## Substance abuse disorder treatment in the criminal justice system: a front-line perspective

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Editor's Note: This op-ed/editorial was written by Peter Kosciusko, director of substance abuse programs at Worcester County Jail and House of Correction. This piece is part of our <u>Special Series on Addiction Treatment within Correctional Facilities</u>. We're grateful to Mr. Kosciusko for sharing his perspectives.

The way substance abuse treatment is provided currently in most criminal justice settings is at best, inadequate and at worst, ineffective and a waste of precious resources. The system is not built for treatment. The physical state of many of our prisons is crumbling around us. Governor Deval Patrick of Massachusetts stated that over the next seven years, our Commonwealth will spend 2 billion dollars on new prisons with no plan to reduce the 39% recidivism rate. Numerous studies have shown that mandating inmates into didactic substance abuse educational classes is ineffective. What is effective? Providing voluntary treatment in segregated housing units, followed by intense aftercare and follow up upon release. This can actually reduce the recidivism rate.[1]

In Massachusetts, we have a distinction between Prisons and Houses of Correction. Our Prison system is set up for inmates with sentences of 2.5 years or more. They can be held for the rest of their lives. Prisons have a longer time to work with inmates. Houses of Correction hold inmates with sentences of 2.5 years or less. (An inmate can stay longer with 2 sentences running consecutively.) The problem is the average sentence of an inmate in the House of Correction is about 6 months, so there is much less time to work with them.

A second problem that impacts the effectiveness of successful treatment is the criminal mindset. By this, I mean the phenomenon, as I see it, of the brain reacting to certain risky situations and environments in much the same way as the addicted brain reacts when relapsing to drugs/alcohol. I have seen the most motivated inmate, who has worked for six months or more at turning his life around, ready to get his family and life back, throw everything away in an instant. He/she will under no circumstances tell on another inmate, even when keeping

quiet means losing their spot in the program and jeopardizing their parole, release, and acceptance into housing upon release. This can be explained by the fact they live in a society (maybe the last society they are accepted in) that will not tolerate a "rat". While this is understandable, it seems like the same brain mechanism which takes place when a person in recovery will seemingly with no warning, completely shut off all rational thought and pick up a drug, use and then wonder how it happened. I hope there can be some research on this. We know this attitude happens on the blocks where treatment does not happen, but to see this behavior repeated in segregated treatment communities is not easy to explain.

While this article seems to suggest we are wasting resources, this is not always the case. Most inmates in correctional institutions earn time off their sentences by attending programs and working. (In Massachusetts, inmates can earn 10 days off for every 30 days of their sentence.) While most inmates attend didactic educational classes, many institutions offer actual treatment on a voluntary basis as well as mandated treatment. At the Worcester County Jail and House of Correction in Massachusetts, there is a segregated housing unit where inmates who volunteer are screened and assessed before being accepted. In this 36-bed treatment unit staffed by 2 Masters-level clinicians and one clinician holding a PhD, inmates stay for a minimum of 6 months and may stay up to 1 year. The program — the Substance Abuse Treatment Opportunity Program (S.T.O.P.) — is staffed 52 hours per week, and is clinically rich, using an evidence-based curriculum. Each inmate receives individual counseling and attends a minimum of 7 groups per week as well as numerous educational classes. Specialty groups include Victim Impact, Parenting, Nurturing, Anger Management, and Relapse Prevention. Outside presentations are provided by 12 Step recovery groups, the Worcester Art Museum and Learn to Cope. We utilize Naltrexone (Vivitrol) as a medicated assisted treatment, giving qualified inmates a shot prior to leaving. Naltrexone helps keep the body from wanting alcohol and opioids and works best in combination with other types of treatment.

Outside of S.T.O.P., we do run didactic psycho-educational classes inmates can attend for earned time. We also run voluntary classes where inmates who are more motivated to recover from their substance abuse disorder can attend with no expectation of earning time off their sentence. These 10-week groups include topics such as Domestic Violence Awareness, Anger management, Relapse Prevention and Men's Topics. While these groups are not actual treatment, they

seem to have more of an impact on the inmate, as participation is mandatory during the sessions once an inmate decides to join the group and inmates who do not actually want to learn are not allowed to continue. They have access to other groups if their real intention is to earn time off their sentence rather than trying to address their behaviors and addiction.

To make our system more effective, we need to figure out how to assess properly, provide treatment those who are high risk to recidivate due to a substance use disorder and criminal thinking, and provide a safe environment to actually provide real treatment. It is also imperative we design individual treatment plans for the inmates' re-entry into the community. We also need resources in the community to be able to fulfill the plan. Spending billions of dollars building more prisons is not going to address the huge problem we have. Across the country, approximately 80% of all incarcerated inmates meet some criteria for a substance abuse disorder. We need to find a way to actually treat those inmates and provide adequate aftercare services.

## Peter Kosciusko

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[1] More details can be found here, here, and here.