendment to the Constitution, which was ratified in 1920, and the national prohibition movement of the 1920s and early 1930s.

Musto described two major drug epidemics, the first beginning at the end of the 19th century. It began with cocaine, which became an "ideal tonic" in 1884 when Parke-Davis, along with other manufacturers, made the drug readily available. The result was widespread popular consumption. "You could get cocaine in 14 different easy-to-use forms, ranging from injection, sniffing, smoking, as a salve, or…in Coca Cola, which contained cocaine until 1900," Musto said. President William Howard Taft's message to Congress in 1910 described cocaine as "the most threatening of the drug habits that has ever appeared in this country."

The consumption of opium and its active ingredient, morphine, peaked in 1895, with an estimated 250,000 addicts. In 1898, heroin, a derivative of morphine, entered the commercial market as a cough suppressant marketed by the Bayer Company. At a time when vast numbers of people were dying from cough-related

illnesses, it was very valuable to have a powerful cough medicine that would allow people to recover, Musto noted. By 1915, heroin had overtaken morphine as the leading cause of opiate-related admissions to New York City's Bellevue Hospital, prompting the city's health commissioner to call teenage heroin use "an American disease."

This first epidemic lasted four to five decades, during which there were many years of legal and easy access to drugs. The federal government made no attempt to control the flow because in the late 19th century, regulation of narcotics was regarded as beyond its jurisdiction. For example, licensing of physicians and pharmacists was rare at that time. What is more important, scholars of the time interpreted the Constitution's delineation of federal and state powers to prohibit the federal government from any regulation of the practice of medicine. It would have been "unthinkable," Musto noted, to pass any federal legislation mandating what drugs physicians and pharmacists could prescribe and dispense. The prevailing view was that only the states had such powers.

Did the eventual decline of drug use come from legislative mandates or "because Americans turned from drugs in disgust and fear?" The open market in drugs was stopped, Musto said, for both reasons: "You only have laws when the public turns against drugs." When the public has a favorable view or tolerance of drug use, there are few laws against narcotics.

By the 1920s, public sentiment in the United States was clearly against drug use and most anti-narcotic laws were in place, Musto observed. The U.S. Supreme Court's 1919 interpretation of the Harrison Narcotic Act of 1914, the first comprehensive federal anti-drug law, was an example of the legal changes reflected in public opinion. The Harrison Act prohibited the "maintenance of simple addiction" by pharmacists or physicians. The Supreme Court was "quite ingenious" in their decision to uphold this law while recognizing that the federal government had no right to control the "practice of medicine," Musto said. In a five to four decision, the court declared that the "maintenance of addiction was not the practice of medicine." Therefore, a prohibition of "addiction maintenance" could be sustained without infringing on the right of physicians to "practice medicine." This legal argument stood until the 1960s, providing the basis for future legislation.

Punitive legislation designed to address drug abuse in the first epidemic gave policymakers "an exaggerated view of the power of the laws," which were seen as the main reason drug use declined. But in fact, drug use decreased, laws were passed, and drug use continued to decrease, Musto noted.

This misunderstanding of the relationship between legislation and actual drug use was illustrated in the 1950s, when strong laws were enacted in response to a rise in heroin use. Mandatory minimum sentences were put in place in 1951. Minimum mandatory sentences were doubled in 1956. The death penalty was imposed for supplying heroin to anyone under 18. Thus, when the next wave of drug use began, the United States had on the books the most severe narcotics penalties in the nation's history and yet, a major drug epidemic still developed in the 1960s. Public opinion tended to reflect these facts, as the general public came to believe that laws do not seriously affect drug use, the opposite of the public's perception in the early part of the 20th century.

Musto also spoke about the public's perception of the relationship between drugs and crime as the second epidemic gathered momentum. From 1965 to 1980, the rise in property crimes often was attributed to increasing drug use. There were several proposals to legalize drugs or to develop heroin maintenance systems that would alleviate the need for addicts to steal. None of these was adopted, and by 1980 public opinion had shifted again as states and the federal government imposed stiffer drug penalties. Property crimes also began to decrease and have fallen steadily for 20 years, a decline that some have attributed to the new laws.

Musto emphasized "the symbolic power that drugs acquire in our society, so that it may be difficult to deal with drugs realistically." For the counterculture of the 1960s and 1970s, drug use represented rejection of traditional family/societal values, lifestyles, and politics, as well as membership in a special group. He noted that around 1970 it was commonplace for drug enthusiasts to claim that "the entire nature of society would be changed for

the better by regular drug use." In contrast, one might adhere to a different symbolism, choosing to reject drugs because of a commitment to "health and wisdom," he said. Thus, drug rejection can define our identity as much as drug taking, and any campaign against drugs must operate at the symbolic as well as the scientific levels.

In the decline phase of the two drug epidemics in the United States, specific subpopulations have tended to be stereotyped inaccurately with the use of a specific drug. In the 1930s, for example, Chinese immigrants were linked to opium and Mexican immigrants were linked to marijuana. Similarly, the alcohol prohibition movement was aimed in part against Catholic and European immigrants. These unfair stereotypes tend to shift over time, Musto noted. In the early 1900s, heroin tended to be thought of as a "white" drug and cocaine as a "black" drug. By the 1970s, these stereotypes had been reversed.

The drug explosion of the 1960s appeared to be a unique event in part because of society's "collective loss of consciousness" regarding the lessons learned from past drug epidemics, Musto said. "Our loss of memory of the earlier epidemic contributed to the great similarity between the two waves of drug use, then and now. In each case, many of the same drugs entered a nadve and inexperienced American society that had little understanding of their actual short- or long-term effects."

To regain our "collective consciousness," we need to educate the public about the actual effects of drug use, and those efforts need to be sustained over time. Musto recalled a drive to educate the public about the evils of drug abuse throughout the 1920s, when 46 states adopted anti-narcotic education campaigns. However, by the 1930s, these efforts started to decline because many believed that "things had gotten so much better, so why bother students with this information."

Silence about drug abuse was the hallmark of the 1940s and 1950s and even was codified in the film industry's production code, which "didn't allow the depiction of narcotics in motion pictures," Musto said. This lack of education left us unprepared in the 1960s to respond appropriately to the increase in drug use.

"The effect of enforcing anti-drug laws has been to fill prisons with drug offenders, whether or not we are sending too many to prison who could be dealt with otherwise," Musto said. He noted a similar tendency in the decline phase of the first epidemic. "The decline phase of a drug epidemic is marked by good and bad characteristics: an aroused public turns against drugs and supports stronger law enforcement." Changed attitudes and legal restraints encourage drug use decline, he said. However, the country must provide comprehensive, ongoing education about the effects of drug abuse and guard against the real dangers of "scapegoating minorities, abandoning the drug user, and legislating excessive penalties."

Drugs, Alcohol Abuse, and Crime: A State and Local Perspective

Moderator:
Richard Stalder, Secretary
Louisiana Department of
Public Safety and Corrections
Baton Rouge, Louisiana

Panelists:
Lewis Gallant, Director
Virginia Office of Substance Abuse Services
Richmond, Virginia

Chris Martin, Sergeant
Sacramento County Sheriff's Department
Sacramento, California

Thomas Merrigan, First Justice
Orange District Court
Orange, Massachusetts

Jeff Griffin, Mayor
Reno, Nevada

Summary of Proceedings

A widespread consensus is developing on the need for comprehensive and multi-disciplinary approaches to the problems of substance-abusing inmates. At least half of adults arrested test positive for drugs at the time of arrest, said moderator Richard Stalder of the Louisiana Department of Public Safety and Corrections, and often arrestees have related substance abuse or mental health problems.

We must do more than arrest, convict, and lock up these individuals if they are to return successfully to their communities, functioning as productive citizens, said Justice Thomas Merrigan of Orange, Massachusetts. The magnitude of the problems and the skills required to address these problems require responses that are best provided by multiple organizations/systems working together.

"We are all here because we know that incarceration by itself just doesn't work," said Reno, Nevada, Mayor Jeff Griffin. The answer lies in having multiple options available, including incarceration, treatment, testing, sanctions, aftercare, and follow-up, and in using the particular cluster of options that are appropriate to the needs and circumstances of each individual.

Developing a collaborative approach to prevention, diagnosis, substance abuse treatment, and follow-up is not an easy task. Traditionally, these services have been seen as the responsibility of others, primarily the public health, mental health, and drug and alcohol treatment service systems. In some cases, getting criminal justice practitioners engaged in these issues is challenging. However, Merrigan said, success will be found in settings in which all agencies collaborate to define and implement short- and long-term solutions and the role of each partner is clearly defined.

One of the keys to successful collaboration is for the organizations and systems involved to understand and be sensitive to the needs of the other collaborating partners. In particular, Lewis Gallant of Virginia's Office of Substance Abuse Services noted that public health professionals should be sensitive to the needs of the public safety system, especially if diagnosis, treatment, and follow-up services need to take place while an individual is involved in the criminal justice system. "We have to retool to ensure that we don't bump into each other," he said.

An effective time to identify and address substance abuse problems is when the individual is moving through the court systems. For example, drug courts, which divert offenders from the prison system into appropriate treatment, have been tremendously successful nationwide, Merrigan noted. Collaborative community services also must continue after offenders are released to ensure successful treatment over the long run, said Griffin.

Offering a range of services in different settings is critical to an effective continuum of care. However, these services alone will not deal effectively with the problem, said Chris Martin from the Sacramento County Sheriff's Department. With more individuals coming into the justice system with drug- and alcohol-related problems, it is very easy for practitioners to become overwhelmed. The most effective way to reduce the numbers coming into the system, said Martin, is to prevent the problem from occurring in the first place, and resources need to be made available to implement prevention programs that work.

The panelists agreed that these resources must come from a combination of federal, state, and local sources. However, adequate resources will be allocated only when research-based evidence is presented to policymakers demonstrating crime reduction and reduced recidivism rates directly tied to the services delivered.

The work of reducing the related problems of substance abuse and criminal activity requires both traditional and nontraditional cross-agency approaches. Working in new ways and in collaboration with others should not, however, be viewed as "being soft on crime," said Martin, but as a way to make communities safer and to provide needed services.

Drugs, Alcohol Abuse, and Crime: A Research and Policy Perspective

Moderator:
David Deitch
Clinical Professor of Psychiatry
University of California
San Diego, California

Speakers:
Jeremy Travis, Director
National Institute of Justice
Office of Justice Programs
U.S. Department of Justice
Washington, D.C.

Alan Leshner, Director
National Institute on Drug Abuse
U.S. Department of Health and Human Services
Rockville, Maryland

Summary of Proceedings

This session provided an overview of the biology of drug addiction and effective, research-based treatment approaches to working with substance-abusing criminal offenders. Specific public policy implications of these research findings also were discussed. Moderator David Deitch of the University of California at San Diego noted that it is important to understand the "disease of drug taking" and to recognize that drug use, mental illness, and criminal activity often are co-occurring diseases.

Effective strategies to deal with the problems of drug abuse must be "as complex as the problem itself," said Alan Leshner, Director of the U.S. Department of Health and Human Services' National Institute of Drug Abuse (NIDA). Success will be found only when public safety and public health professionals use science and not ideology as the foundation of those strategies. Today's approach to the related problems of substance abuse and criminal behavior represents a "dramatic shift" in philosophy – to a new blending of public safety and public health.

A fundamental question is why people take drugs at all. Leshner noted that cocaine, methamphetamines, nicotine, marijuana, and other substances change brain chemistry. In particular, these drugs spike brain levels of dopamine, the chemical responsible for feelings of pleasure. Thus, people use drugs for two reasons. For some "novelty seekers," drugs induce a sense of "feeling good." For addicts, drugs provide a way for people to "self-medicate, because they feel miserable." Whatever the motivation, Leshner said, people use drugs to "modify their perceptions, mood, emotional state."

Prolonged drug use fundamentally and permanently changes the brain's chemistry, resulting in restlessness, unhappiness, depression, bad moods, cognitive abnormalities, and paranoia. Some people who begin as "voluntary drug users" over time move to a state of "compulsive, uncontrollable drug using." Illustrating with slides, Leshner compared the brain chemistry of non-drug users with that of long-term users. Changes in brain chemistry of users, which persist even after drug use ceases, tell us that, in essence, drug addiction is a brain disease. However, he cautioned, to understand all the dynamics involved in addiction, we need to recognize that "addiction is a brain disease shaped by behavior and social context."

Effective treatment for this disease does not take just one form, he said, but instead incorporates broad programs made up of many different elements that must be tailored to meet individual needs. A tremendous amount of information exists about the fundamental principles underlying successful treatment and about which treatment

modalities work best. NIDA has published a booklet, *Principles of Drug Addiction Treatment*, which is the first government-produced research-based guide to drug addiction treatment (available at http://www.drugabuse.gov).

Successful substance abuse treatment needs to incorporate three basic principles:

- Drug addiction is the "quintessential" bio-behavioral disorder and, therefore, effective treatments need to attend to all aspects of the disorder – biological, behavioral, and social.

- Treatment does not need to be voluntary. The most important determinant of successful treatment is its duration.

- Successful treatment should be defined as restoration of an individual to positive functioning in his/her family, work, and community.

Leshner cited one research study that found that 3.5 years after leaving a correctional facility, only 31 percent of those who had drug abuse treatment returned to the correctional system, compared with 70 percent of those who were not in treatment. Similarly, over this same period, 81 percent of those who had treatment remained drug free, while 38 percent of those who did not have treatment went back to using drugs. Leshner concluded that treatment had resulted in a "phenomenal reduction" in recidivism. "It is foolish not to treat addicted criminals while you have them under your control – or they will be back," he said.

Jeremy Travis, Director of the National Institute of Justice (NIJ), argued that public policy decisions should be based on the knowledge obtained from sound research studies. Both public health and criminal justice professionals and public policymakers have become more open to recognizing and responding to the link between substance abuse and criminal behavior. This change in understanding has been possible because of improved research and changes in the cultures of our treatment and justice systems that have encouraged new ways of thinking.

Cautioning against overgeneralizing from any particular research finding, Travis said many studies of substance abuse and crime offer direction for a "fundamental rethinking of our current practices" and for new public policy initiatives. He outlined five basic public policy provisions or implications that he asserted follow from current research findings:

- The link between criminal behavior and drug abuse has been demonstrated in studies conducted by NIJ and others. These studies indicate that between 50 and 75 percent of all adults who are arrested have drugs in their system at the time of arrest. The range of rates for juveniles is similar, at 40 to 70 percent. Studies also indicate that the criminally involved population consumes a very large fraction of all drugs in the country. Thus, according to Travis, by reducing the use of drugs by criminal offenders, we can decrease the overall demand for drugs and, by extension, reduce the levels of illegal drug production.

- Criminal offenders who complete treatment programs have been shown to be less likely to use drugs and to commit other crimes than comparable individuals who do not participate in treatment. Thus, Travis concluded that we need to support a policy initiative for treatment opportunities within the criminal justice system as a cost-effective opportunity to reduce crime and drug use.

- Studies indicate that mandatory treatment works and that sometimes it works better than voluntary treatment. However, Travis contended that the system might "encourage the exercise of free will," through the use of "carrot and stick" or "management contingency" approaches. He indicated that such encouragement may be an essential part of the successful treatment for some individuals.

- The length of time in treatment, in both residential and community programs, correlates highly with a reduction in criminal activity and drug use. Participants need to remain in treatment for 90 days or more.

- Treatment under postrelease supervision is essential in realizing the success of treatment that starts in prison. A study in Delaware found that individuals who participated in substance abuse treatment in prison, followed by supervised aftercare, were more likely to remain drug free and arrest free for up to 18 months after release. Thus, Travis contended, postrelease supervision and aftercare services are needed to help offenders successfully integrate back into their communities. He suggested increasing the number and scope of programs such as transitional work-release projects, halfway houses, and day reporting centers.

Travis re-emphasized the need to develop comprehensive, research-based public policy initiatives and programs that take into account the "whole person." We need to increase the time and effort spent with offenders, beginning while they are incarcerated, to help them create positive links with the communities they are about to reenter. Connections need to be made to jobs, mental health services, support systems, faith-based institutions, positive peer support groups, and other community resources.

The Systems Approach:
A Discussion of Implementation and Obstacles

Moderator:
Michael Link, Assistant Chief
Ohio Department of Alcohol and Drug Addiction Services
Columbus, Ohio

Panelists:

Panel A:
Jennifer Mankey, Project Director
Denver Juvenile Network
Denver, Colorado

John Robinson, Undersheriff
Cook County Sheriff's Department
Chicago, Illinois

Michael Sarbanes, Executive Director
Maryland Governor's Office of
Crime Control and Prevention
Baltimore, Maryland

Michael Couty, Director
Missouri Division of Alcohol and Drug Abuse
Jefferson City, Missouri

Panel B:
Roger Peters
Lead Consultant, GAINS Project
Assistant Professor, University of South Florida
Tampa, Florida

Mark Fontaine, Executive Director
Florida Juvenile Justice Association
Tallahassee, Florida

Carol Shapiro, Project Director
Bodega de la Familia
Neighborhood Drug Crisis Center
New York, New York

Thomas Conklin
Director of Health Services
Hampden County, Massachusetts
Correctional Center

Summary of Proceedings

Panel A

Panelists argued for a multidisciplinary, systems approach to dealing with problems of substance abuse and criminal activity, regarding them as interrelated problems instead of separate, isolated behaviors. Cross-agency programs increase program effectiveness, generate significant financial savings, and increase public safety. Discussion centered on why a systems approach is needed in dealing with these problems and how to implement cross-agency efforts.

"At the neighborhood level, there is no treatment problem independent of a criminal justice problem independent of a prevention problem," said Michael Sarbanes, Executive Director of the Maryland Governor's Office of Crime Control and Prevention. If the work does not translate to the street, there is no long-term impact.

For maximum effectiveness, "you have to work with the community," identifying all relevant community-based resources, including religious and other local social organizations, to help solve the problems, said Michael Couty of the Missouri Division of Alcohol and Drug Abuse. These problems are related, and the bottom line is that

clients need to be able to live securely from day to day before rehabilitation can begin. "If we do not attend to basic needs – employment, housing, etc. – [our attempts] are not going to work," said Couty.

Although such efforts often are difficult to implement because each organization brings different ideas and priorities to the table, he noted, the end result is more effective than if each organization tried dealing with the problems on its own. In many cases, one organization comes to the partnership with more money and resources than another. However, the poorer partner may bring some expertise that the better-endowed agency lacks. A third partner may bring services, expertise, facilities, or other resources not directly available to the others. For maximum effectiveness, all partners need education about one another's needs and resources, said Couty.

Since substance abuse and crime affect both families and communities, local public institutions such as schools are natural "points of intervention" to stop drug abuse and crime, said Jennifer Mankey, Executive Director of the Denver Juvenile Network. More inclusive collaborations can help agencies focus on what issues families face, instead of what services individual agencies can offer. "It all points to collaboration," said Mankey.

In Cook County, Illinois, combining corrections with treatment helped the county make the most of its limited resources, said Undersheriff John Robinson. After a study found that 30 percent of inmates could be supervised outside jail, the county set up a continuum of comprehensive supervision options. In addition to providing effective treatment and supervision for those offenders outside the jails, use of these options lessened crowding in the county's facilities. Money that might have been used to expand jail capacity was saved.

In response, Wall Street investment firms upgraded the county's bond rating, saving the county $100 million in debt service each year. Cook County now offers a range of treatment programs including early intervention, prevention, and diversion from the criminal justice system. "Our facility treats 100,000 people a year. If we are successful 1 percent of the time in having a person not return to the facility, we would save $4.6 million a year," said Robinson.

Panel B

Discussion on the second panel focused on barriers and challenges to implementing a systems approach. Panelists argued that communities must take into account the special needs of specific populations, such as juveniles and persons with physical or mental illnesses, as well as the need to develop common goals and resolve complicated logistics issues using previously untapped resources.

Large proportions of offenders in prisons and jails are mentally ill in addition to having substance abuse problems, noted Thomas Conklin, Director of Health Services, Hampden County, Massachusetts Correctional Center. More clients with mental illness reside in jails and prisons than in all the hospitals and mental institutions in the country, he said. The Los Angeles County corrections system alone houses between 1,500 and 1,700 mentally ill inmates each day, more than any psychiatric hospital in the country.

Fewer than 10 percent of jails and prisons have any discharge planning services for inmates with mental illness. "Many discharge plans consist of $1.50 and a bus token. We must do better than that," said Conklin. Similarly, Mark Fontaine of the Florida Juvenile Justice Association noted that society has moved mentally ill people from one type of institution, mental health facilities, to another, prisons.

These offenders need a wide range of services provided by several different agencies, and they do not respond well to traditional substance abuse programs, noted Roger Peters of the University of South Florida. They should be in specialized programs with trained staff who can provide different treatment formats and understand the use of medications and their side effects. In addition, the Federal Bureau of Prisons is collaborating with several states to develop programs that ease the prison-to-community transition for mentally ill offenders. Successful programs require intensive support in the immediate post-prison period. In Texas, for example, mental health workers go to the prison door and take newly released inmates to their first mental health appointments.

Juveniles also have an overwhelming need for specialized services and collaborative treatment, said Fontaine. In a recent Florida survey of juveniles in custody, half had mental illnesses, a third had substance abuse problems, and many others were at risk of developing these and other problems. At present, Florida law enforcement and the relevant departments – juvenile justice and children and families – are all seeing the same young people, who bounce from one agency to another. Instead, resources from all agencies must be integrated.

Prisoners also have serious medical concerns that need addressing, Conklin added. In the last year alone, 17 percent of all AIDS victims, 30 percent of those with hepatitis C, 15 percent of hepatitis B carriers, and 35 percent of all Americans with tuberculosis went through state or local corrections systems. However, current federal legislation bars prisoners from receiving either federal or private insurance payment for medical care while incarcerated. As the rate of untreated disease increases, this policy will most likely be costly to the federal government. For every case of hepatitis B that is prevented, the United States saves $96,000. "We cannot have a community standard of care and a corrections standard of care," he said.

In the course of collaboration, agencies unintentionally can send conflicting signals about their priorities, which can undermine their goals. For example, sending a convict to drug treatment instead of prison can make treatment look like a second-choice punishment, designed to save space in the local jail. Instead, agencies need to make it clear that drug treatment is a meaningful intervention, good for the individual and good for the community.

Typically, services for juveniles are even more compartmentalized. The criminal justice system focuses on crime, substance abuse personnel deal with treatment, and child welfare officials deal with child welfare. However, "the child is the common factor in reality," Fontaine said.

To deal with the complicated logistics of coordinating different medical, mental health, and substance abuse treatment needs, Peters noted, Florida is working on a new neighborhood integrated health center model, where service providers from various disciplines will be located in a single place for "one-stop shopping." By working together in a single health center, service providers can make it easier for released prisoners and other clients to get all the services they need. In addition, this approach will facilitate cross-agency communication regarding client needs and services.

Carol Shapiro of the Bodega de la Familia Neighborhood Drug Crisis Center noted that, in carrying out their work, agencies often ignore critical untapped resources including one of the most powerful, the family. Working with the family as a unit provides the opportunity to offer integrated prevention and treatment services, treating several generations at once. Effective family case management also can reveal problems a single agency might miss, such as when a juvenile might be released from custody into a home where an adult is on parole or where domestic violence threatens the stability of the home.

"We have 10 million people a year moving in and out of the criminal justice system. How do they go back to their communities? Angry, unchanged, and deprived," said Conklin. Effective treatment during incarceration can give inmates a chance to rethink their lives and make more effective choices.

The Economics of Substance Abuse Policy

Moderator:
Robert Taylor, Senior Administrator
Illinois Criminal Justice Information Authority
Chicago, Illinois

Panelists:
Henrick Harwood, Vice President
The Lewin Group
Falls Church, Virginia

Mark Shurtleff, Commissioner
Salt Lake County, Utah

Susan Foster, Vice President and Director,
Policy Research and Analysis
National Center on Addiction and Substance Abuse
at Columbia University
New York, New York

Summary of Proceedings

Substance abuse is responsible for imposing multibillion dollar costs on society. It accounts for a large proportion of spending on criminal justice, public health, and mental health. It contributes to significant property and personal crime, including child abuse, domestic violence and sexual assault, and even helps generate environmental costs related to cleaning up wastes from illegal drug production. Acknowledging these costs, panelists argued that advocates must make the case for comprehensive treatment to policymakers and the public more effectively to generate support and funding.

Moderator Robert Taylor of the Illinois Criminal Justice Information Authority noted that the United States annually spends $100 billion just to incarcerate offenders in the nation's prisons; Illinois alone spends $3 billion a year. Because the vast majority of prisoners have substance abuse problems, the costs are significantly greater than they would be otherwise. Illinois, for example, funds a 660-bed corrections facility devoted to substance abusers, and treatment programs are in place in many of the state's other facilities.

Susan Foster of the National Center on Addiction and Substance Abuse at Columbia University estimated that 80 percent of the costs of incarcerating the nearly 2 million prisoners in the United States is linked to substance abuse. Substance abuse is related to 70 percent of all child welfare expenditures and consumes 20 percent of New York City's tax dollars, she said.

If the country does not put sufficient resources into a comprehensive approach that includes prevention and treatment, expenses will continue to rise. "Unless we…focus on how we plug the drain of spending on consequences, we're never going to get ahead," Foster said. "Addiction is a disease with some particularly nasty social consequences, and people have to be held accountable for those consequences. Unless we treat the disease, we're never going to plug the drain of throwing money after this problem."

Henrick Harwood of The Lewin Group agreed, saying his research has found that two-thirds of the total economic costs associated with drug abuse relate to criminal activities. Studies that estimate the payback of treatment show that within 1 year of a treatment episode, the payback is four to six times greater than the cost of the treatment episode, he said. When effective treatment helps bring about long-term recovery, these benefits are multiplied many times over.

The discussion also focused on ways to convince elected officials to support a comprehensive, systems approach to these issues. Foster said that her agency is committed to providing a "map of spending" for elected officials and policymakers so that they will be aware not only of the costs of prevention and treatment but also of the costs that result from not funding these programs.

Mark Shurtleff, a County Commissioner in Salt Lake City, Utah, noted the difficulty faced by elected officials in making funding and programmatic decisions. In addition to understanding statistics and reports, elected officials must take into account political factors and public perceptions. With pressure from constituents to cut social welfare spending, it is difficult to educate people on the subject of effective spending for treatment now to save money later, he noted.

The key to gaining public support lies in framing the issue so that the public understand that their safety will be enhanced and that spending will decrease if treatment programs are put in place. Regardless of whether the public supports social programs, everybody understands "that big dollar sign," said Shurtleff.

Harwood added that researchers need to keep in mind the audience that ultimately will need to understand the research outcomes. If researchers can demonstrate that drug courts or monitoring or treatment programs reduce recidivism, they will be able to influence public perception, Harwood said. Similarly, Foster said the challenge is to put the findings and the knowledge from research into a form and a context that are consumable. We need to focus on subjects that are meaningful to the general public, such as crime reduction, she said. Shurtleff agreed, indicating that if elected officials and researchers spent more time together, lawmakers could have the information needed to explain policy to the voters.

Elected officials tend to have less favorable perceptions of treatment for offenders than do professionals in the public health or criminal/juvenile justice arena, panelists said – an argument supported by a poll of conference participants during the session. Foster asserted that the main reason for this difference is that tension exists over the concept that being "tough on crime" does not include treatment.

Accountability is the main reason for that tension, said Harwood. The public fears that offering treatment comes at the expense of accountability. However, he noted, accountability for one's behavior is one of the key components of an effective treatment program. Foster added that among people who have gone through treatment, many prefer prison, because treatment is very tough. She also noted that treatment and incarceration are not mutually exclusive.

In offering additional advice for collaborative work, other session participants made the following suggestions:

- Provide cross-jurisdictional access to one another's records. Such access will enhance the ability to compile accurate information and to track program effectiveness.

- Reframe the issues to increase the likelihood of funding. For example, in examining outcomes of drug treatment, focus on the changes in crime rates rather than on the number of people treated.

- Deliver the message in a way elected officials can best understand it. For example, have some treatment program participants talk directly to the legislature about these programs and how they will save money.

NATIONAL ASSEMBLY:
DRUGS, ALCOHOL ABUSE, AND THE CRIMINAL OFFENDER
WEDNESDAY, DECEMBER 8, 1999

Opening Remarks

Convener:
Kenneth Moritsugu
Deputy Surgeon General
U.S. Department of Health and Human Services
Washington, D.C.

Speakers:
Larry Meachum, Director
Corrections Program Office
Office of Justice Programs
U.S. Department of Justice
Washington, D.C.

H.Westley Clark, Director
Center for Substance Abuse Treatment
U.S. Department of Health and Human Services
Washington, D.C.

Summary of Proceedings

Opening remarks for the second day of the National Assembly focused on implementing a multidisciplinary systems approach in the criminal justice system, which increasingly finds itself dealing with individuals and families having multiple and complex problems and needs. The resources, knowledge, and skills required to meet these needs go beyond those available through traditional criminal justice programs. Integration of services provided by multiple service systems, particularly public health (including mental health) and criminal justice, is imperative.

Systems integration requires leadership from the highest levels of government with the private sector encouraging, perhaps even requiring, collaborative working relationships among the systems. This leadership commitment depends on the recognition that the well-being, health, and safety of individuals, families, and communities are inextricably related.

Dr. Kenneth Moritsugu, Deputy Surgeon General, urged criminal justice professionals to work together to ensure a community-based continuum of care for individuals involved in the criminal justice system. This continuum, according to Moritsugu, includes appropriate prevention and education efforts, screening and early detection of substance abuse and physical/mental illness, interventions and treatment opportunities, and necessary follow-up and aftercare services.

Dr. H. Westley Clark, Director of HHS's Center for Substance Abuse Treatment (CSAT), also argued for systems integration, and suggested that individualized case management is the best approach to ensure success in the long run. No easy solutions can be applied to all people or circumstances: Juveniles and women have needs that differ from those of adult men, for example. New programs and approaches tailored to the individual must be developed. Creative, community-driven solutions, such as drug and other specialty courts, can help meet these needs.

CSAT is exploring a program that would restore substance-abusing felony offenders, who recover from their addiction and pay their debts to society, to full citizenship rights, including voting and employment. This would

mean sealing criminal records (unless new crimes were committed) because the stigma of a felony conviction is a permanent serious impediment to meaningful employment.

A covenant would be created in which former offenders would comply with individual treatment and accountability plans. In return, the justice system would minimize and avoid excessive, lengthy, or permanent legal penalties for nonviolent crimes of illegal drug use or for nonviolent crimes committed while a person was a substance abuser.

When substance-abusing criminals are rehabilitated and permitted to redeem themselves, everyone in society benefits, Clark said. If such a rehabilitation and redemption system could be created, millions of persons who were convicted for nonviolent criminal activities related to drug abuse could be returned to society as drug-free, productive citizens.

Although both speakers emphasized the importance of prevention, education, and early intervention at the community level, they also noted there always will be individuals who will need to be incarcerated. A collaborative, systems integration approach also will be most effective in prison settings, where extended incarceration provides opportunities for mandatory treatment of substance abuse and a case management system that offers a wide range of services to help offenders successfully reenter communities.

Agreeing that the time is right for collaboration and systems integration between criminal justice and public health, Larry Meachum of the Office of Justice Programs' Corrections Program Office talked about the difficulty of implementing some of the ideas presented. In the criminal justice system, for example, many professionals are being asked to change their basic philosophical model. In the 1960s and 1970s, corrections systems tended to reflect an older "medical model" perspective, which viewed a "sick society" as responsible for producing criminals – i.e., unhealthy environments produced unhealthy individuals. A more recent philosophy in criminal justice represents a radical shift from the medical model to one based on behavioral theories. From this perspective, individuals are seen as responsible for their actions. The behavioral model may well conflict with the medical model that still tends to pervade public health's approaches.

Furthermore, said Meachum, some lingering distrust exists between the two systems, stemming from the large-scale deinstitutionalization of the mentally ill in the 1960s and 1970s coupled with a failure to establish community networks of mental health facilities to replace closed hospitals. The result, in the view of many, was that the criminal justice system became the "dumping ground" for mentally ill persons.

However, regardless of past events or lingering perceptions, Meachum was optimistic that now is the time to move forward with new relationships based on cooperation and collaboration. "The very fact that we are all here for this Assembly means that the problems are solvable and that we can work together to do something positive," he said.

Both criminal justice and public health professionals believe that the government has the dual responsibilities of maintaining social order and reducing and preventing human suffering by helping to ensure quality of life, Meachum noted. These common values and beliefs can drive the work that needs to be done.

Community-Based Interventions I

Moderator:
Thomas Frazier, Director
Community Oriented Policing Service Program
U.S. Department of Justice
Washington, D.C.

Panelists:
Jim Greene, Deputy Director
Court Support Services
Connecticut Judicial Branch
Rocky Hill, Connecticut

Janet Wood, Director
Colorado Department of Drug and
Alcohol Abuse Programs
Denver, Colorado

Nicholas Freudenberg, Director
Hunter College Urban Public Health Program
New York, New York

Ray Berry, Chief Executive Officer
Behavioral Health Care Management Systems, Inc.
Hollywood, Florida

Summary of Proceedings

Collaborative, community-based approaches are needed to work effectively with substance-abusing offenders at the "front end" of the criminal justice system. Panelists focused on the use of innovative assessment and alternative sentencing approaches and on challenges to collaboration that must be overcome to achieve success.

An integrated assessment process is required for offenders to identify problems. This process outlines the types and scope of the problems each individual is experiencing and develops initial recommendations for appropriate treatment strategies. Thomas Frazier, Director of the U.S. Department of Justice's Community-Oriented Policing Service Program, noted that confusion often exists about which partner in the collaboration is responsible for the assessment. In some cases, the arresting officer is expected to have the skills and knowledge to do an assessment but, Frazier argued, it usually is unrealistic to expect officers to have not only the knowledge and skills necessary to do an effective assessment, but also the time to devote to the process.

Ray Berry of Florida's Behavioral Health Care Management Systems pointed to assessment centers, such as the center in Orange County, Florida, as an alternative method. Throughout Florida, these nonprofit centers consolidate and coordinate the assessment process for criminal offenders experiencing drug/alcohol use and/or mental health problems. This centralized process identifies and ensures delivery of appropriate services in the quickest way possible.

Funding for these centers typically comes from the public sector, but the private sector also can contribute. Orange County relies on resources from the United Way as well as from the sheriff's office, drug court, and juvenile justice system.

Drug courts and other innovative sentencing strategies provide alternatives to the overwhelmed criminal court system. Jim Greene of Connecticut's Court Support Services noted that the success of alternative sentencing networks depends on the creation of large numbers of private sector organizations able to respond to the needs of the nonviolent drug offender. In addition, judges must be willing to mandate treatment through these organizations, instead of sending these offenders to jail.

Alternative sentencing is a "win-win-win" situation, said Greene. Offenders get immediate assessment and treatment in their community; the jail/prison population is reduced; and the community can use these programs to focus on other efforts, such as neighborhood revitalization, public works, playground construction, and park beautification.

Both voluntary and mandatory treatment can work, panelists agreed. It may be true that individuals who have volunteered for treatment are more focused in the beginning on achieving successful outcomes, but research indicates that mandated treatment can be equally successful, Frazier noted.

Whether treatment is mandatory or voluntary, success depends on good working relationships between criminal justice system professionals and treatment providers. Sometimes this relationship is problematic because of a reluctance on the part of treatment providers to work with criminal offenders who may be seen as "tough clients." This problem can be particularly troublesome in public/private sector collaborations; when private sector, community-based organizations are allowed to self-select their clients, they most likely will not select criminal offenders, Frazier said.

Such problems underscore the special need for relationship building between the criminal justice system and community-based treatment agencies, said Nicholas Freudenberg of the Hunter College Urban Public Health Program. Partnerships need to be built on the belief that "people coming out of jail are our brothers and sisters" and deserve to be reconnected to their communities, he said, citing as an example the work of the New York Department of Corrections with 40 other groups, serving ex-offenders, substance abusers, the homeless, and women.

Freudenberg also focused on the need to tailor treatment approaches to each person's needs and to consider the special needs of subpopulations such as women and juveniles. For many adult women, drug and alcohol problems are related to emotional and/or physical abuse. Treatment for these women requires special skills and knowledge about abuse and its relationship to drug/alcohol addiction. For youth, school, work, and/or family problems typically contribute to criminal behavior and the use of drugs and alcohol.

Freudenberg cited the Riker's Island Help Link program as a successful individualized, voluntary program to help reduce recidivism, drug use, and HIV risk-related behaviors. This program reaches people at a time when they are thinking seriously about what put them in jail and what they are going to do when they leave. At this key moment, the program helps inmates develop actions to improve their lives and increase their chances for success after release, and then provides follow-up interventions.

While treatment and follow-up are important, panelists also agreed that prevention efforts are essential. Janet Wood of the Colorado Department of Drug and Alcohol Abuse Programs identified several steps that can be taken to improve both prevention and intervention efforts:

- Develop comprehensive community planning mechanisms;
- Develop common outcomes and indicators to measure success;
- Devise ways to combine funding streams that are available to and directed by local communities;
- Use common application forms and coordinated assessment procedures;
- Share other information among service providers.

The panel put forward a "dream team" of collaborators who can help provide the needed continuum of care. The team included, but was not limited to, community-based organizations, schools, mental health facilities, juvenile justice institutions, courts, law enforcement officers, child welfare service organizations, substance abuse treatment facilities, faith-based organizations, grass-roots service providers, elected officials, probation and parole officials, and the public health system.

Such a “dream team” is not only possible, but already exists in many parts of the country. Wood pointed to Denver, Colorado, for example, where more than 200 written memoranda of agreement are in place that clearly spell out the mechanisms by which many organizations from different disciplines work together to achieve common goals.

Community-Based Interventions II

Moderator:
Tom Kirkpatrick, President
Chicago Crime Commission
Chicago, Illinois

Panelists:
Luceille Fleming, Director
Ohio Department of Alcohol and
Drug Addiction Services
Columbus, Ohio

Valerie Raine, Project Director
Brooklyn Treatment Court
Brooklyn, New York

Bennett Brummer, Public Defender
Dade County
Miami, Florida

Henry Weber, Drug Court Judge
Jefferson County District Court
Louisville, Kentucky

James Martz, Assistant State's Attorney
State Attorney's Office
West Palm Beach, Florida

Summary of Proceedings

Panelists discussed effective approaches to implementing community-based multidisciplinary work with substance-abusing offenders, determining ultimate responsibility and accountability in a partnership, developing alternative sentencing strategies, and evaluating the effectiveness of the work.

Moderator Tom Kirkpatrick of the Chicago Crime Commission reiterated the need for collaborative work, noting that there are not enough resources to get the job done through one system working alone. If the same relationship between the number of police officers and the amount of crime existed today as in 1965, the country would need to hire 5 million more police officers, "which is not going to happen," he noted. Panel members agreed that the problems faced by professionals today in the related areas of criminal justice and drug and alcohol abuse are much more far-reaching and more complex than in the past.

Effective working collaborations keep the client at the center of the action and minimize any turf or ego issues that arise, said Luceille Fleming of the Ohio Department of Alcohol and Drug Addiction Services. Formal memoranda of agreement (MOAs) provide one vehicle to encourage concrete cooperation among different individuals and organizations. These MOAs detail the objectives of the partnership, as well as the specific roles, relationships, and responsibilities of each of the collaborating partners. MOAs are particularly important when leadership changes occur, when new practitioners join the group, and when potential conflict situations arise.

Even with MOAs, however, misunderstandings and conflicts can occur. One of the most common occurs over which agency should have ultimate responsibility and accountability for treatment. Some argue that the treatment provider must be ultimately responsible, while others say the justice system must be the primary authority.

Judge Henry Weber of Kentucky's Jefferson County Drug Court argued that the most critical choice when dealing with substance-abusing offenders in the drug courts is determining the treatment provider. Treatment should involve a collaborative, team approach, but when the court is the point of entry for treatment, it must have ultimate responsibility for ensuring such treatment. Providers should understand the needs of the court and the

fact that they are a participant in the court's work, he said. This understanding is critical whether the treatment is to be provided in a criminal justice facility or whether it takes place in the community.

Valerie Raine of the Brooklyn Treatment Court agreed, reiterating that ultimate responsibility for enforcing compliance with treatment is with the courts. Requiring accountability from the client by having them monitored and by requiring regular reporting to the court is important for ensuring compliance with the treatment plan.

Other successful approaches have been used to identify and get treatment for substance-abusing offenders. Bennett Brummer, a Dade County Public Defender, recounted how his office saw unmet treatment needs and decided to become more proactive. They now use a medical model that emphasizes treatment rather than a reactive, punitive criminal model; the office helps identify clients with drug and alcohol problems and assists in getting them treatment. "We try to view these individuals as patient addicts rather than criminal addicts, and we are concerned with outcomes. We want to see them returned to their communities to live successful and productive lives."

Criminal prosecutors are beginning to work proactively with community drug courts and others in South Florida. "We've changed our role a great deal," said James Martz, Assistant State's Attorney in West Palm Beach, Florida. "We've taken to the streets and we're out trying to understand the community better. We're formulating responses now that reflect what the community wants, and we try to identify those clients most likely to succeed in treatment. We're finding ourselves working more and more with the community courts."

Fleming noted that effective treatment is not enough and that most clients require multiple services, including literacy training, General Equivalency Diploma (GED) coaching, and other services to succeed.

There is also a critical need for credible evaluation to ensure the accountability or effectiveness of any treatment approach. These evaluations need to measure outcomes and not merely document a process or simply count the number of individuals who participate or complete treatment, Fleming noted. For example, evaluations need to document whether individuals receiving treatment have lower recidivism rates or higher rates of successful reentry into the community than those who do not receive treatment. "If you don't evaluate, you're not accountable, and if you're not accountable, your funding dries up," she said.

Program evaluations to date indicate that those who have received treatment for their drug and alcohol problems through drug court interventions are less likely to be repeat offenders. "These folks are more likely to be living successfully and paying taxes than using tax dollars," Weber concluded.

Luncheon Presentation

Treatment and Training for Substance Abusing Prisoners: Can Good Public Policy Be Good Politics?

Speaker:
Susan Foster, Vice President and Director,
Policy Research and Analysis
National Center on Addiction and Substance Abuse at Columbia University
New York, New York

Summary of Proceedings

Public policymakers, state and federal health officials, and penal authorities need to recognize that substance abuse and the commission of serious crimes are linked inextricably and that mandatory treatment of substance abuse is necessary for the overwhelming majority of criminals. Trying to fight crime almost entirely through imprisonment has been like "trying to fight a cold by buying lots of Kleenex," Susan Foster argued.

Instead of preventing crime in the first place, we have been making sure that we have plenty of space to keep criminals after they have committed a crime. Excessive reliance on imprisonment and the failure to take advantage of inmates' incarceration to insist on treatment reflect an inefficient use of limited resources and a failure to protect society in the long run.

The overwhelming majority of the 1.9 million offenders in the United States have substance abuse and related mental health problems and are "amenable to treatment," said Foster. Most of these inmates go untreated and often their situations worsen. These prisoners are eventually released into society, and most become reinvolved with substance abuse and the serious crimes that spring from this abuse. They return to prison to take up one of the costly cells that Americans have been building at a brisk pace in the last decade. In 1996 alone, for example, prison construction funding increased by 28 percent, Foster noted. Today, offenders are incarcerated in the United States at a rate 10 times greater than in Europe and 20 times greater than in Japan.

Foster presented three major reasons for why the United States has not taken more decisive action to understand and deal with the link between substance abuse and criminal activity:

- Some believe that treatment for drug abuse is antithetical to a "tough on crime" policy. Treatment advocates are seen as "coddlers of the…offender as victim," who would "hug [these offenders] to their collective breast, and provide soft and comforting treatment." This argument is "silly," said Foster. "Addiction is a disease with particularly nasty consequences." A diabetic's indulgence in the wrong foods or lack of exercise can result in a deterioration of his or her condition, but is unlikely to result in activities that lead to prison. On the other hand, drug or alcohol abuse could very well result in activities that harm others.

- "Tough on crime" proponents say that there is no need or obligation to treat criminals, only to get them off the street. The flaw with this reasoning is that prisons routinely release substance-abusing offenders, including those who have committed violent crimes, and that untreated inmates are likely to return to a life of crime. The failure to treat substance-abusing criminals is "tantamount to visiting criminals on society," Foster said. "Only by treating the disease do we have any hope of stemming the tide of [negative] social consequences."

- The discussion about what to do with the vast majority of criminals who have substance abuse problems is wrongly framed as an either/or question. The truly "tough" approach is to demand both substance abuse treatment and accountability for criminal behavior. In addition, if being tough on crime means mandatory sentencing without parole – and without treatment – we are being ineffective in another sense; we are losing both the "carrot" that can get criminals into treatment and the "stick" that threatens reincarceration if a released prisoner fails to stay off drugs. Many political leaders and policymakers ask: "How can I vote to spend money to help criminals when my constituents want more money for schools, hospitals, roads and bridges?"

In response, Foster argued that if we can adequately treat and return prisoners to the community, we will free up money to pay for these other needed items. If we do not deal appropriately with the link between sub-stance abuse and criminal activity, we will need to dedicate ever larger portions of state and local budgets to building and operating prisons.

Foster estimated that spending an additional $6,500 per prisoner, per year to provide treatment for substance abuse would result in an annual return of nearly 10 times this investment, or approximately $68,000 per prisoner. For every year these former inmates remain drug free, the United States economy would see a total benefit of $8.9 billion. These savings would come from avoided incarceration and health care costs and from taxes paid by released, rehabilitated prisoners.

"We have a choice," Foster concluded. "We can spend more time coming to meetings, beating our breasts about how we lack resources, cooperation, and leadership – which we do – or we can rise up as policymakers and political leaders to the call of common sense…treat the disease, account for the crime."

Institutional Interventions

Moderator:
Stan Taylor, Commissioner
Delaware Department of Corrections
Dover, Delaware

Panelists:
Gina Wood, Director
South Carolina Department of Juvenile Justice
Columbia, South Carolina

Tim App, Assistant Deputy Commissioner
Massachusetts Department of Corrections
Jamaica Plain, Massachusetts

Dan Noelle, Sheriff
Multnomah County, Oregon
Portland, Oregon

Mary Leftridge Byrd, Warden
Pennsylvania Department of Corrections
Chester, Pennsylvania

Gary Field, Administrator
Counseling and Treatment Services
Oregon Department of Corrections
Salem, Oregon

Summary of Proceedings

A comprehensive program of testing, treatment, sanctions, and aftercare is necessary to ensure efficient use of resources in addressing the problems of substance-abusing offenders. In today's environment, correctional institutions must have a mission that goes beyond safety, security, and sanitation, said moderator Stan Taylor, Delaware's Corrections Commissioner.

Taylor cited recent studies in Delaware showing there is up to 40 percent less recidivism with treatment than without it. Virtually all prisoners are released within 27 months. Because the average length of stay in a correctional facility is fairly short, he says, long-range planning and treatment should begin early.

He cited Delaware's Key and Crest Programs as examples of how the criminal justice system can address offenders' drug and alcohol problems. The Key Program provides treatment during the last year an individual is incarcerated. The Crest Program offers 6 months of aftercare in a halfway house. Upon leaving Crest, the individual is monitored for a 6-month probation period. Monitoring for drug and alcohol abuse is built into all stages of the treatment process.

Drug and alcohol testing also is a key component of Massachusetts' comprehensive treatment and sanctions program for incarcerated offenders, said Tim App of the Massachusetts Department of Corrections. A policy of zero tolerance for drugs was developed in the early 1990s in response to high escape rates. Upon investigation, the department found that 80 percent of escapees had become involved with drugs and/or alcohol while on work programs in communities. In response, the prison system began testing for drug/alcohol use when offenders returned from work assignments. Individuals who were using drugs or alcohol were identified, and quick and decisive treatment and sanction responses were implemented.

Currently, the state conducts widespread testing of the general inmate population, using the same combination of treatment and sanction responses. Sanctions might include closer monitoring (including more frequent drug testing, paid for by the offender); loss of privileges, such as good time or visitation; room restrictions; extra job

assignments; or removal from a paying job assignment. The prisoner also might lose consideration for a lower security transfer or be transferred to a higher security unit or facility.

In addition, corrections staff talk with prisoners who test positive about their drug sources. About 60 percent of prisoners identify the source, thus allowing officials to attempt to cut off the supply. According to App, the combination of drug testing, treatment, and sanctions is quite effective. In the past year, he noted, the positive test rate was 0.1 percent, with only five repeaters, down considerably from previous years.

Sheriff Dan Noelle of Portland, Oregon, said his state has found success is possible even with the most hardcore, long-term offenders. However, care must be taken to provide effective community aftercare and follow-up services. Released prisoners cannot be expected to "just walk out the door with no place to go for continuing help," he said.

Oregon also has begun targeting its treatment programs, said Gary Field, of the state Department of Correction's Counseling and Treatment Services Division. An investigation showed that 8 percent of offenders were committing 60 percent of the crimes; those individuals were targeted for participation in treatment. More than 65 percent of them finished treatment last year. Field noted that studies show lower recidivism rates for those who did finish treatment. Even mandated treatment for chronic offenders has been shown to be effective.

However, Field said, the type and scope of treatment services available in a community may dictate priorities for who receives treatment first. If a community has a well-established system of services that can respond to chronic offenders as easily as first-time offenders who are open to treatment, then some services can be offered for everyone who needs them. In a community where the type and scope of services are limited, Field suggested that decisions may need to be made regarding who receives services. At the same time, those communities should expand their capacity to provide treatment both within correctional facilities and in their communities.

Treatment options may need to be different for different populations, said Mary Leftridge Byrd of the Pennsylvania Department of Corrections. She noted the importance of being sensitive to the special needs of women when developing both treatment and sanctions. "Women experience incarceration as a continuation of, rather than an interruption of, their lives," she said. "So it is important to talk about and create programs and access points that deal with relationships."

Similarly, Gina Wood of the South Carolina Department of Juvenile Justice asserted that the 70 percent of juveniles in the criminal justice system who have drug and alcohol problems also need programs tailored to their needs. She pointed out the particular relevance of a collaborative approach to working with young people with co-occurring disorders. Such partnerships allow resources to be spread more broadly among the various programs and organizations and reduce the demand for additional resources, she noted.

Panelists noted that creating these solutions can seem overwhelming in the face of limited resources but added that every community has untapped resources and assets. Field said communities may need to start with the lowest level of voluntary treatment, but "that's fine. Start there and expand from that point."

Community Supervision and Offender Reentry

Moderator:
Tom Williams, Director
Maryland Division of Probation and Parole
Baltimore, Maryland

Panelists:
Michael Bennett, Associate Executive Director
River Region Human Services, Inc.
Jacksonville, Florida

Richard Gebelein, Judge
Delaware Superior Court
Wilmington, Delaware

Linda Janes, Recovery Services Administrator
Ohio Division of Parole and Community Services
Columbus, Ohio

Robert Merner, Detective
Boston Police Department
West Roxbury, Massachusetts

John Befus, Director
Medical and Psychological Services
Colorado Division of Youth Corrections
Denver, Colorado

Summary of Proceedings

States need to establish collaborative, multidisciplinary interventions designed to help offenders establish and sustain drug-free and crime-free lifestyles when they return to their communities. Success requires early intervention, coordinated assessment and case management, involvement of families when appropriate, and targeting of scarce resources, panelists agreed.

It is crucial to identify and respond to the comprehensive needs of both the offender and his or her family at the earliest possible time. As Michael Bennett of Florida's River Region Human Services, Inc., said, "It is a tragedy to find out at the time of release that the individual has inadequate or inappropriate housing and had family issues – we need to know [about these problems] from the beginning." Bennett said his agency has worked to help put in place multiagency planning and assessment procedures that ensure early intervention.

Institutions need to make every possible effort to engage families immediately upon placing someone in a facility, said John Befus of the Colorado Division of Youth Corrections. States should establish coordinated services and active case management that begins as soon as an offender becomes involved with any of the relevant agencies or systems, said Judge Richard Gebelein of Delaware. Such cooperation can make it possible, for example, to bring to the attention of the court a dangerous situation in the home or environment in a timely fashion.

Appropriate assessments for offenders and their families should involve a wide variety of agencies. In Boston, for example, assessment involves police officers, probation officers, youth services professionals, local clergy, and various social service organizations, according to Robert Merner of the Boston Police Department.

Linda Janes of the Ohio Division of Parole and Community Services offered a two-pronged "holistic" approach to assessment. First, it is important to know the offender, his/her family, and the environment. Second, to establish appropriate lines of communication, it is important to determine if the offender, a parent, or anyone else in the household is involved with other providers, such as the welfare system, the corrections system, the health care system, and any other service organizations.

Bennett recounted his organization's experiences in building a coalition to facilitate offender reentry into the community. They experienced success by first bringing together agencies that were willing to cooperate and to use money and resources already available. "We sought out people who were passionate on [the topic of offender reentry], people who were willing to come to the table and were willing to work to get the parties there who needed to be there," Bennett said. Today this coalition has developed and implemented a comprehensive in-jail treatment program, followed by an intensively case-managed aftercare program.

Janes reiterated that services need to be selected and put in place while the offender is incarcerated. She noted that Ohio has a Community Corrections Information System, or computerized electronic tracking system, that has made it possible for different providers, both inside and outside correctional facilities, to exchange information in a timely fashion. This increases the likelihood of a smooth transition of services after the inmate leaves a facility and returns to the community. Ohio also has found it effective to use the same community-based service providers for offenders both during incarceration and after release.

In looking at the issue of whom to target for comprehensive reentry and aftercare programs, Gebelein noted that there is not enough money to provide services to all individuals. Delaware has identified two primary groups to receive these services: first-time offenders and probationers. The state created a Diversion Drug Court that facilitates drug treatment and other services for first-time offenders. For a relatively small amount of money, Gebelein said, the state has seen a big return in "not seeing those folks again."

The second group is probationers who have had trouble integrating into the community. These offenders often return to correctional facilities and have become the fastest growing population in Delaware's prisons. Services provided for this group include therapy while in prison followed by intensive aftercare services. So far, the special work done with these two groups of people has shown promising results, Gebelein said. Meanwhile, the state is trying to expand services to other populations as well.

Ohio spends a large proportion of its total criminal justice dollars on supervision and treatment of individuals who can be served outside correctional facilities – offenders who have been diverted from prison or who are on parole or probation, Janes said. As an example, she cited a new state program for minority male offenders who were being returned to prison on technical violations, about 80 percent of which relate to substance abuse.

Janes noted that the state was willing to establish the program because advocates demonstrated through research-based information that the program was needed and had the basis to succeed. Similarly, Bennett noted that groups will more readily take part in a cooperative effort when concrete, credible evidence is used to demonstrate that a particular program or approach is effective and that money is saved in the process.

Two other innovative aftercare programs, from Boston and Delaware, deal with juveniles. Boston's Operation Night Light, is aimed at helping juveniles on probation meet the terms of their probation, Merner said. The program increases the supervision of these young people, and includes evening home visits by police and probation officers. The program increased curfew compliance among participants from 17 percent in 1992 to 68 percent in 1996.

Delaware's Safe Streets program also provides increased surveillance of juvenile offenders. Gebelein noted that "you make it real" when you pick young people up after curfew, bring them before a judge the next morning, perhaps put them in jail for a day or two, and impose other punishments. The program has helped keep these young people from "hanging out on the corners."

Call to Action and Town Hall Forum

Moderator:
Laurie Robinson, Assistant Attorney General
Office of Justice Programs
U.S. Department of Justice
Washington, D.C.

Speakers:
Honorable Janet Reno, Attorney General
U.S. Department of Justice
Washington, D.C.

General Barry McCaffrey, Director
Office of National Drug Control Policy
Washington, D.C.

Honorable Donna Shalala, Secretary
U.S. Department of Health and Human Services
Washington, D.C.

Summary of Proceedings

In a rare joint appearance, three Presidential Cabinet officials joined in calling for a multidisciplinary, collaborative approach to addressing the problems of substance abuse and criminal behavior. Attorney General Janet Reno, Secretary of Health and Human Services Donna Shalala, and General Barry McCaffrey, Director of the Office of National Drug Control Policy, argued that our ability to end the intergenerational cycle of addiction and violence in the United States depends on adoption of such a systems approach.

We must treat crime and drug use as interrelated problems instead of regarding them as isolated behaviors. Attorney General Reno said, "We must learn to bring the disciplines together."

"We can't hope to prevent substance abuse among young people – in their schools, in their homes, and on their streets – unless we treat addiction behind bars," said Secretary Shalala.

And, General McCaffrey noted, "At the community level, we need to bring together judges, police, doctors, ministers, and business [leaders]."

Janet Reno, Attorney General
U.S. Department of Justice

The Justice Department promotes a three-part strategy to reduce substance abuse and criminal activity: prevention, intervention, and enforcement. For maximum effectiveness, agencies and communities need to use a systems approach and cooperate and collaborate at every point in the process, from planning to implementation to project evaluation.

- Prevention efforts must start early and be comprehensive. Cross-agency programs can be developed for young people at risk for substance abuse to provide positive alternatives to drug-related organizations. These programs need to bring together community leaders from different sectors, including educators, social workers, parks and recreation personnel, and law enforcement staff.

- Intervention requires cooperation from the very beginning. For example, if a mother fails to respond when a school calls about a truant child, a community team should be ready to respond. The team would include a police officer, a counselor, and a nurse to help the family deal with substance abuse and/or other problems. Similarly, a case of domestic violence in a hospital emergency room should trigger a substance abuse intervention.

- Enforcement must be smart. After creating a common database, for example, state, federal, and local authorities can hire expert analysts to find patterns in drug use and identify the major drug organizations for law enforcement.

Reno cited the success of the nation's drug courts, which place first-time drug offenders in compulsory treatment and supervision instead of jail. Now celebrating their 10th anniversary, the country's 200 drug courts have become an effective alternative to overcrowded jails.

The court system is overwhelmed with unmanageable caseloads, she said. These courts generally do not have adequate treatment and sentencing alternatives, and generally do not have the resources to address protracted substance abuse problems. As a result, substance-abusing offenders, especially those charged with possessing small amounts of drugs, often receive no treatment and are sent back into the same situations that helped generate their criminal activity.

Reno spoke of the carrot-and-stick approach used by drug courts, reentry courts, and other related programs. With the carrot of a positive future and reduced sentences, and the stick of enforcement, we can reduce drug abuse and criminal activity and save communities money, she said. These carrots can include:

- job training while in prison;
- job placement at the time of release;
- training in life skills;
- promoting contact with the community and the inmate's children, and ensuring child support is paid;
- drug treatment follow-up and aftercare;
- advocates who will support the inmate's cause in court.

The stick of judicial supervision, with regular reporting, drug testing, and the threat of incarceration helps make the carrots effective. "If you test positive, you're going [back] to prison," said Reno.

"We have an opportunity to stem the tide of drugs and stop the culture of violence. We can end this epidemic and give kids a future," Reno said.

Donna Shalala, Secretary
U.S. Department of Health and Human Services

The public health and criminal justice systems must collaborate to get prisoners the treatment they need. "It's not easy, but strong medicine never is," Shalala said. In the past, corrections systems focused on custody, care, and security, while public health advocates promoted health in the larger community. Today, the U.S. Department of Health and Human Services is committed to a comprehensive systems approach, and to working more closely with the criminal justice system.

The vast majority of inmates have substance abuse problems, Shalala noted. Many of these inmates also have communicable diseases, including tuberculosis, hepatitis, and HIV/AIDS, and many both abuse drugs and suffer from mental illness. However, inmates' overwhelming public health needs challenge corrections and public health agencies, and only a very small percentage of those needing treatment receive it during their incarceration.

Nonetheless, prisons and jails offer unparalleled treatment opportunities. "We need to take advantage of the fact that prisoners have no choice but to show up for treatment," said Shalala. Citing a recently released study done in Delaware, Shalala noted that offenders who completed 12 to15 months of drug treatment while in prison and 6 months of treatment after their release were twice as likely to be drug free as their counterparts after 18 months. If left untreated, substance abuse problems will continue after these individuals are released from prison, threatening the well-being of both the former inmates and the community as a whole.

Current Health and Human Services Department systems approach initiatives include helping design new models of care for correctional systems through the Centers for Disease Control's Health Resources Administration for National Corrections. The Department also has invested in the Center for Substance Abuse Treatment's family drug court program and gave $8 million to criminal and juvenile justice treatment networks last fiscal year. Increasing funding for mental illness and substance abuse treatment to prisoners will reduce costs in the long run, Shalala said. However, she noted that, by law, only a limited amount of the Department's block grants can be spent on treatment within the corrections system. Funds for these programs will be needed from other sources as well.

In stressing the need for multidisciplinary approaches, Shalala also focused on the situation of several million children at high risk for substance abuse and criminal behavior, who need more help than any one agency can provide. "We must break this cycle with leadership from all," she said. The nearly 2 million inmates currently in U.S. prisons and jails have 2.5 million children. These children are at a higher risk for abusing drugs and more likely to commit crimes than their peers. Every day judges and law enforcement officials see the children of past offenders entering the vicious cycle of substance abuse and crime. "Treatment and testing with sanctions are not just a public health priority, but a matter of public safety," said Shalala.

General Barry McCaffrey, Director
Office of National Drug Control Policy

In each of the next 5 years, 550,000 prisoners are going to be released back into communities, where two-thirds will probably fall back into the same cycle of drugs and crime.

McCaffrey emphasized that a collaborative, systems approach is essential in responding to treatment needs and that this approach is based on scientific research findings. "We have the intellectual basis to proceed," he said. Currently the Office of National Drug Control Policy is distributing the National Institute on Drug Abuse pamphlet *Principles of Drug Addiction Treatment*, which presents summaries of peer-reviewed studies of cross-agency substance abuse programs. Legislators, city council members, and all other public policymakers need to have information about methods that work as described in these and other credible research studies.

The Office of National Drug Control Policy is working with other agencies on three types of solutions to the related problems of substance abuse and criminal activity:

- "Front-end" solutions such as the nation's 600 existing and planned drug courts, which intervene with drug users just entering the justice system;

- Working within prison systems, including training prison personnel on substance abuse, selecting employees with substance abuse expertise, and maintaining data on prisoners' substance abuse;

- Reentry courts for released inmates, to supervise and ease the transition back into the community.

The office also is attempting to get funding to capture state-by-state substance abuse statistics and to merge databases from 70 cities across the country. High on its agenda is increasing public officials' awareness of both inmates' substance abuse and the high cost of diverting resources to imprison 2 million Americans.

McCaffrey noted that the federal government is implementing systems-approach programs in the federal corrections system. He challenged states and communities to do the same. The systems approach requires cooperation at all levels with judges, police, doctors, ministers, and business leaders, but it also demands vigorous law enforcement. "Addicts want to keep using drugs, but minimize the consequences," said McCaffrey. Strict enforcement ensures that the consequences will be significant and inescapable.

Hundreds of thousands of people are working nationwide to stop substance abuse, noted McCaffrey. Their efforts need to be acknowledged and applauded. However, the work cannot be accomplished by the efforts of these "heroic people" alone. If we are to solve the problems of substance abuse and criminal activity, these efforts need to be reflected in multidisciplinary programs and supported by additional funding.

NATIONAL ASSEMBLY:
DRUGS, ALCOHOL ABUSE, AND THE CRIMINAL OFFENDER
THURSDAY, DECEMBER 9, 1999

Opening Remarks

Speaker:
Shay Bilchik, Administrator
Office of Juvenile Justice and Delinquency Prevention
Office of Justice Programs
U.S. Department of Justice
Washington, D.C.

Summary of Proceedings

Successful work with substance-abusing juvenile offenders requires a recognition that young people's needs are different from those of adults, and that a public health perspective is most appropriate for developing an effective set of programs, said Shay Bilchik, Administrator of the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Efforts with children and youth must be comprehensive, grounded in prevention, and include appropriate assessment, accountability measures, and aftercare services.

The nation's first juvenile court was created more than a century ago in recognition of the special needs of juveniles. "[Young people] aren't miniature adults, with their cognition fully formed, their decisions wholly rational," Bilchik said. "Youth have distinct developmental needs requiring supervision and guidance to meet those needs and achieve their full potential as adults." Service providers for juveniles must focus on the special developmental needs of young people, on how behavior patterns are formed, on their values, and on the risk factors that often indicate future problems.

Credible evidence shows that while juvenile drug use is declining, it remains a serious national issue. Moreover, Bilchik noted, "The many individual crises that confront our youth are related and are part of a larger common problem. Juvenile delinquency, drug use, gang membership, gun possession, homicide, and violence form a nexus of issues often present among the same youth. We have a rich description of the developmental pathways that our children follow into delinquency and into more serious offending," said Bilchik, citing the following OJJDP statistics:

- Youth involved with drugs are likely to be engaged in other delinquent behaviors. For example, compared with youth not using marijuana, youth who are active marijuana users are much more likely to have sold the drug (24 percent versus 1 percent), carried a gun (12 percent versus 2 percent) or become involved in gang life (14 percent versus 2 percent).

- About half of incarcerated youth report being under the influence of drugs or alcohol when they committed the crime for which they were institutionalized.

- One in 4 youth possessing illegal firearms committed a gun-related crime, and 4 in 10 of those youths used drugs while committing these crimes.

Since youth behaviors are well documented, we can understand the positive factors that "protect" them and respond to the negative or risk factors that lead to destructive and delinquent behavior. "We know, for example, that family dysfunction, poor peer relations, and the lack of positive opportunities are risk factors that lead to drug use and delinquency for our children," he said. Research shows that:

- Adolescents whose parents exhibit criminal behavior are about twice as likely to be involved in serious delinquent behavior as are youth whose parents are not involved in similar behaviors.

- Adolescents with delinquent peers are about 10 times more likely to be involved in serious delinquency than are youth whose peers do not exhibit delinquent behavior.

- When both of these problems are present in an adolescent's life, he or she is 17 times more likely to be involved in serious delinquent behavior.

Conversely, Bilchik said, certain positive influences or "protective" factors can offset negative influences. Protective factors include positive peer and family relationships, involvement in school and community activities, volunteer work, and so on. The most effective avenue to reducing juvenile substance abuse and crime lies in encouraging the development of these positive, protective factors both inside and outside the juvenile justice system.

Positive prevention efforts are particularly important and the most cost-effective means of addressing the problem. These involve everything from prenatal care and family strengthening to improved schools and opportunities for young people. Positive growth and development must start with positive family relationships, which provide the important source of supervision and guidance for youth and help alleviate the burdens of adolescence.

Communities must be involved actively in work that is not only anti-drug but "pro-youth." "Each of us who care about making our communities safe is responsible for insuring positive opportunities for youth to develop," he said. "The results we have seen from community programs like mentoring, after-school programs, conflict resolution training, youth leadership, job training, employment, and the arts are testaments to this fact. Basically, kids need something to say yes to...something they value that they would lose if they engaged in delinquent behavior."

OJJDP and the Office of National Drug Control Policy (ONDCP) jointly are supporting coalitions in 215 communities that bring together various sectors to develop and implement community prevention programs. In FY 2000, $30 million will be made available to expand community coalition programming to nearly 100 additional communities.

Community collaboratives can function as a critical link to the work of the juvenile and criminal justice systems by providing aftercare programs for young people after they leave the criminal justice system. These collaboratives are needed to develop the broad-based community support required for programs to be effective.

Thorough assessment mechanisms also are needed, Bilchik said. They should occur at the first sign of trouble in order to determine the youth's potential risk to the community and the most effective means of addressing the problems. Young people give plenty of warning signs when they start heading into risky behaviors. On average, the criminal justice system usually knows about these youths for at least seven years before they become serious offenders and youths. However, young people typically are involved in active delinquency for about two years before their first referral for intervention of any kind.

"Without any objective criteria to assist in making smart decisions about our kids, we also are wasting our resources," Bilchik said. He spoke of potentially wasted resources on the "front end," with services that may be applied inappropriately or duplicated across systems, or on the "back end," "when juveniles have gone too far down that road for us to maximize our chances of being effective with them."

In addition to prevention and assessment, the court system needs to move quickly and appropriately when a young person is in trouble. Graduated sanctions and placement options are needed for young offenders. Drug courts, for example, use a wide range of options, such as community service, restitution, diversion, mental health and substance abuse treatment, home detention, electronic monitoring and group homes, and incarceration.

Aftercare programs also are important after juveniles leave residential facilities. "It's too easy to say the child benefited from treatment and send them home, back into the same environment from which they came, which wasn't necessarily a positive one," Bilchik said. "The day they enter our institutions, we have to start thinking about the support systems they'll need when they leave our institutions and work with issues around school, family and peers. Those are the domains to which these young people will return and with which they will have to deal, even if they've improved in treatment." These aftercare programs must establish a solid foundation for accountability-based programming when the young person returns to the community.

The key to effectiveness in all these programs is a comprehensive approach that balances swift and consistent accountability measures with appropriate, individualized treatment programming, Bilchik said. "We can take what we've learned about young people, effective programs, systems change, and move this knowledge and practice to a scale never before achieved."

Juvenile Interventions

Moderator:
Randall Wykoff, Director
Office of Disease Prevention and Heath Promotion
U.S. Department of Health and Human Services
Washington, D.C.

Panelists:
Eugenia Ortega, Superintendent
Karl Holton Youth Correctional Drug and
Alcohol Treatment Facility
California Youth Authority
Stockton, California

Douglas C. Dodge
Office of Juvenile Justice and
Delinquency Prevention
U.S. Department of Justice
Washington, D.C.

Alvera Stern, Special Assistant to the Director
Center for Substance Abuse Prevention
U.S. Department of Health and Human Services
Washington, D.C.

Summary of Proceedings

Panelists argued that prevention, early intervention, family involvement and multidisciplinary approaches are the hallmarks of effective responses to dealing with juvenile substance abuse and criminal or delinquent behavior.

Moderator Randall Wykoff of the Office of Disease Prevention and Health Promotion presented these measures of the scope of the problem:

In a recent survey of high school seniors, one-third reported at least one incident of binge drinking during the previous 2 weeks, and one-fourth reported using a controlled substance during the same time period. One in ten reported using cocaine regularly. He further noted that:

- Approximately two of every five young people entering the corrections system are chemically dependent. A similar percentage report being under the influence of drugs or alcohol when committing a crime.

- More than 200,000 arrests for drug-related offenses by juveniles take place annually, including 30,000 arrests of youths under the age of 14.

Wykoff argued that substance abuse by juveniles is a public health problem, a social health problem, and a criminal justice problem. Effective solutions require a substantial, comprehensive, and collaborative approach. Cost-effective answers demand that society reach these young people before they become users, before they have health problems, and before they reach the juvenile justice system.

Successful work with young people must begin from the premise that their needs are different from those of adults and that programs must be designed specifically with their particular needs in mind. Prevention programs are key to working effectively with youth, said Dr. Alvera Stern of the Center for Substance Abuse Prevention (CSAP).

These programs need to identify risk factors associated with the likelihood of future problems, such as poor family and/or peer relationships, and develop varied approaches to decrease those risk factors. Specific prevention strategies include: the dissemination of specific information, such as media campaigns about healthy lifestyles; skills-building, such as teen workshops on peer pressure and parenting education for adults; and the provision of alternative activities, such as art, music, sports, and community volunteer projects.

Prevention programs must bring together all elements of the community, Stern said. Citing a number of joint Office of Juvenile Justice and Delinquency Prevention/CSAP-funded family-strengthening programs in place across the country that help build positive family relationships, Stern said collaborative programs involving multiple organizations have demonstrated the greatest success. These collaborative programs include the cooperation of various federal agencies, state and local governments, and public and private sector community-based organizations. She encouraged more efforts from community groups and faith-based institutions.

Stern also cited another successful collaborative program in Pennsylvania, the School Assistance Program. Financed with state and local funding, this program helps schools assess individual students and their families, identifying issues that may impede success in school before these issues get out of hand and helping families find appropriate resources for dealing with problems. The program is required in each elementary and secondary school in the state. It has resulted in decreased rates of substance abuse and other mental health problems, such as suicide.

Eugenia Ortega, Superintendent of the Karl Holton Youth Correctional Drug and Alcohol Treatment Facility in California, cited her program as an example of effective institutional intervention for juveniles. Components of a successful intervention include accountability for behavior, a commitment to change behavior, long-range planning, skills-building, and treatment. Institutional interventions generally emphasize behavioral modification over community interventions. Ortega's facility emphasizes education and physical fitness. Facility staff often are called upon to act as a substitute for an offender's family, but families need to become more involved in the program, she said. Some families participate in group therapy, but other types of involvement are also needed.

The Holton facility is the only institution in the California correctional system devoted entirely to substance-abusing juvenile offenders and the largest such institution in the nation. It opened after the California Youth Authority (CYA) learned that 80 to 85 percent of all young men sentenced to CYA facilities had a history of either substance abuse or a drug-related offense. Today, the center has a 36-percent recidivism rate, compared with a 49-percent recidivism rate for a similar population in other institutions. Although initial funding was difficult to locate, Ortega said, the federal government assisted with funding once the program was in place.

Douglas Dodge of the Office of Juvenile Justice and Delinquency Prevention (OJJDP), argued that community aftercare programs are critical for a successful transition from institutional settings to the community. The value of planning and treatment efforts within institutions will be lost quickly without strong community supports. Thus, he said, "Whether public or private, [community supports] need to be in place, and [these supports] need to be linked to the initial planning process with the child and the family."

The key to successful aftercare, said Dodge, is planning for and working with the young people as soon as they enter an institution rather than waiting until they are ready for release. A strong case management system that offers individualized assessment and comprehensive services is the appropriate method. The transition process back to the community following incarceration should be highly structured and supervised, with gradual reduction in oversight as the young people reintegrate successfully.

Aftercare programs must consider and adapt to particular local needs, he said. In rural jurisdictions, for example, programs can be complicated by distances between the resources available and those who need them. A Las Vegas-based juvenile aftercare program, which serves a widely scattered rural population, provides additional personnel to cover the large area as well as transportation services to help families get to both residential facilities and community aftercare programs.

Aftercare programs are receiving more attention and more resources than in the past. Dodge noted that OJJDP has developed an evidence-based theoretical model to work in aftercare settings. Currently, the model is being tested in three jurisdictions: Denver, Colorado; Norfolk, Virginia; and Las Vegas, Nevada.

Panelists also stressed the importance of working with a juvenile's entire family. The more family members use alcohol and drugs, the more likely a young person will begin abusing substances. "The major pathway to kids' later drug use is the family," Stern said. "We have strong empirical evidence that if we want to get at the root cause of substance abuse and violence among young people, we have to look at families."

Panelists also noted that limited resources often hinder efforts to work with young people. Collaborations must exchange resources to be more effective, Ortega said. Evidence that supports program effectiveness also will make it possible to develop new resources.

Meeting the Challenge: A Discussion of Action Planning and Next Steps

Moderator:
Stephen Amos, Deputy Director
Corrections Program Office
U.S. Department of Justice
Washington, D.C.

Panelists:
Dr. Pablos Hernandez, Administrator
Division of Behavioral Health
Wyoming Department of Public Health
Cheyenne, Wyoming

William Sondervan, Commissioner
Maryland Division of Correction
Baltimore, Maryland

John Robinson, Undersheriff
Cook County
Chicago, Illinois

Darryl Larson, Circuit Court Judge
Oregon Judicial Department
Eugene, Oregon

Summary of Proceedings

Representatives from three states and one local jurisdiction spoke about the obstacles they have overcome and lessons they have learned in implementing a multidisciplinary approach to integrating drug treatment into the corrections system. The panelists agreed that the problems of substance abuse in prisons could be dealt with effectively only if addressed simultaneously by a variety of professionals from different backgrounds and agencies. Primary health care providers, drug treatment counselors, corrections officials, and probation/parole officers must work together to root drugs out of the penal system, to provide substance abuse treatment for addicted inmates, and to provide a variety of other services for inmates before and after they are released.

Although the particular challenges facing each jurisdiction were different, all four panelists agreed that successful collaboration must start with all partners establishing specific goals; deciding which agencies will meet each goal; holding specific agencies and individuals accountable for meeting these goals; and institutionalizing a method for measuring success.

In addition, clear communication among all partners is needed on a regular basis, from top correctional administrators to public health professionals to those who work in the jails to elected officials. Effective communication can make the difference in meeting one's objectives, in bringing the public on board, and in convincing legislators to fund cross-agency programs.

Maryland

Corrections Commissioner William Sondervan described how Maryland is using a cross-disciplinary approach to get drugs out of the state's prisons and to provide prisoners with needed drug treatment and education. The key to success, said Sondervan, was the development of a planning and implementation team made up of many different agencies and individuals. Acquiring two grants**,** including funds from the Drug-Free Prisons Zone program, which seeks to interdict and control the availability of drugs in prison, the team has been able to fund treatment, education, and other actions aimed at getting drugs out of the prison system.

The Lieutenant Governor became actively involved in the effort, as did the state's Correctional Administrators Association. State legislators provided crucial funding for drug interdiction and for substance abuse treatment, which was provided through state health services agencies. "All things flow from good communication and positive relationships," Sondervan said.

To illustrate these collaborative efforts, Sondervan profiled the methods used at one prison with a particularly serious drug problem. First, correctional officers and state troopers entered the prison, locked it down, and removed all drugs, contraband, and weapons. Following the raid, drug policies and procedures were tightened. A strong security corps was established to identify problem inmates who were bringing drugs into the prison. Those prisoners were moved to other in-state and out-of state facilities. Sanctions were imposed on any inmate or visitor caught with drugs.

Employees caught with drugs were immediately fired. In addition, the warden, assistant warden, and chief of security were all replaced. Other employees were moved to other prisons to "bring in fresh blood" and "change the culture" of the prison.

While the prisoners said they were happy the drugs were getting cleaned out, they made it clear that they needed substance abuse treatment, which was provided. In addition, to ensure that the prison remains free of drugs, prisoners are subject to regular urinalysis testing. The prison's canine force has been increased, and a new technology called ion-scan or ion-spectrometry, a kind of "mechanical drug dog," is used.

Even during times of cost-cutting, Sondervan strongly recommends maintaining substance abuse treatment programs, including urinalysis testing on a regular basis. "When times get bad and the budget goes down, don't give up on your core values. Don't quit doing the essential things....I think it's inexcusable to have inmates who come out of prison, after a term of incarceration, who are still addicted to drugs," Sondervan said.

Oregon

Oregon is using a multidisciplinary approach to develop and implement a statewide set of standards or goals that apply to different aspects of life in the state, including public safety, health care, the environment, the economy, education, and social issues, Judge Darryl Larson said. Known as the Oregon Benchmarks, the program outlines specific goals for every category of state government activity.

Different agencies share goals, encouraging cross-agency collaboration. For example, preventing teen pregnancy may be a secondary goal of the juvenile justice system, and a primary goal for health and human services. All objectives are developed so that their achievement can be measured quantitatively. Cooperation between agencies has enabled the state to develop cutting-edge drug treatment programs and improve its juvenile justice system.

The entire benchmark framework is publicly disseminated, which has increased state accountability for establishing and meeting goals. In addition, the people of the state are encouraged to be active participants in the process. The benchmark program also has helped the state legislature become more familiar with how legislation is implemented, holding specific agencies accountable for meeting various goals.

For more information on Oregon's benchmark program, visit: www.econ.state.or.us/opb.

Wyoming

Dr. Pablos Hernandez described a recent period during which Wyoming was faced with a methamphetamine crisis, and all state agencies came together to eradicate the problem. A multiagency team was developed with the responsibility to formulate goals and specific plans to deal with the crisis, and to implement those plans. The state Attorney General's Office, the Department of Criminal Investigation, Family Services, and the state departments of health and education were involved in the effort.

One successful tactic the team developed was the use of "champions" who took a leadership role in building support for education and drug treatment programs in communities across the state. One champion was a police officer who traveled across the state, speaking with local jurisdictions about what it means for criminal justice professionals to eradicate substance abuse through services and treatment. By visiting each community, he also was able to help the team develop specific strategies to address the particular problems in each community. Another champion was a state Senator who helped other lawmakers understand the systems approach to drug problems, which helped generate an allocation of $3.4 million to address the crisis.

Although Wyoming focused its efforts specifically on the methamphetamine crisis, the process helped different departments develop clear strategies and action plans that relate to other types of substance abuse treatment and services. It is important to destigmatize substance abuse and address it for what it is – "a disease," Dr. Hernandez said.

Cook County, Illinois

Undersheriff John Robinson described how the problem of inmate crowding in Cook County forced officials to use a multidisciplinary approach to prison crowding and the rehabilitation of prisoners with substance abuse addictions. As far back as 1974, the county had been under court order to ameliorate crowded jail conditions. The county generally was less responsive than it should have been, trying to repair the situation with "Band-Aids," and the crowding worsened.

Building new prisons did not solve the problem; as soon as one was built, it was filled to capacity. By 1990, conditions were so bad that Cook County was releasing 36,000 inmates each year with no subsequent supervision, and 3,800 inmates were sleeping on the floor. As a result, contempt of court proceedings were filed against the county in 1990 for failure to comply with the 1974 court order. Individual county employees were ordered to pay a fine of $1,000 per day until conditions changed.

In response, the county began developing a new approach. It started a coordinating council made up of local treatment and criminal justice officials, including the Chicago Police Department Superintendent. Establishing the goals of treatment, public safety, and institutional safety, the group met regularly. A private sector group also worked on the effort.

Plans were developed to get treatment for substance-abusing inmates and to move those people out of prison who could be safely removed. The group developed a continuum of supervision options and techniques for released inmates, including a "drug school" program and electronic monitoring.

A Day Reporting Center for former inmates was established, providing drug treatment, job training, GED training, and parenting and anger management classes. "It's like a high school for felons. Instead of learning to be a better felon, we try to teach you to be a better person," Robinson said.

Today, fewer than 1,400 inmates are released without supervision each year, and only 200 inmates sleep on the jail floor. Robinson expects that by spring 2000 every inmate will have a bed. Cook County has not built a new jail in nine years. Instead of spending money on jails, the county invests in treatment.

One major key to solving the problem was reframing it. "We said overcrowding isn't the problem anymore. Crowding is the problem, which presupposes that [any crowding] is unacceptable," said Robinson. Thus, new answers emerged by seeing the issue differently and using different language.

The panelists concluded the session with the following specific recommendations:

- Have a plan, a goal, and hold people accountable early on.

- Reach out to and communicate regularly with professionals from different backgrounds. For example, people with military or law enforcement experience need to listen and work closely with medical and drug treatment professionals.

- Find other ways to enhance communication, such as integrating computer databases, transferring information across agencies, and changing some confidentiality policies.

- Step outside the status quo. Challenge policies and laws that are not working.

Closing Remarks

Speaker:
General Barry R. McCaffrey, Director
Office of National Drug Control Policy
Washington, D.C.

Summary of Proceedings

As the prison population approaches 2 million inmates, the corrections system is struggling to compensate for our society's failure to deal with substance abuse and addiction. The vast majority of prisoners in America's "internal gulag" have a history of substance abuse, said General Barry McCaffrey, the country's leading drug control official. Prison sentencing alone cannot compensate for other social institutions' failure to deal with substance abuse; merely locking up criminals is too expensive and is not working. Tens of thousands of addicted Americans are returning to jail each year for repeat offenses stemming from their abuse of drugs and alcohol. Of the 550,000 prisoners released each year from state and federal prisons, only a small fraction have received any treatment for substance abuse during their incarceration.

The field of substance abuse treatment is at a historic turning point, said McCaffrey. For decades drug treatment and corrections systems have worked independently of each other. Now, there is widespread agreement among treatment providers, correctional officials, and many elected officials that public health and corrections personnel need to use a multidisciplinary or systems approach and treat crime and substance abuse as interrelated problems instead of seeing them as isolated behaviors. "We've had two systems. We need to build the links between them," he said.

Criminal justice and public health agencies need to collaborate during all phases of both the treatment and penal system's plans and actions, from "front-end" interventions with juveniles just entering the justice system to community reentry programs for inmates facing release. Horizontal integration, or coordination across agencies at the same community level, and better planning can change lives. By using such a collaborative approach, we can minimize the damage these substance-abusing individuals are doing to themselves and society. Further, we can accomplish these goals at a much lower cost than funding separate substance abuse and criminal justice programs.

While the Office of National Drug Control Policy (ONDCP) and the Office of Justice Programs (OJP) are developing new resources to help in this work, it is up to the local communities and states to work together to create and implement coordinated, cross-agency action plans. Opportunities for the use of an integrated, systems approach by state and local criminal justice and public health officials include:

- "Front-end" interventions to work with juveniles when they first enter the justice system;
- Diversion programs that offer alternative sentences to substance-abusing offenders, such as compulsory drug treatment, instead of prison terms;
- Community-based interventions in family workplaces and faith communities;
- Institutional interventions inside prisons;
- Community supervision and reentry programs.

Funding is key to making a systems approach work. Currently, relatively little funding is allocated to treatment of addiction. Additional funds must be found for treatment. To make these funds available, local and state public safety and public health experts need to convince mayors, legislators, county executives, and governors that a

systems approach to dealing with substance abuse in the justice arena is effective, saves money, and increases public safety.

At the federal level for Fiscal Year 2000, the U.S. Department of Health and Human Services' targeted treatment capacity expansion program will receive $112.8 million, $2.6 million more than requested. OJP's Drug Courts Program Office will get $40 million (an increase of $10 million), and the Residential Substance Abuse Treatment for State Prisoners programs will be sustained at $63 million, with an additional $26 million available for drug treatment of federal prisoners. At the same time, though, the Block Grant was reduced from $1.615 to $1.585 million, and for the second straight year, no money was allocated to the Drug Intervention Program.

Apart from funding, ONDCP will be working with other agencies to expand substance abuse treatment programs. McCaffrey noted that he will join with Attorney General Janet Reno and Health and Human Services Secretary Donna Shalala to push for health insurance coverage for the treatment of drug dependence that is essentially similar to coverage for treatment of other medical and health problems, generally known as "parity." They also will work together to review policies that exclude the use of Medicaid funding for residential treatment. ONDCP will support the Treatment Alternatives for Safer Communities program and hopes to increase the number of Breaking the Cycle (BTC) sites, which integrate testing, treatment, supervision, and sanctions. The preliminary results of the BTC program are encouraging, with compliance rates of 70 to 86 percent and a rearrest rate of only 1 percent.

ONDCP and OJP will offer several resources to help communities and states work toward a systems approach, including:

- A single "one-stop shopping" technical assistance contact point at OJP for communities and states. Assistance will be available from Justice agencies and Health and Human Services agencies;

- Research-based "Best Practices" information on systems approaches for drug treatment in the justice system**,** in concert with the Substance Abuse and Mental Health Services Administration, the National Institute on Drug Abuse, the National Institute of Justice, and the National Institute of Corrections;

- The latest information on research and clinical practice, such as NIDA's pamphlet on the *Principles of Drug Addiction Treatment*;

- Information designed for political leaders and policymakers on how substance abuse treatment for offenders enhances public safety and reduces costs;

- Conference follow-ups, featuring a "Break the Cycle" video and conference proceedings;

- A follow-up conference in December, 2000, to convene representatives and discuss progress;

- Speakers, written information, and other resources also will be available to support these efforts.

ONDCP's Fiscal Year 2000 National Drug Control Strategy will draw heavily on the action plans discussed at the Assembly. With the wisdom of local community and state experience and the resources of federal agencies, this nation can turn around lives, and end the drug epidemic.