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Keeping Prison Drug Treatment an Option

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Introduction

Understanding the social benefits of keeping prison drug treatment an option as part of prisoner rehabilitation engages increasing support in the ongoing debate about its efficacy. According to the Federal Bureau of Prisons (BOP) of the 211, 150 total prison population, over 50 percent have drug related convictions (2013). From 1990 and well into the first decade of the 21st century, America's controversial " war on drugs" contributes to the continued overcrowding in the nation's prisons (VanderWaal, Taxman, & Gurka-Ndanyi, 2008, p. 127). According to van Wormer and Persson (2010), " A large percentage of inmates in the U. S. federal prison system have serious drug problems and are in need of treatment before they return to society (p. 363)."

Seredycz (2010) explains the core position of the pro and the con, " Others could examine the percentages and find cause for success and vindication. Others could simply make political statements about the appropriate or misappropriate purposes of spending large sums of money to assist offenders reintegrate into their communities (p. 134)." The issue is not only a national debate, but the global statistics prove just as significant.

Globally, 211 countries house nearly 9 million convicted people. The statistics further reveal the increased criminal activity globally resulting in arrests, conviction, and imprisonment directly relates to criminals illicit drug use, possession of illegal drugs, or trafficking drugs. Comorbidity remains

part of the causal factors of these individuals' criminal activities resulting with penal imprisonment (Muzinic, Penic, Vukota, & Palijan, 2011, p. 111). The focus of this academic investigation and discourse provides literature on the benefits to society keeping drug rehabilitation in America's prisons by reviewing the current process and ideas for revamping the existing system, and some facts about prisons aligned with this subject.

Current Process

Prisoner Participation and Positive Outcomes

According to Seredycz (2010), prisoners taking advantage of Alcohol and Other Drug Abuse (AODA) prison programs while incarcerated show the longer he/she remains in treatment the statistics show the " higher likelihoods of remaining abstinent and reducing recidivism (one of the most common factors in returning to criminal behavior and prison). Logic shows the greater commitment the offender places on completing provisions of long-term treatment statistically prove the successful completion of such therapies lead to the likelihood they " refrain and/or desist from criminal activity (from technical violations to incarceration) within their first year of returning to their communities." Further according, to Seredycz (2010), the pragmatic underpinnings of statistics fail articulating pertinent " reductions in AODA and recidivism, there should be cause for hope (p. 134)."

Most Prisoners Do Not Participate

Mumola and Karberg (2006) explain most of America's federal and state incarcerated individuals choose to forego participating in prison related professional drug therapy services. Statistics from a 2004 U. S. survey of

federal and state correctional institutions show in state facilities only 40 percent of the drug dependent/abusing prisoners and 49 percent in federal prisons took advantage of prison drug treatment. Of those participating, the majority enlisted in self-help groups (as cited by VanderWaal et al, 2008, p 131-132).

Lipton (1995) outlines the reason for such poor access to drug programs align " with the policy positions of many legislators, who often vote for tougher sanctions for drug crimes and oppose funding for drug treatment in correctional facilities." This arises from " believing that the public want offenders punished rather than coddled (as cited by Vander Waal et al, 2008, p 131-132)."

In addition, according to Stephens et al (2002) two phases for prisoner evaluation take place beginning with an initial screening process with the second the more in depth assessment. Screening functions as a determinant for establishing the need for more comprehensive evaluation. " Thus, it is inappropriate to use screening instruments to formulate a diagnosis or decide treatment needs." In the screening process, prisoners receive additional evaluations identifying individual need for psychological, medical, and/or legal attention before placement in a drug program. " It is wise to begin the process of screening as soon as possible after arrest (as cited by Vander Waal et al, 2008, p, 133)."

Research Frames Benefits

According to Vander Waal et al (2008), another recent national survey by the Open Society Institute 2 (X) 2, reveals 76 percent of those who participated,

expressed favoring " required mandatory, supervised drug treatment and community service rather than prison time for those convicted of a minor drug possession." Further, research supports the public's view according to findings from decades past proving, even " coerced" drug treatment among prisoners, remains steadfast in the benefits of drug intervention programs (p. 131-132).

Part of the independently assessed and federally funded research on the benefits of prison drug programs, including: the Drug Abuse Treatment Outcome Study (DATOS), the Drug Abuse Reporting Program (DARP, the National Treatment Improvement Evaluation Study (NTIES), and the Treatment Outcome Prospective Study (TOPS), show confirmation of the efficacy of drug abuse treatment of prisoners in one-year follow up (Vander Waal et al, 2008, p. 131-132).

Taxman, Prdoni, and Harrison (2007) emphasize again, how the preponderance of data on the benefits to prisoners and to society in general keeping drug programs alive in prisons " show that offenders participating in drug treatment services are less likely to be rearrested or return to prison than similar offenders who are not participating in (a prison) drug treatment services (as cited by Vander Waal et al, 2008, p. 131-132)." At the same time, Gerstein et al (1997) report the California Drug and Alcohol Treatment Assessment examination of the costs, effectiveness, and benefits show cost saving in the long run for society as revealed in the \$10,000 savings per participating prisoner. This proves " yielding a 1: 7 cost-benefit ratio (the greatest share of the benefits was found in crime reductions, with smaller savings in health care and welfare costs) (as cited

by Vander Waal et al, 2008, p. 131-132)."

Rydell et al (1996) report findings of a RAND study reveal a reduction of 68 percent in drug sales and arrests with a 60 percent decrease. This " estimated that for every dollar spent on drug treatment, \$7 would have to be spent on incarceration and \$25 on interdiction to achieve the same degree of reduction in cocaine use (cost savings would vary)." The variable of the savings connects to such factors as length of time in the treatment program, the setting, as well as the extent the structure of the treatment (as cited by Vander Waal et al, 2008, p. 131-132).

Cost Effectiveness

An argument by Duffee and Carlson (1996) proposed, looks at the degree of cost effective outcomes of drug treatment programs to the extent " that the money saved on crimes not committed 'just while offenders are in treatment' is sufficient to offset the costs of treatment" (p. 5, as cited by Vander Waal et al, 2008, p. 131-132)". Another study findings reported by Aos et al (2001) reveals how " the Washington State Institute for Public Policy estimated that community-based substance abuse treatment programs for offenders provided \$3.30 worth of benefit for every dollar spent (as cited by Vander Waal et al, 2008, p. 131-132)."

Hubbard et al (1998) and Inciardi et al (1997) explain the convincing outcomes of research countering " long-held conventional wisdom of drug treatment providers who have maintained that a client must 'hit bottom' " entering treatment voluntarily that show " coerced corrections-based approaches to drug treatment are as effective as, and sometimes more

effective than, non-coerced treatment (as cited by Vander Waal et al, 2008, p. 131-132)." According to Taxman (1999), Taxman et al (2007), " In fact, studies have demonstrated that drug treatment is a powerful tool in the war on drugs in 'all' types of correctional settings (as cited by Vander Waal et al, 2008, p. 131-132)."

Vander Waal et al (2008) look at the data as validation:

" that to have an impact on the drug problem, drug treatment must be offered as a general practice to all drug-dependent offenders instead of on an isolated basis to only a few offenders who volunteer for treatment services. We believe this approach will benefit both the nation and the lives of offenders by reducing drug use and its associated crime." (p 131-132)

Burdon et al, (2007) look at a particular research data indicating better outcomes for prisoner drug program participation connects with appropriate matching of individuals to the necessary levels of intensity of treatment aligned to the individual " severity" of his/her drug/alcohol dependency. Examination of the study showed how community-based residential programs differentiated from the outpatient treatment for both male and female parolees based on the severity of his/her dependency on drugs and alcohol (p. 1).

With expansion of prison treatment programs at both state and federal systems pragmatically, the demand and supply of aftercare treatment also increases. In this process, valid assessment of any post-prison treatment at the community level must occur. This includes ensuring the progress achieved in prison continues with recognition and uninterrupted equal treatments once the prisoner becomes a parole (Burdon et al, 2007, p. 1)

Revamping Existing Programs

Vander Waal et al (2008) make a stand for drug-addicted offenders' need for reforms of prison drug treatment. " Reforming drug treatment services for offenders may reduce illicit drug use in the United States because the majority of heavy drug users are involved in the criminal justice system (p. 127)." Van Wormer and Perssen (2010) further explain ongoing problems centered in the BOP drug treatment programs need some remedial attention. It is Vander Waal et al (2008) contention, " much of the programming is to be commended for the evidence-based treatment modalities that are utilized, we have recommended a number of improvements (p 373-374)."

According to Vander Waal et al (2008) primary to their suggested reforms for prison drug program, means acknowledging and changing unintentional outcomes aligned to the early release incentive. The early release incentive attracts applicants who have no drug problem or other substance abuse issue. At the same time, ironically, the early release incentive protocols discourage prisoners in dire need of the program from participating. The second change Vander Waal et al (2008) propose means establishing within the BOP system the immediate installation of treatment upon entering prison among the over 50 percent of the total population who come with serious substance abuse issues. From the onset, this sets precedence for substance abuse education (p. 373).

Further, as Vander Waal et al (2008) propose. prisoners with substance dependency issues including alcohol, need " intensive, long-term substance abuse counseling" following the education program upon entering the prison. The third and most important suggestion means offering treatment for

parolees within the community rather than outside locations. Vander Waal et al (2008) examination of BOP statements, show positive developments in the field of correction connected to the expanding use of drug courts. These serve in lieu of prison sentences when individuals with substance-related crime convictions participate in drug programs (p. 373-374).

In addition, according to Vander Waal et al (2008) the result of this proactive move by the BOP show, " Crime rates are being reduced as a result of the intensive treatment being offered." Another of the anticipated development looks at " the proposed increase in government funding to better provide for the protection and treatment of correctional inmates (p. 373-374)."

Burdon et al (2006) suggest the results of their study emphasize the need for further empirical research specifically focusing on closer examination of the construct of " continuum of care" for parolees. This includes underlying assumptions, policies, systems, as well as procedures employed for ensuring the parolees' transition from the prison program to the community-based therapy remains " as continuous and seamless as possible (p. 14)."

Prison's Role

Finally, aligned to this academic investigation of the need to keep drug programs in the American prison system process, understanding the specific role of the prison adds to the body of this position. Primary to this, remains the fact the drug treatment institutions providing programs in prisons remain independent from the prison service. The prison service task authorizes what drug treatment institution establishes programs with its own staff. This exists outside the prison service. The prison service also monitors the quality of the

treatment programs as well as the outcomes. While the prison service does hire social workers, health care providers, teachers, and other professionals aligned to care and rehabilitation of the prisoners, it is independent, drug treatment institutions who hire their own staff as mentioned (Frank & Kolind, 2008, p. 67).

According to Neale and Saville (2004), Carlin (2005), and McIntosh and Saville (2006) " Researchers have pointed to the dilemmas that arise when two different (organizations) and work cultures meet in drug-free treatment units (as cited by Frank & Kolind, 2008, p. 67)." Goffman's (1961) explains the hierarchal structure of the prison service remaining focused on punishment/control and surveillance thus, creates an environment of mistrust in the relationship between the prisoners and the staff relating to " characteristics of total institutions (as) outlined (cited by Frank & Kolind, 2008, p. 67).

Consequently, the construct of the prison service institution, according to Asmussen et al (2006) as well as Dahl and Pedersen (2006) " differs markedly from treatment institutions, which perceive themselves as egalitarian, self-managerial, and based on a consensus meeting structure." In addition, " The treatment culture is also often dominated by ideas of confidence in client/therapist relationships, dialogue, and therapy and self-development." To this end, there comes as no surprise prisoners unfortunately too often, view staff of the drug treatment programs as the odd one. This arises from practices of being both too different and lenient. In the view of the prisoners, these differences from the untrustworthy prison

system staff, creates tensions and at worse conflicts between the treatment and the prison staff (as cited by Frank and Kolind, 2008, p. 67)

Conclusion

As stated in the introduction, understanding the social benefits of keeping prison drug treatment an option as part of prisoner rehabilitation engages increasing support in the ongoing debate about its efficacy. This academic undertaking provides substantial evidence through the literature provided here of the benefits to the incarcerated substance abuser receiving quality and effective drug treatment. The statistics connected to the decrease in repeat offenders returning to prison aligned with substance use and abuse, speak volumes about the benefits of these programs. In addition, the number of suggestions for improving existing programs contributes valuable options based on research.

In retrospect, of these suggestions presented in this academic discourse on this critical social issue, the suggestion for assuring the parolee receiving both recognition of goals, achieved in drug programs in the prison and that the quality treatment picks up and continues seamlessly in the community setting. Unlike some of the legislative figures espousing there is no social responsibility to this issue, the data proves Americans do understand every drug and alcohol related crime indeed, is everyone's business. Keeping drug programs in America's prison system is a win option America must continue.

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