CT Feature

Integrating Criminal Justice, Treatment and Community Agencies to Break Cycle

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***Authors' Note**: This article was supported by a grant from the Robert Wood Johnson Foundation to the University of Illinois at Chicago as part of the foundation's ImpacTeen initiative. The views expressed herein are those of the authors and do not necessarily reflect the views of the Robert Wood Johnson Foundation.*

For nearly four decades, various federal government agencies have conducted extensive research to document the extent and nature of the relationship between drug use and criminal behavior. This research has sought to provide policy and programmatic suggestions for successful interventions to break the drugs-crime cycle. Some of the outcomes of these efforts have included acknowledgment of the importance of theoretical perspectives in understanding the relationship between drugs and crime, recognition that a significant portion of the relationship emerges from national and state drug policy, and awareness of the importance and promise of treatment in addressing this relationship. This article provides a brief overview of the extent and nature of the drugs-crime relationship and reviews research on effective treatment interventions that break the cyclical nature of the relationship. It also presents data from a national survey of community prosecutors, which investigates treatment programs and services available for processing juveniles arrested on drug charges, as well as rates of treatment use in juvenile adjudications.

The Extent and Nature of The Drugs-Crime Relationship

Researchers have consistently shown that a high proportion of arrestees are current illegal drug users (Taylor et al., 2001; Austin and Lettieri, 1976; Gandossy et al., 1980; Dorsey et al., 1999). Other research has shown a correlation between drug use and delinquent and/or criminal behavior in the general population (Harrison and Gfroerer, 1992). Such findings often are cited as support for the national drug policy, which emphasizes high deterrence for drug law violations, including mandatory minimum penalties (McBride et al., 2002). This policy approach has resulted in a large increase in the prison population, and correspondingly, the proportion of inmates who use drugs (Wilson, 2000).

A critical analysis of the drugs-crime relationship points to the role of drug policy itself. For example, a study of juveniles in the 1990s found that the majority of recorded juvenile crimes involved violations of drug possession and sales laws (Inciardi et al., 1993). Currently, significant differences exist between drug policies in different states (ImpacTeen Illicit Drug Team, 2002). Some states have medicalized marijuana, provide no prison or monetary penalties for first-time marijuana possession and/or have relatively low penalties for first-time possession of other drugs. Other states have relatively long prison terms and high fines for any drug law violations. The implications of these varying policy approaches on criminal justice systems are significant in terms of resource use and arrest rates. Increased understanding of the relationship between drugs and crime may lead to improved policy positions that ensure public safety while using resources more efficiently.

Drug use and criminal behavior often emerge within the same environmental context (McBride and McCoy, 1981). This argument points toward the importance of understanding the roles of community, state and national contexts. There is some evidence that drug use increases and sustains criminal behavior and may relate to some types of criminal behavior (McBride and McCoy, 1993; Goldstein, 1985). However, social ecology theory also suggests that any comprehensive understanding of the drugs-crime relationship, including the ability to successfully intervene in the relationship, requires an understanding of human development within the context of family and neighborhood networks, relationships, resources and opportunities (Terry et al., 2000). Successful behavior-changing drug treatment requires the mobilization and use of community institutions and contexts that facilitate and sustain the therapeutic process.

Integrating Criminal Justice, Treatment and Community Services

Some policy-makers have argued that the criminal justice system must simultaneously balance three major

goals: ensuring the community's safety, holding offenders accountable for their actions and providing an environment in which offenders can develop into capable, productive and responsible citizens. This framework, known as "balanced and restorative justice" (Office of Juvenile Justice and Delinquency Prevention, 1998), requires key personnel from criminal justice, drug treatment, health, mental health and social services to work together to coordinate offenders' multiple needs.

Achieving the first objective, community safety, requires an in-depth assessment to determine the level of risk an offender poses. Such an approach determines the most appropriate, but least restrictive, setting for offenders' needs, recognizing that it often is necessary to transfer those with higher-level offenses or violent and/or repeat offenders to more restrictive settings. Intensive supervision is often used for those who are judged to be safe enough to remain in the community, based on the degree of past/current violence or risk of further criminal behavior.

The second objective, offender accountability, is accomplished through the use of graduated sanctions. This "carrot-and-stick" approach to treatment progress rewards good behavior (i.e., staying drug-free and avoiding criminal actions) with increased freedom or other rewards, while deterring negative behaviors with more severe restrictions. The third objective, offender rehabilitation and development, is achieved using a wide range of treatment interventions provided by both corrections and community agencies that are tailored to the unique needs of each offender. It is important to note that in-depth assessment is key to this objective as well. Early identification of problems (including substance abuse and coexisting disorders) during the intake process can allow for targeted service provision with the best odds of preventing further involvement with the juvenile justice system. However, assessment for substance abuse issues currently is most likely to occur well after both intake and social investigation (Thomas, 2001).

Treatment interventions may initially occur within the criminal justice system or in the broader community. To be effective, however, such interventions require an integrated case management strategy that coordinates offender needs from the point of intake until they no longer require criminal justice system supervision. Criminal justice system roles may involve supervising some form of continuing care, or aftercare, for offenders even after they complete their formally imposed sentences. Continuing care involves an assessment conducted by the case manager to identify unmet or ongoing service needs and then linking the offender to community support and educational and vocational opportunities.

Some policy advocates and drug treatment providers are suspicious of interventions coerced by the criminal justice system, arguing that imposed services will generate participant resistance and ultimately lead to treatment failure. However, research has established that court-ordered treatment is as effective as, or more effective than, voluntary treatment (Simpson et al., 1999). Compared with those in voluntary treatment, individuals legally mandated for treatment have been found to stay in programs longer and to be more successful post-treatment (Inciardi et al., 1997). Since length of time in treatment is strongly related to success, coercing offenders into treatment and then applying graduated sanctions to motivate continued participation is a potentially successful strategy. Reports on the promise of coerced treatment have prompted some state legislatures, most notably in Arizona and California, to adopt various forms of corrections-initiated drug treatment for nonviolent drug-using offenders. However, as failure to address motivation and readiness can reduce treatment effectiveness (Simpson et al., 1997), it is important to consider both factors in any intervention strategy.

Many policy-makers oppose funding drug treatment, believing that the public wants offenders punished rather than pampered (Lipton, 1998). However, research involving numerous large-scale and independently evaluated studies has confirmed corrections-based drug treatment effectiveness through one-year follow-ups. These findings remained when controlling for type of services received (residential long-term, outpatient drug-free or outpatient methadone maintenance), as well as drug and client type (U.S. General Accounting Office, 1998). Additional drug treatment benefits include cost-savings for treatment relative to incarceration, interdiction and health care expenditures (Gerstein et al., 1997; Rydell and Everingham, 1994), and reductions in drug sales and drug-related arrest rates (Gerstein et al., 1997). Further, prison-based studies show that drug treatment produces lower rates of drug use and recidivism, particularly with appropriate levels of both treatment intensity and time in treatment (Pelissier et al., 2000; Martin et al., 1999).

Jurisdictions often struggle to integrate substance abuse treatment into the criminal justice system. This system may view treatment services as an expensive supplement at best and a "soft-on-crime" compromise at worst. Taxman (2000) summarizes six threats that impede implementation of treatment services in the criminal justice system: lack of clear crime control goals for treatment services; lack of clear assessment and eligibility requirements; insufficient treatment duration to effect behavioral change; lack of supervision and sanctions/rewards to reinforce treatment goals; lack of objective drug testing to monitor treatment progress; and insufficient case management services. Researchers and practitioners have argued that in order to

Table 1. Programs available in jurisdiction to address juvenile crime and drug use

Program	N	% Respondents
Aftercare programming	115	87.8
Residential therapeutic communities	119	76.5
Day/evening reporting programs	110	76.4
Continuing care/halfway houses	118	66.1
TASC	111	37.8
Juvenile drug courts	123	35.8
Methadone maintenance	99	11.1

address these threats, a comprehensive and integrated approach should be used to maximize treatment success and minimize future harm to the community (Farabee et al., 1999; Martin et al., 1999). McBride et al. (in press) recommend that correctional and treatment agencies cooperate to develop an integrated delivery system using scientifically proven treatment approaches, thus reducing program duplication. An integrated delivery system should include: immediate and comprehensive assessment; judicial processing, including the use of drug courts, day treatment programs and therapeutic communities; supervision and monitoring, including graduated sanctions and cross-systems case management; cross-systems collaboration between judicial and treatment systems; a range of drug treatment services; and aftercare.

There is a long history of attempts to integrate the criminal justice and drug treatment systems, e.g., drug courts and the Treatment Alternative for Safe Communities (TASC) program (Inciardi et al., 1996). A recent integration attempt is the Reclaiming Futures project (www.reclaimingfutures.org/). This initiative, which includes 11 communities around the nation, works with judges, police, probation personnel and detention facilities to promote active and regular collaboration between various community systems. The initiative seeks to integrate the services of the courts, drug treatment, social services and school systems in order to create a seamless continuum of care for the drug-abusing juvenile offender. The program also includes a focus on creating pro-social community opportunities for juvenile offenders. As the program is just entering the field, evaluations of treatment outcomes are still pending.

Program Availability and Use At the Community Level

In the ideal community, as previously discussed, the criminal justice system would have access to a broad range of treatment options. However, little is known about the national prevalence of the availability and use of treatment in processing substance offenders. This section is designed to contribute to the following questions within a juvenile justice framework: What programs incorporating treatment are available to judges and prosecutors? How often is diversion to treatment available? If available, how often is it used? Does typical non-diversion sentencing for substance offenses have a treatment focus?

In 2000, ImpacTeen[1] interviewed prosecutors in a sample of 173 communities surrounding public schools in their second year of participation in the nationally representative Monitoring the Future (MTF) study of eighth-, 10th- and 12th-grade students (Bachman et al., 2001). Researchers developed a list of prosecutors' offices handling juvenile cases with jurisdiction over each identified community and then completed telephone interviews with a prosecutor who self-identified as knowledgeable about youth substance use issues in each jurisdiction. A total of 131 communities completed prosecutorial interviews (for an initial response rate of 76 percent). However, for the purposes of this study, communities with conflicting data were removed (six sites) and one additional community was removed due to inconsistent response patterns. Thus, the final response rate for the analyses was 124, or 72 percent, of the total sample. The analyses are strictly descriptive in nature, involving unweighted frequencies and means.

The communities from which the sample was drawn reflect a reasonable distribution of the U.S. population. Thirty-three percent of respondents were located in the South, 21 percent in the West, 27 percent in the Midwest and 19 percent in the Northeast. More than half the communities (58 percent) were urban.[2] Community per capita household income ranged from $9,961 to $62,159 (mean = $22,190). The mean of the community ethnic distribution variance was 2 percent Asian, 16 percent African-American, 10 percent Hispanic, 81 percent Caucasian and 1 percent other.[3]

The focus is on three specific types of findings: the availability of programs for processing juvenile drug offenders that include a significant treatment component; diversion programming availability and use for juvenile marijuana, cocaine and crack offenses; and sentencing severity for juvenile marijuana possession offenses (only marijuana will be included in this article as it is the offense most likely to be encountered in the majority of jurisdictions).

Programs available for offense processing that incorporate treatment.[4] Both outpatient and inpatient treatment services for juveniles were available in nearly all communities (99 percent and 93 percent, respectively).[5] Table 1 shows the availability of a variety of additional treatment-related programming options for processing juvenile substance-related offenses. Aftercare programming was the most commonly available program (88 percent). Residential therapeutic communities and day/evening reporting programs followed at 77 percent and 76 percent, respectively. Only 38 percent reported the case management- and treatment-focused services of TASC, and only slightly more than one-third of prosecutors reported the availability of a juvenile drug court. Not surprisingly, the availability of methadone maintenance programs for juveniles was quite low (at 11 percent). It should be noted that prosecutors were not asked if the available services were adequate or

Table 2. Availability and use of diversion for specified juvenile offenses

Substance (offense)	% With diversion*	% Using diversion usually/always**
Marijuana (possession)	54.2	33.6
Marijuana (sales/distribution)	53.3	3.3
Cocaine (possession)	52.1	12.1
Cocaine (sales/distribution)	40.3	2.5
Crack (possession)	52.9	11.9
Crack (sales/distribution)	37.8	2.5

**True diversion for which a juvenile's record would be expunged following successful program completion. N=119-120.*

***In context of juveniles with no prior record of adjudications or convictions for any offense. Original 5-point scale included never, rarely, sometimes, usually and always. N=116-120.*

of appropriate quality, both key concerns in understanding treatment in the justice system. Previous research indicates that drug and alcohol treatment services available to youths within the juvenile justice system often do not adequately address coexisting disorders, and often are problematic with regard to wait times, affordability and treatment slot availability (Thomas, 2001).

Availability and use of treatment-focused diversion programming. Respondents were asked if their jurisdictions had a formal diversion program (defined as sending juveniles to some type of drug treatment program instead of being prosecuted) for juvenile substance offenses. Approximately 73 percent of prosecutors responded that such a program was available to them. However, only 58 percent of respondents stated that they had diversion programming that included expungement of a juvenile's record upon successful program completion. A majority (87 percent) of prosecutors with diversion programming that included expungement also used graduated sanctions.

Diversion programming availability and use.[6] Diversion programming availability and use varied based on the specified offense (see Table 2). It is significant to note that while marijuana offenses were most likely to be eligible for diversion processing, this alternative was available to only slightly more than half of all respondents. Rates of diversion availability were fairly constant for marijuana possession and sales/distribution offenses, as well as cocaine and crack possession offenses (52 percent to 54 percent). However, diversion services for cocaine and crack sales and/or distribution were available to only approximately 40 percent of respondents. A larger range of differences can be seen in the actual use of diversion as compared with its general availability. Thirty-four percent of prosecutors reported that marijuana possession offenses were usually or always processed via diversion, while only 12 percent reported usually or always processing cocaine and/or crack possession offenses through diversion. Diversion rates for any sales offense were steady at approximately 3 percent.

Processing severity and incorporation of treatment. Prosecutors also were asked about the standard or presumptive sentencing components for a variety of offenses when the juvenile offender had no prior adjudications or convictions. Respondents could choose from any of the following categories (using a multiple response framework): dismissal/release; victim-offender mediation, restitution or victim services; community service; fines; informal probation; court-ordered probation without treatment services; court-ordered probation with treatment services; home detention; and placement in detention, a residential facility or other out-of-home placement. Slightly more than 10 percent of prosecutors reported never or rarely using court-ordered probation with treatment services for juvenile marijuana possession offenses, 27 percent reported sometimes using this sentencing option, and 62 percent (total N=84) reported usually or always using probation with treatment as a sentencing component. When examining sentencing practices by severity level, sentencing options were ranked in order of the most severe component listed per site.[7] Results indicate that for marijuana possession, 28 percent of prosecutors reported the use of some type of detention (either home or out-of-home placement) as the most severe sentencing component, 51 percent used court-ordered probation (only 9 percent of whom did not require treatment) and 20 percent used either victim-offender mediation/restitution/victim services, community service, fines or informal probation.

Discussion and Conclusions

This article briefly discussed the extent and nature of the drugs-crime relationship and the effectiveness of treatment in breaking the drugs-crime cycle, as well as examined data on the availability and use of treatment services for juvenile drug offenders. Research shows that both drug use and criminal behavior may be part of complex interrelated behaviors emerging from the same developmental contexts and requiring a comprehensive intervention treatment strategy. Increasingly, research indicates that treatment can be cost-effective and yet balance community safety, individual accountability and individual service needs. Policy that emphasizes programs, including comprehensive assessment, cross-systems case management, ensuring access to needed services, and the careful monitoring of service provision and progress within the context of graduated sanctions and aftercare services, may effectively impact both drug use and criminal behavior (VanderWaal et al., 2001).

Initial data focusing on juvenile drug offender processing from a survey of prosecutors found that more than 90 percent worked in communities that provided inpatient or outpatient drug treatment services. However, the level and quality of such services is unknown, and the existence of comprehensive case management and linkage services to such treatment opportunities may be limited — only about one-third reported the existence of juvenile drug courts or the TASC program. Diversion programming (including record expungement) also was less widely available than might have been anticipated. Where diversion was available, prosecutors did not report using such programming regularly, especially for distribution offenses. The prosecutors did report regular use of court-ordered probation, including treatment services. These data suggest a relatively high availability of drug treatment, but also may suggest a limited availability of the type of comprehensive case management services associated with the highest probability of treatment outcome success. The data also suggest a limited willingness on the part of prosecutors to use diversion programming, but a comparatively high willingness to use probation with treatment services. These findings may indicate the need to investigate the relative effectiveness of diversion versus probation programming. If program effectiveness in either situation is comparable, it may be that introducing additional treatment opportunities via probation may meet less resistance from the corrections community.

High frustrations exist with current drug policy approaches that seem to have little success in deterring drug use, while resulting in increasing numbers of inmates and proportions of inmates who use drugs. There is increasing public and justice system acceptance of drug treatment instead of, or in combination with, incarceration or probation. However, the highest probability for the suc-

cess of a treatment approach involves comprehensive integration with links between the justice system and a variety of service agencies via case management. If the current focus on breaking the drugs-crime cycle is to be successful, it must use state-of-the-art knowledge about effective interventions in all its components. Failure to do so could result in poor outcomes that do not accurately reflect the effectiveness of treatment, but rather, the failure to provide the system linkages and case management required for success.

ENDNOTES

[1] A policy-research partnership to reduce youth substance use supported by the Robert Wood Johnson Foundation. For more information visit, www.impacteen.org.

[2] The degree of community urbanization was obtained from the National Center for Education Statistics.

[3] Ethnicity, age and median household income variables were calculated using 2000 population estimates obtained from GeoLytics Inc.

[4] For a description of treatment services within correctional settings, see sidebar.

[5] These data were obtained from non-prosecutorial respondents, but cover the same communities as the prosecutorial sample. There were 236 communities with inpatient treatment and 348 with outpatient treatment.

[6] For the remainder of this article, diversion availability will be defined as programs including juvenile record expungement.

[7] For these analyses, only respondents with complete data for all sentencing components (88) were included.

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RANGE OF TREATMENT SERVICES

Treatment services that are more restrictive and have a longer duration are ideally offered within the prison or jail. The following programs begin with the most restrictive and intensive services and end with community-based services.

Therapeutic Communities (TC). The prison-based version of this program offers an intensive, long-term (nine to 12 months), highly structured residential treatment program for chronic, hard-core drug users. The program operates on a confrontation-based self-help model in which inmates possess some control of programming and rewards, with professional staff maintaining operational control.

Residential Treatment. Prison-based versions of this approach are long-term (six to 12 months) and are operated entirely by professional drug treatment staff, ideally using scientifically based treatment interventions (Pelissier et al., 2000). Participants often live together in drug treatment units separated from the regular inmate population.

Day Reporting Centers (DRC). DRCs are a form of intermediate sanctions in which offenders attend highly structured nonresidential programs in which a variety of services and supervision are provided. Services such as drug treatment and education, GED courses, English as a second language and life skills are often supervised by both corrections and case management personnel.

Intensive Outpatient and Outpatient Treatment. These community-based services are often used as a transition from TCs and other more intensive corrections-based services. Such services are particularly important to drug courts, which primarily use treatment alternatives within the community. The setting generally is less important than the quality and quantity of services provided to clients, although the organization providing the services must be supportive of delivering interventions to correctional populations.

Aftercare (continuing care). Such programming involves a cluster of supportive and therapeutic activities designed to prevent relapse and maintain the changes achieved in earlier treatment stages. As previously noted, most drug-using offenders have high relapse rates, and therefore, require extended periods of treatment exposure and ongoing support to achieve and maintain sobriety. In addition, most treatment graduates are ill-equipped to integrate back into their old neighborhoods (Berman and Anderson, 1999). For these reasons, providing aftercare as a follow-up to more restrictive treatment may improve treatment effectiveness. Cross-systems case management and collaboration are critical at this phase in the treatment process to maintain an integrated continuum of care for clients as they transition back into the community. Interventions at this stage could include regular outpatient counseling, 12-step support groups such as Alcoholics Anonymous, group therapy and family therapy sessions, as well as educational opportunities, job training and placement, and health and housing assistance.

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