



1-1-2012

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Recommended Citation

Karen A. Klocke, *Drug-Related Crime and Addicted Offenders: A Proposed Response*, 5 NOTRE DAME J.L. ETHICS & PUB. POL'Y 639 (1991).

Available at: <http://scholarship.law.nd.edu/ndjlepp/vol5/iss3/3>

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DRUG-RELATED CRIME AND ADDICTED OFFENDERS: A PROPOSED RESPONSE

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INCREASES IN DRUG-RELATED CRIME

Cities across the United States faced increased cocaine use, the introduction of crack to the drug marketplace, and a dramatic rise in related criminal activity in the eighties. Although enforcement activities have been stepped up in many jurisdictions, violent crime and drug trafficking continue to plague cities across the nation.

Several statistics clearly illustrate that the link between drugs, particularly cocaine/crack, and crime has had a significant impact on New York City. A greater number of arrests in that city in the late eighties involved drugs (and notably, many drug-related arrests involved young people).

- Felony and misdemeanor drug arrests within New York City increased 130% and 35% respectively between 1985 and 1989.¹
- Half the felony drug arrests in New York City involve crack.²
- Twenty-eight percent of crack felony arrests involve youth (under the age of 21).³
- The New York City Police Department is making increasing numbers of cocaine arrests (but at a rate that is slowing). The Department reports that 37,624 cocaine-related drug arrests (an average of 103 per day) with a charge involving cocaine as the most serious charge were made in 1987, and 49,014 (an average of 134 per day) and 53,915 such arrests (an average of 148 per day) were made in 1988 and 1989 respectively.

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1. STATE OF NEW YORK ANTI-DRUG ABUSE STRATEGY REPORT, 1990 UPDATE (January 1991).

2. Simeone, Frank, & Hopkins, *Current Drug Use Trends in New York City*, NEW YORK STATE DIVISION OF SUBSTANCE ABUSE SERVICES 4 (June 1990).

3. *Id.*

This represents a 30% increase between 1987-88 and a 10% increase between 1988-89.⁴

In addition, serious violent crime in the late eighties often involved drugs, especially cocaine. During one eight-month period in 1988 in New York City, 53% of the 414 homicides reported in New York City were identified as drug-related.⁵ Of these drug-related murders, 84% involved cocaine/crack.⁶ Of the homicides classified as non-drug related, 11% took place at a known drug location.⁷ Finally, 67% of the victims of these homicides were drug users, and 54% had prior criminal histories.⁸

The increases in drug-related crime, coupled with enhanced enforcement activity, have significantly increased the proportion of arrestees in New York City who have drug problems. In most cases, the arrestees' addiction has gone untreated. Many criminal justice professionals have suggested that traditional incarceration alone is not a sufficient solution to the crime problem in the United States. Instead, they are proposing and experimenting with an approach that integrates drug treatment with a correctional setting, with the hope that by addressing the addiction problems of incarcerated offenders, they will reduce their future criminal activity.

This essay will focus on one such initiative, the Substance Abuse Intervention Program [SAIP] in the New York City Department of Correction. The Program greatly expanded the scope of drug treatment services offered to inmates within the New York City Department of Correction (NYC DOC) system, adding new, drug-free treatment services to the jails, specifically for cocaine users. The Program has been in operation since early 1989, and although data on long-term outcomes for participants are not available, the Program has already demonstrated that drug treatment in a jail setting produces short-term benefits for both the prisoners and the institution's managers.

Before examining the Program in detail, it is useful to consider some of the direct and indirect costs associated with the

4. *Id.*

5. Goldstein, Brownstein, Ryan, & Bellucci, *Crack and Homicide in New York City, 1988: A Conceptually Based Event Analysis*, 16 CONTEMP. DRUG PROBLEMS 662 (1989).

6. *Id.* at 663.

7. Brownstein, Goldstein, Baxi & Ryan, *The Involvement of Drugs, Drug Trafficking, and Drug Traffickers in Homicide*, paper presented at the annual meeting of the Association for Humanist Sociology, Cincinnati, Ohio, Oct. 1990, at 11.

8. *Id.* at 14.

increase in the number of offenders with substance abuse problems.

THE COSTS OF DRUG USE, ABUSE, AND RELATED CRIME

The increase in drug-related crime in recent years has affected the criminal justice system dramatically, and has changed the quality of life in neighborhoods across the nation. The statistics provided above are helpful in understanding the scope of the problem, but just as telling are individuals' stories of how crime has come to dominate their blocks, and how their fear has changed their everyday routines.

Residents of neighborhoods where drug selling is rampant are afraid to walk their own blocks day or night. Apartment dwellers in some areas are terrorized by drug dealers and users who have taken over their buildings and made them virtual prisoners in their own homes. Parents must worry constantly about their children's safety, as stories of young drug runners become more common and stray bullets strike children on the streets and in their homes.

The increases in drug use and related criminal activity affect society financially as well. The short term costs of drug use and abuse have grown to include additional police officers to keep drug sellers off the streets and to fight the violence as gangs dispute drug-selling turf; more prosecutors and court time to process the increased arrests resulting from stepped-up police activity; and needed construction and operation of new jails and prisons to house additional arrestees and those convicted.

In addition, government revenues are financing services to address the long-term consequences of drug use, including increased foster care costs for the children of incarcerated and addicted parents, and increased health care costs for infants born to addicted mothers and for drug users who have complex medical problems linked to their drug use (including AIDS).

JAIL BASED TREATMENT AS A RESPONSE

Clearly the link between drugs and crime is costly, affecting both people's daily lives and government budgets. Jurisdictions across the United States have declared "war" on drugs, and as a result many treatment and law enforcement programs designed to stem drug use and related costs have been implemented over the past several years.

Many of the addicted individuals who compose the demand side of the drug trade experience run-ins with the

criminal justice system, and consequently in the last decade jails and prisons were filled with potential candidates for substance abuse treatment. Drug treatment services have been added to many correctional facilities in recent years, incorporating approaches to treatment that had usually been available only in community-based settings. These programs have achieved notoriety and success in part because they combine a traditional incarceration approach to drug related crime with the latest in relapse prevention counselling.

The New York City Department of Correction (NYC DOC) jail system has dramatically expanded the size and scope of its substance abuse treatment efforts in the past several years, through the Substance Abuse Intervention Program [SAIP]. This new NYC DOC Program helps illustrate the benefits and challenges associated with initiating treatment in jails. The Department's experience to date indicates that:

- community based substance abuse treatment models, such as the therapeutic community, can be successfully adapted to correctional settings;
- jail-based treatment can help addicted inmates remain drug-free during their incarceration;
- jail-based treatment can reduce levels of violence and inmate rule infractions in jails;
- jail-based treatment can help correctional systems save money on security staff; and,
- effective discharge planning can increase the likelihood that an inmate will participate in long-term community-based substance abuse treatment upon discharge.

To understand these points more fully, a brief review of the history of substance abuse treatment in New York City jails and a description of current service offerings will provide useful background information.

THE NEED FOR TREATMENT IN THE NEW YORK CITY JAILS

Recent Growth of Correctional System

The correctional system at federal, state and local levels grew at rapid rates throughout the eighties. In New York State alone, over 33,000 beds were added to the prison system in the past decade at a cost of \$1.5 billion, more than doubling the size of the system. In New York City, whose correctional system is anchored on the infamous Rikers Island, the number of jail beds grew from just over 7,000 in 1980 to over 17,400 in 1990, a 148% increase.

The New York City inmate population is composed of primarily young (average age 26) minority (90% are afro-american or hispanic) individuals. Notably the number of female inmates is growing at a higher rate than the overall jail population. In 1980, women composed 6% of the total population, and in 1990 women were 9% of the total population.

Substance Abuse Problems Among Inmates

While the growth of the prison and jail population is serious and costly, it has been both triggered and complicated by the drug problem in our nation. A case in point is the proportion of individuals involved in the New York City criminal justice system with substance abuse problems, which has been growing at alarming rates.

The Federal Drug Use Forecasting statistics (see table below) indicate that the number of arrestees in New York County who tested positive for illicit drugs and cocaine remained high into the late eighties.

PERCENT OF ARRESTEES TESTING POSITIVE IN NEW YORK COUNTY⁹

<u>Period</u>	<u>Positive for Any Drug</u>	<u>Positive for Cocaine</u>
1988	83% (male)	67% (male)
	80% (female)	72% (female)
1989	79% (male)	74% (male)
	76% (female)	75% (female)

Additional statistics reflect similar trends. Among New York City Department of Correction general population inmates surveyed in March 1989, over 85% reported using illegal drugs more than once a week. Thirty-nine percent reported regular use of more than one drug, or, poly-abuse. In a second survey conducted in August 1989, 53% of the men and 73% of the women in custody reported that they used drugs at least once a day before their arrest.

Incarcerated individuals with substance abuse problems will continue to exert influence and place additional cost burdens on society in the future. Several points support this conclusion.

9. OFFICE OF NATIONAL DRUG CONTROL POLICY, LEADING DRUG INDICATORS (June 1990).

First, the cost of incarcerating these individuals is quite high. Construction of new jail beds can cost up to \$50,000 per bed, and maintenance of a prisoner in a New York City jail averages over \$130 per day.

Second, the public funds invested in incarceration provide only a temporary solution to the problem of drug-related crime. The majority of inmates in the New York City correctional system are pretrial detainees who spend an average of just 52 days in custody. And, DOC statistics indicate that by the time inmates are sentenced to misdemeanor time, they have been incarcerated an average of six times previously.

Third, many former inmates continue to place a cost burden on society after their release because they continue to use drugs. They may continue to engage in drug-related crime. Those who are parents (65% of NYC DOC inmates are parents; over 30% were living with their children at the time of their arrest) may be neglectful or abusive toward their children, who may in turn be placed in costly foster care settings.

Fourth, inmates infected with HIV or at high risk for contracting HIV may continue to engage in risky behavior, and may consequently increase HIV infection rates in their communities.

The end result is that inmates in today's correctional system are not likely to remain locked up for long periods of time. And when they are released, they are likely to return to engage in criminal or other high-risk activity. Given these circumstances, it is imperative that opportunities to begin to address their addiction problems during incarceration be seized, if we are to prevent continued drug abuse and its costly consequences among this population.

RECENT APPROACHES TO JAIL-BASED TREATMENT IN NEW YORK CITY

Prior to the implementation of the Department's drug-free Substance Abuse Intervention Program [SAIP] in 1989, other treatment alternatives were offered to inmates. These programs are described briefly below.

Methadone Detoxification

Inmates entering the custody of the NYC DOC in the early 1970s had little available to them in the way of drug treatment. Medical staff provided relief primarily for withdrawal symptoms, but did not address an addict's desire to continue using drugs.

In the first half of the decade, however, the Department began offering methadone detoxification for heroin addicts in the jails. Methadone provides relief from withdrawal symptoms for heroin users, and also prevents the craving for the drug. In 1988, over 18,000 (or 18%) of the inmates admitted to the NYC DOC were receiving methadone detoxification each year. This simple treatment involved a daily dose of methadone dispensed through jail medical clinics, and a small amount of counselling.

Methadone Maintenance

In the mid 1980s the NYC DOC began experiencing a new problem linked to intravenous drug use that encouraged an expansion of the existing methadone program: the numbers of inmates at high risk for contracting HIV, infected with the HIV, or suffering from AIDS, were rising at alarming rates. Many medical and drug treatment experts warned that inmates enrolled in the Department's methadone detoxification program received little or no continuing support after their discharge from jail, and speculated that many inmates were returning to high-risk intravenous drug use upon discharge from custody.

This concern led to the development and implementation of a methadone maintenance program, where certain inmates who completed methadone detoxification continued to receive methadone during the remainder of their incarceration, and were also guaranteed a slot in a community-based methadone maintenance program upon their release. A total of 450 methadone maintenance slots were opened in NYC jails during 1987 and 1988. The inmates released from this Rikers Island based program demonstrated a 70% initial reporting rate to community-based methadone programs upon their release.

The methadone programs were designed initially to address the problems of heroin addicts and later expanded to meet the needs of individuals at high risk for contracting HIV. Like other jurisdictions, however, the NYC DOC saw an increasing number of individuals addicted to cocaine coming through its doors in the 1980s. In the last half of the decade, inmates addicted to crack swelled both the size of the jail population and the proportion of inmates who were addicts upon their arrest.

Drug-Free Intervention

Methadone relieves neither the symptoms of cocaine withdrawal, nor an addict's craving for the drug, and therefore the methadone detox and maintenance were not helpful to inmates addicted to cocaine and crack. Although several volunteer groups sponsored twelve-step programs such as Alcoholics Anonymous and Narcotics Anonymous in some NYC DOC facilities, it was clear that given the number of individuals in the jails with crack and cocaine problems, that expanded drug-free services must be made available. New programming would need to initiate structured intervention for a larger number of people than were currently being serviced.

The therapeutic community (TC) model, in which highly structured group living is combined with intensive counselling services, was a widely-used modality in community-based programs to treat cocaine addiction. In 1987, a Bronx-based Therapeutic Community Program, Promesa, began operating a drug-free treatment program for 50 adolescent (16-17 year olds) inmates in the New York City jails. The program offered group and individual counselling which incorporated a relapse prevention curriculum five days a week, eight hours a day, in a specially designated section of the adolescent jail.

Although the inmates' average length of stay is brief, Promesa was able to initiate intervention and to prepare inmates for long-term, community-based substance abuse treatment. In addition, counselors in the Promesa program also worked with community-based programs, client attorneys, and court staff to facilitate the placement of eligible clients into drug treatment programs upon their release. The operation of the Promesa program prompted an increase in the demand for drug treatment by other inmates. Counselors found that incarceration often prompted individuals to consider serious changes in their lifestyles, and once treatment became available for a few inmates, others wanted the same opportunity.

The overwhelming need for drug treatment within the inmate population, combined with the initial success of the Promesa program and similar programs in jails in Tucson, Arizona (Pima County), Chicago, Illinois (Cook County) and Tampa, Florida (Hillsborough County) inspired the Department to consider the possibility of expanding drug-free treatment for other inmates.

In 1989, the NYC DOC took the first step in implementing the Substance Abuse Intervention Program. The Department opened a 50-bed drug-free treatment program for adult male

pre-trial detainees in a jail on Rikers Island. This program, like the Promesa program, was also operated as a therapeutic community, and initiated treatment for over 350 inmates annually. Later in 1989, the Department expanded the Substance Abuse Intervention Program substantially, opening over 450 additional drug-free beds for addicted inmates. The Program involved several creative elements, which included:

- converting an entire correctional facility (a 384-bed barge in the East River) into a "drug treatment jail;"
- adding a new and extensive screening process which added to the jail admission procedures, to identify inmates with addiction problems and to house them in jails offering the new drug-free services;
- providing acupuncture service to inmates to alleviate their withdrawal symptoms;
- reducing security staff in facilities housing the treatment program (as a result, after program costs were included, the City realized a net savings of over \$900,000 annually);
- adding a centralized staff who worked with community-based treatment programs, attorneys and courts to secure placement in treatment programs for inmates upon their discharge from custody.

The Substance Abuse Intervention Program opened in the summer and fall months of 1989, and due to its initial success, the program was expanded in 1990 to serve groups of inmates who had previously been without service: adolescent and adult women, additional adolescent males, and misdemeanor sentenced males. These expansion programs were also designed to reduce security staff in treatment facilities, and as a result they increased the net annual savings to the City by over \$2 million.

LESSONS FROM DRUG-FREE PROGRAMS

The drug-free Substance Abuse Intervention Program in New York City jails was designed initially to begin treatment for addicted inmates and to save City funds. Upon implementation, it became clear that the program units were safer and more manageable than general inmate housing units. For example, the violent and non-violent infraction rates for the 384-bed treatment facility were significantly lower than the rates in another facility housing a similar inmate group which did not provide treatment services. The treatment facility had a monthly average of 1.4 fights per 100 inmates between Octo-

ber 1989 and July 1990, while the comparable figure for the non-treatment jail was 6.2.¹⁰ Additionally, drug and weapon contraband in the program housing units was lower than in non-treatment housing units. In the treatment jail, drugs were found over 50% less often than in the non-treatment jail between October 1989 and June 1990.¹¹ Finally, the treatment facilities were remarkably cleaner than non-program jails.

The Program was also designed to place inmates, whenever possible, in long-term substance abuse treatment programs upon their release. While 79 individuals entered such programs after their release from jail-based programs during 1989 and the first six months of 1990, several serious obstacles must be overcome before the number of placements can increase further. First, the number of available treatment slots is limited and waiting lists are long. Moreover, the criteria and process for admission to treatment programs varies across programs, and approaching placement for released inmates in a systematic fashion is quite difficult. Third, individuals who are recipients of Medicaid or who are uninsured and also ineligible for Medicaid, as well as inmates with certain criminal backgrounds (prior convictions for arson or homicide) have limited access to existing drug treatment programs. Fourth, coordination among criminal justice agencies (courts, correction, probation and parole) is poor, and monitoring former inmates' progress and outcomes in treatment is difficult. This makes evaluating the long-term outcomes of jail-based treatment difficult.

One additional problem highlighted in the NYC DOC program affected all aspects of program operation. Recruiting and retaining qualified staff is difficult. This problem is not limited to jail-based programs. Substance abuse treatment services have been expanded in many settings, and the entire system is experiencing staff shortages.

CONCLUSION AND RECOMMENDATIONS FOR THE FUTURE

Expanding the range and scope of drug treatment services in the jails has produced numerous benefits for the New York City Department of Correction. The drug-free Substance Abuse Intervention Program provides treatment services for inmates, and operating improvements and cost efficiencies for jail managers.

10. NEW YORK CITY DEPT. OF CORRECTION, USE OF FORCE REPORT (Oct. 1989).

11. *Id.*

Substance abuse intervention in a municipal jail, however, can only offer short-term treatment, since inmates' length of stay is brief. Inmates must have options for follow-up care after their release from jail if they are to achieve long-term sobriety. Several areas must receive attention in the coming years to improve the continuum of care for incarcerated offenders.

First, community-based treatment must be expanded. New York State has undertaken an extraordinary expansion, in which the publicly funded treatment system in the State will grow by over 10,000 residential and 15,000 outpatient drug and alcohol treatment slots over the next five years.

Second, access to appropriate treatment must be increased through the use of uniform admission criteria and uniform admission processes. New York State was recently awarded a multi-million dollar federal grant to begin centralizing admission to the drug treatment system. This will streamline the admission process, and will improve the system's ability to match clients with treatment programs that can meet their individual needs.

Third, community-based substance abuse treatment services must be equally accessible to all clients regardless of ability to pay. Fourth, treatment services for incarcerated women and adolescents should be enhanced. Fifth, coordination between criminal justice agencies including corrections, probation and parole, must be enhanced. Finally, training opportunities must be increased for individuals who wish to pursue careers in substance abuse treatment. In addition, incentives should be offered to encourage more people to consider careers in substance abuse.

Addressing the addiction problems that trigger criminal activity is a crucial part of efforts to solve the nation's drug problem. Introducing substance abuse treatment to jails has produced positive short-term results. With continued effort, long-term success can be achieved as well.

