

[Music]

Ivette:

Hello, I'm Ivette Torres and welcome to another edition of the Road to Recovery. Today we'll be talking about the criminal justice system and the role of mental or substance use disorders. Joining us in our panel today are Christopher Poulos, Juris Doctor Candidate 2016 at the University of Maine School of Law, Portland, Maine; Cynthia Moreno Tuohy, Executive Director at The Association for Addiction Professionals and Author, Alexandria, Virginia; Mary Lou Leary, Deputy Director of the Office of National Drug Control Policy, Washington, D.C.; John McCarthy, State's Attorney for Montgomery County, Maryland, Rockville, Maryland. Mary Lou, why is it important to address issues of mental and substance use disorder within the criminal justice system?

Mary Lou:

Ivette, it's very important because there are so many people involved in the criminal justice system who do have substance use disorder or mental health disorders. There about 23 million inmates in this country, for example, and two-thirds of them have a substance use disorder or a mental health disorder. The system itself whether you're starting with your very first contact with law enforcement on up through release, probation, parole, etc., there are opportunities at every point along that continuum to intervene and to give assistance to these folks. We always want the criminal justice system—our goal is to make the system fair, efficient and effective. It's not fair, it's not efficient and it is not effective to ignore these disorders. We have an opportunity to provide treatment and assistance to these people. And in addition, we benefit because we know from research that when people do get treatment and assistance throughout the continuum of criminal justice, we have lower rates of recidivism, we have lower rates of relapse when people are released from the system.

Ivette:

Very good. Christopher, does that vary any between the adult justice system and the young people and youth system?

Christopher:

Not much. What I would give is two examples. I met with a local superior court judge in Maine recently and I asked him how many of the people that come before your court have something to do with a substance use disorder or something to do with intoxication of a substance involved in the offense or involved in the life that lead to the offense? And he, without skipping a beat, just said all of them. I pressed him a little bit more and he said, occasionally, sometimes someone will come in occasionally, sometimes someone will come in where there isn't a substance use issue involved. So the statistics can actually be a little bit lower than the reality because it doesn't necessarily mean that the person is being arrested for possession or for distribution. Often it's other

behavior that is taking place in conjunction with an untreated substance use disorder.

Ivette:

Like what?

Christopher:

Say a car burglary. That wouldn't be reported as a drug-related crime. However, if the person was addicted to heroin and was breaking into that vehicle in order to obtain money or something to sell in order to continue to support that habit, that is a drug-related issue. If we addressed that heroin addiction, almost invariably that car burglary would not occur, and in the juvenile system every one of my clients in one way or another, whether it's the actual underlying charge or whether they were under the influence when the alleged conduct occurred, has something to do with either substance use disorders or a mental health condition, often both.

John:

I've been a prosecutor for 30 years and quite candidly when we screened inmates when they come to the jails, we say were you under the influence at the time you committed your offense, whatever the offense is. About 90% self reported that they were under the influence of either drugs or alcohol at the time. I used to jokingly say the other 10% were liars. I think what is actually happening now in the criminal justice system is our jails are becoming the largest mental health institutions in the United States. I think generally speaking Cook County jail, being outside of Chicago being a perfect example of that, one out of three of the inmates at the Cook County jail, one out of three at Riker's Island, one out of three at the LA County jail in my own county, Montgomery County, is 28% have identified mental health issues and they're coexisting kinds of situations. These are not stovepipe types of situations. A person with a mental health issue is just as likely to be a drug abuser or an alcohol abuser in conjunction with that which complicates the co-occurring issues that are really complicated. Professor Lori Robinson who chaired the Policing in the 21st Century Commission that was just released as a result of a request by President Obama in March of this year, I attended one of her lectures recently and she indicated that their study suggested that 50% of all police contacts in the United States today—50% involved an individual who possesses or is involved in a mental health challenge at the time they're having contact with the police. So this is an enormous issue for the criminal justice system in general and it's an enormous issues for police training at the front end.

Ivette:

I was just gonna say for the training.

John:

It's a training issue.

Ivette:

Cynthia, let's talk about the families. What impact does the criminal justice system engaged individuals have on the family?

Cynthia:

When you have a family involved, a person who has offended and been put in prison or in let's say a county jail, what happens is this abandonment that happens in the family system, so the children aren't sure anymore what to do. There's a question of financial security particularly if that person was working and bringing home the paycheck. What happens to dollars, what happens to family security, what happens to your reputation in the neighborhood if you're a young person, what happens to your reputation in school, and then where is your connection. So how do you feel connected with that person who is now in prison or the county jail? How do you stay connected and how do you feel like you have a place in the community now that's more normalized.

Mary Lou:

It's so common in the United States. One in 14 children has a parent who is incarcerated or has been incarcerated, and this has implications for the incarcerated individual as well because that person hopefully will eventually be released and hope to rejoin his or her family, but there's been this big period of disruption that affects all of the relationships- it's very challenging.

Ivette:

Mary Lou, I also want to touch on as we're talking about the population overall that is engaged in criminal activity and with the justice system. Are there differences in ethnic, racial and gender issues that we need to address in this country?

Mary Lou:

Oh, yes, absolutely there's tremendous disparity in the criminal justice system and if you look at the incarcerated population, African Americans are five times more likely to be incarcerated than Caucasians. It's a huge disparity and Hispanics are twice as likely as whites to be incarcerated. That does not reflect the actual perpetrators of crime, the racial ethnic identify of folks who actually commit crimes. It's just the incarceration. So we have a big issue here and there are many factors that contribute to that but we can't ignore that. We really need to address it.

Cynthia:

And one of the big factors that affects that is poverty, so when you have people in poverty, living in poverty, lack of job or job skills, you're finding more offenses done because they're looking to survive and they're looking to find a way to do that. So in terms of correcting that, you've gotta look at that whole community

system and what we're doing to help with that transition so that that doesn't continue to occur.

Christopher:

If I could briefly touch on that, I think there's two factors involved in that and multiple factors involved in that. But one of them is insulation. Say you're a juvenile that lives in a middle class or upper middle class neighborhood suburb, then there will be a much different experience. Chances are you will not even have interaction with law enforcement if you, for example, are smoking marijuana. Whereas if it's a neighborhood where they're constantly patrolling by people, there's actually different types of enforcement in different neighborhoods and economics and race have a big role in that.

Ivette:

Absolutely and I want to get back to that during our next panel. We'll be right back.

Tom Hill:

A lot of people with mental and substance use disorders, a high percentage have histories of trauma that have affected their mental illness or affected their substance use disorders. And so when you put them in a system that has been known to be traumatizing, that is very punitive, that is not really what we call recovery-oriented, that can re-traumatize folks. And so there is a lot of talk and a lot of action around prison reform now. And there is a lot of prison and jail officials who are looking at creating systems that are a little bit more user friendly, but also are more conducive to helping people recover. And so addressing trauma on a systemic level is a really important thing- that people don't get re-traumatized over and over and over again. The drug court system in the United States is a system that is really becoming more and more conducive to helping people stabilize and initiate long-term recovery. The idea of drug courts is to keep people from jails and prisons and to put them through drug court programs that will help them access treatment and help them access recovery support services, and in a court-ordered nurturing environment. And this is a really important thing and has had a great deal of success in people in staying out of the criminal justice system and being able to use that court-ordered system to re-enter into society.

[Music]

[Drumming]

Female VO:

Staying on course without support is tough. With help from family and community, you get valuable support for recovery from a mental or substance use disorder. Join the voices for recovery, visible, vocal, valuable!

Male VO:

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Ivette:

Christopher, I want to get back to what you were saying about the patrolling in the various neighborhoods and we earlier mentioned differences of ethnic, racial, gender issues. So can you link the two and talk a little bit about what you've been able to observe with these patrolling patterns?

Christopher:

Sure. Frankly, people that have political clout are going to have a different—have had or hoping to change this and I'm happy to talk about the programs we're implementing to change this if we have the opportunity but as it stands and in the past there's a different type of policing that goes on in upper middle class neighborhoods versus neighborhoods that are economically challenged and have high minority concentrations of the population and you just don't see doors getting kicked in in upper middle class neighborhoods but studies have shown that the same type of drug use, the same type of distribution happens in different communities.

Ivette:

Very good. John, in terms of the systems that you're engaged with, does the drug court system, and explain a little bit of what that is for our audience, does that help to mitigate some of these imbalances in how individuals are treated by the courts?

John:

Well, we've had a drug court in Montgomery County for about ten years now. We've had 17 graduating classes of individuals who have gone through our drug court and drug court is not an easy way out. It's an alternative to incarceration. It was championed in all these drug courts around the country; seemed to be championed by spectacular judges who come to the fore in our counties, a judge by the name of Nelson Rupp who helped establish our drug court. But it gives us an alternative and we are taking hardcore repetitive criminal offenders and we're diverting them generally for up to two years. The average drug court graduate—you're changing human behavior. People don't understand it. You're going to rehab, a successful rehab, for a drug offender who if they ever published their statistics of success, it would probably be around 10%. If you're in the middle teens, you're doing great. Changing human behavior addiction issues is not simple. It usually doesn't happen, there's no magic bullet for turning these people around but with our drug courts after about two years, and the problem with most of these rehabilitation programs from my standpoint is they're just simply too short. They're not long enough to change the chemical imbalances in the brain and get the people to change their behavior, to change their

associations of people who lead them back to drugs or alcohol. That's been the success of it and it's a diversionary program and we meet regularly. It's an intensive weekly program. Actually, another thing that we do is we run our drug courts at night. These are voluntary programs run by judges who come in at night and the reason we do it at night is because we want to make sure that the people that we are treating, while they remain in the community, can get employment. So if you run these drug programs or these diversionary programs during the daytime, what you're actually doing is almost self-defeating because the reality is—

Ivette:

You're interrupting the activities of daily living.

John:

They can't make a living. So our programs all begin at six o'clock at night and it just makes more sense because then you can go to work, feed your family, and we do it in the evenings and that has been a magic bullet for us to stabilizing the work as well as the individual.

Mary Lou:

That's an unusual and really a terrific approach because one of the things that we know about human nature in general, and it certainly applies to people who have substance use or mental health disorders is that self-respect and respect from others is a really critical component of recovering and maintaining long term recovery. And if somebody has the opportunity to actually be gainfully employed and have colleagues at work for instance and so on, that helps, every one of those kinds of things really helps with the self-respect and earning the respect of others and fighting off the stigma that is associated with, for instance, substance use disorder. De-stigmatization is critical to success and to recovery.

Ivette:

Absolutely. So Cynthia, we've talked about what some of the opportunities are through the drug courts, and for those individuals that didn't have that opportunity, in other words, that are within the system already, can you talk a little bit about the benefits of providing them with treatment while they're incarcerated?

Cynthia:

It is really helpful to provide treatment in incarceration. Part of that is so that they can begin right at that time to start changing their brain patterns. So we know that the limbic system is very engaged when they're using alcohol and drugs and that limbic system does not change just because you're incarcerated. In fact, it pushes the limbic system to be more active; that survival, that fight or flight is gonna kick in. So if they're not learning while they're in that incarcerated situation how to change their brain and their thought pattern, then when they get released and they have more stress getting released and fear of transition, then it

kicks in even deeper and that triggers the relapse. So oftentimes we don't use the brain research that we know today to help people in transition or to help them when they're incarcerated. There are some prison systems that are doing wonderful work with working with the people incarcerated, teaching them how to change their brain, teaching them how to be peer helpers within the prison, helping other people to do that so that what it does is it continues to help them stay in that thought process and their cognitive thought process versus their limbic thought process.

John:

If I could just add something. Particularly with the more powerful drugs like heroin that are so addictive that it so alters brainwaves, one of the things that we found is that individuals who go into treatment for drug addiction, particularly heroin and powerful drugs like that, the treatment modalities are so short whether it's 30, 60 or 90 days; what percentage of people who go into treatment for heroin after 60, 90 days are able to kick their habit in 60, 90 days? The answer nationwide is about 4%. So after you've exhausted all of your medical health treatment options, all the things that you have under your medical health plan, you're still left with the disorder of 96%. It's also the problem within the criminal justice system. You have to recognize that changing these behaviors and getting a person ready to change their behaviors, these are not short term solutions. Oftentimes some people that I've talked to have compared the addictive power of heroin to someone who has cancer and someone says to them, I can give you—you really need ten chemotherapy treatments but we're gonna give you three and we're gonna hope that those three take and your cancer is gonna be cured. Well, that's what we're doing with heroin and so many of these addictive services. They're not intensive enough, they're not long enough to change the way we think and the powerful hold that those drugs have on these individuals.

Ivette:

I want to go to both Cynthia and Christopher. You both are in recovery and, Cynthia, in your experience when you were going through the justice system, what could've made your exit more solid and successful in terms of reintegrating you to the community?

Cynthia:

I got in the juvenile justice system at a very early age, the age of 11, and what would've probably helped me to move out of that system before, and I moved out of that system officially at the age of 18 but unofficially at the age of 15-1/2, was some housing that would be more stable. So I didn't have stable housing, I was in an abusive situation, so I needed to be in a situation that was safer and with adults that were safe. I needed to be off the streets. Streets can be pretty hard. It's hard to get clean when you're on the street so it's important to have that. And it would've been helpful to have some counseling to understand what my circumstances were and what my choices were. When you're young and being in a criminogenic behavior pattern, people see that criminogenic pattern,

however, they don't see what causes that pattern. And I think one of the things that is important is to understand what's behind the pattern so that then you can help them release that pattern. You can't release something you don't know that you have, and so you help them understand that and then you give them choices. And the last thing I will say, without opportunity to change people don't change. So I was a foster child as well and in the foster care system you don't have a lot of choices and you don't have a lot of opportunity, and so if you don't have that opportunity to get support, mentoring in high school, helping with your studies in high school, it's so much easier to stay on the street and be supported by other people who are similar to you.

Ivette:

Christopher, any thoughts in terms of your own experience?

Christopher:

Sure, plenty. First off, I think—and this kind of addresses your earlier question about what could be done for people that are incarcerated, and I think comprehensive reentry plans need to be developed when the person is sentenced, or earlier, this process needs to begin. And people returning from prison need to be treated as returning citizens rather than ex-cons. So for example, in my own life I was able to make it through the process of being admitted to practice law in the state of Maine, represent juvenile clients, complete an internship with the Office of National Drug Control Policy, be admitted to law school, but I had trouble renting an apartment. I maybe couldn't work at—and I won't name a company but there's many companies that just simply would not allow me because of the fact that I have a first-time non-violent drug offense on my record from my early 20's. So we need to address the collateral consequences. My view is that once you've paid your debt to society it should be paid. When I was sentenced, the judge didn't say, by the way, you may not be able to vote in some states, you may not be able to find employment or housing for the rest of your life. That wasn't part of the plea agreement and that's not what this country stands for.

Ivette:

When we return, I really want to follow up on that and really talk about also getting to the whole issue of justice reform because what you're talking about is offering opportunities for individuals to reenter into their community life and to find gainful employment, to find housing. Education is yet another area where someone who's been in the justice system is also affected. So we'll be right back in order to continue our conversation.

[Music]

Andy Brown:

Our drug court works with non-violent felony offenders who have acute substance use and/or mental health disorders.

The average participant in our program has 2 felonies and 10 misdemeanors on their record, so they are individuals who have been through our criminal justice system a number of times before, and jail and prison simply hasn't worked or helped solve the problem.

Priscilla Shafor:

Participants when they come to the drug court, some of them are in denial about how bad their alcoholism or drug addiction is.

Andy:

We really focus on targeting individuals who are highest risk and highest need and getting them into the appropriate treatment programs and getting them involved with the appropriate supports to make changes in their life and the community.

Priscilla:

So I've seen the roadblocks, I've seen the vicious cycle of people coming back, so my role as an advocate or recovery coach is to help people to meet them where they're at and assist them to build them up, and basically what I say is, "How can I help you help yourself?", and I will do my best to find the resources to help someone.

Andy:

For our drug court, it's important that we incorporate evidence-based treatment practices and operate in accordance to the best practice standards that the National Association of Drug Court Professionals has articulated.

We view ourselves as an accountability program not a punishment program. So it's accountability to the requirements of the court and it's accountability to a treatment plan, and that's what we really bring together during a court hearing and when we are working with and evaluating our participants' progress.

Priscilla:

The drug court is fair. They, we, do everything in our power to make people successful.

James:

Everybody in the program that I came across was all on my side to be successful and supportive, no one wanted me to fail.

Andy:

A person who has been in our drug court, whether they complete it successfully or not, is 98% less likely to have been arrested 1 year after they were discharged from our program, 3 years out, 73% less likely to have been arrested.

This work means everything to me. I absolutely love my job and working in the criminal justice system I feel this is one area where we are really able to have a positive impact on people's lives and to see that impact not only in the short term but in the long term through the relationships that we develop and maintain with our participants and our graduates.

[Music]

Christopher:

I began to struggle with addiction actually at a very young age. My mom was a single mom, and she did the best that she could to raise me. I am not blaming my addiction on that, but I do think that it may have been a factor in the way that it happened so young. I started misusing alcohol, marijuana and other drugs by my early teenage years, even 11, 12 years old I was starting to have issues with substances. These issues increased through my teenage years and in my early twenties. Until I finally- there came a point where I reached a spiritual bottom, and I was ready to for the first time in my life, seek help and ask for direction. All the time when I was growing up I always wanted to do whatever I wasn't supposed to do, and I never felt comfortable in my own skin. And drugs and alcohol for a while allowed me to feel comfortable in my own skin. But eventually I realized that that life and those addictions no longer served me, and thank god that I had that realization when I was 24 years old.

What recovery has allowed me to do is it's allowed me to work with people at the highest levels of government at the local, the state and the federal level. It's allowed me to attend and graduate college. It's allowed me to attend and just about graduate from law school, I'll be graduating from law school in May. It's allowed me to practice law in the very same court where I was once a juvenile defendant myself, and it's allowed me to complete an internship with the White House Office of National Drug Control Policy. And more importantly than any of that, it's allowed me to show up for my family. Recovery has allowed me to be part of my family, part of my community and add to the community that I once hurt.

[Music]

Male VO:

For more information on **National Recovery Month**, to find out how to get involved or to locate an event near you, visit the **Recovery Month** website at recoverymonth.gov.

Ivette:

Mary Lou, in our last panel Christopher was mentioning the need for more reform in terms of individuals that are coming out of the system to be able to gain housing, to be able to gain education, to be able to reintegrate into the community at a faster rate, and I suspect there are other areas where reform is

also necessary. Can you speak to what the administration is doing in terms of taking a look at the criminal justice system and creating reforms that are gonna be cost effective and quite frankly more accommodating to really putting individuals back into our communities.

Mary Lou:

This is a very exciting moment in time, Ivette. I spent 30 years in and around the criminal justice system, many of those years working as a prosecutor, and I think that this is an extraordinary moment in time because you have bipartisan recognition that we can't incarcerate our way out of this problem. States can no longer afford to just keep building prisons and incarcerating more people. We simply can't afford it, and moreover, there's a recognition that it doesn't work. Folks come out and within 2-3 years they're right back into the system. So there's a collective recognition we need to take a different approach. What we've been doing for decades does not work. And in the words of former Attorney General Eric Holder, we need to get smart on crime and that means being fair, being just and looking at the consequences down the road. For instance, this administration has been operating on many different fronts. In 2010, for instance, bipartisan legislation called the Fair Sentencing Act was passed, was strongly supported by the Department of Justice and that legislation eliminated the disparity in federal sentencing, federal penalties for crack cocaine versus powder cocaine. And in that same year in 2010, the Attorney General Eric Holder, issued a memorandum to all federal prosecutors saying you need to stop going by the policy that was dictated by the previous administration, the memo from that Attorney General which said charge the most serious penalty—excuse me, the most serious crime with the heaviest penalties that you possibly can given the facts before you. Eric Holder said, no, that's not how we're going to operate. Our basic principle is you charge based on the individual circumstances of the case and the defendant. You do what's fair and what's just, keeping in mind the safety of the community. That's a fundamentally different approach and you've got agreement I think across the board on that, you have organizations that include both the ACLU and the Koch Brothers coming together in agreement on the need for this to be. Make the criminal justice system more just.

Ivette:

That's encouraging. So there's one level which is the federal level, there's also the local level, John. What changes have taken place and what changes need to take place even further thus far in terms of reforming the system?

John:

I think a lot of states including my own state are beginning to look at mandatory minimums for drug offenses. I think that that's a challenge and I think that's a debate that's happening in state legislatures everywhere whether or not—as Mary Lou was just talking about it based on the directive from Mr. Holder. You would not have an opportunity to look at the individual person or the background of an individual and I think this is what offended judges. I don't think judges ever

wanted to be hamstrung with mandatory sentencing. I think they wanted to be open and be allowed to consider the full span of potential options with an individual. So I think there's an examination going on in many states about whether or not they're appropriate for non-violent crimes, minimum mandatories are important. I know that in the federal system, and again, I go back to Mary Lou on this, I know that the two level departure down for non-violent drug offenders, I think there were 4,000 federal prisoners that were released in October. I think over the next year there is an examination of an additional 40,000 low level non-violent offenders in the federal level where they're beginning to look at whether or not—you know, the most important days of incarceration are not the last days you spend in jail. The most important days you can spend incarcerated are the first days of your incarceration and these extraordinary lengthy sentences, people are beginning to look at these things and beginning to say, well, what is the most—when is it really useful, when does the utility of a sentence actually maximize itself out? What we're doing in Maryland—I have a republican governor who has suggested a restoration act. What he wants to do is he's looked at how quickly people are being paroled on non-violent crimes, particularly drug crimes and believe it or not the drug offenders are staying in my state incarcerated up to 40 or 42 percent. He wants to roll that back to 25% for non-violent drug offenders and say you'd be eligible for parole at 25%. He wants to take the money that's saved from the delta of 25% to 42%, put it in—I'm a little suspicious about this myself—put it into a lockbox and make sure that money then would be available exclusively for drug treatment, for the creation of additional beds, for treatment back into the community. I embrace that. I salute my governor for doing that, so I know that in Maryland, Governor Hogan, is looking at that particular option. And we have some other kinds of things, problem solving courts are being established all over the United States.

Ivette:

What are those?

John:

Problem solving courts are things like—we've talked about this briefly in an earlier portion—drug courts are an alternative to incarceration, they're an alternative to locking someone up and we tried to, through creative means, tried to deal with an individual who's been all too often in our system. Mental health courts. We are in the process of establishing mental health courts at both levels of our courts in Montgomery County. We had eight individuals, just to give you an example of how the system is broken, we had eight individuals last year that came through our jail collectively 250 times. Their core issue is mental health issue. We saw them, eight people we saw 250 times. Now, I've gotta believe that we can do a better job. We have failed those people. And unfortunately, the other thing that frightens me sometimes is if you do not deal with a mental health issue the first time you see someone at a very early age coming into the criminal justice system, these things can escalate into more serious crimes. In one 12-

month period of time in my county we had 12 homicides that were committed in my county and every one of them, as soon as they came across my desk, what I saw was a profound mental health issue by an individual who we had seen before, and if we had dealt with it more properly at an earlier stage, we may have been able to prevent multiple murders in my own county.

Mary Lou:

And that really takes good assessment. You've gotta have people onboard who know how to assess the mental health issues and the addiction issues so that they are assessed appropriately and referred to the appropriate treatment for, as you were saying earlier, not a short length of time. It needs a longer length of time because to actually change those patterns takes a long time, and if you look at some of the new treatment information, people are saying they need to be connected in a safe environment or a supportive environment for five years. So that doesn't mean that they're going to treatment every week for five years but they're getting some type of support whether it's a monthly check-in support group or family support group every month for five years so that they're feeling solid, they're feeling like they're getting the support that they need.

John:

I've heard this said oftentimes with people in terms of the reentry program; everybody is coming back into our communities. That's the functional reality. We don't lock up many people for a very long time. The charge then therefore is how best can we make that person in a position where they're gonna have jobs and housing, and with the mentally ill a sustainable medication program because I think it's the fair to maintain medications that's really important.

Ivette:

And we also, John, need to look at peer support, correct Cynthia? I mean this is—I think you were getting at that. That in essence a complete 360 of the best possible reentry programs really take into account having a peer perhaps or someone that's been through the system and has reintegrated already sort of lead the way for the person who's coming out.

Cynthia:

I think the peer support is important for the person who has been incarcerated and for the family because it's a tough walk. So if they're getting that peer support and the other piece to this reform is community enhancement. Many of the people are from communities that are low income. If we're not doing community enhancement, poverty reduction, then we're gonna continue to see this because it's more than the mental health issue, it's more than the substance use disorder, it's also the lack of opportunity for income.

Ivette:

I want to come back to Christopher right now and have him address the issue of—let's go back to federal versus state. In your state of Maine, for example, what

can citizens do to really begin to advocate quite frankly for the changes that need to be made particularly for the young people that you're seeing in terms of what should they be asking for that the system provides for the youth?

Christopher:

What we need and what we need to ask for is a balanced approach to drug policy that emphasizes not only supply reduction but demand reduction. That's been done at the federal level. So ONDCP, for example, has an entire department for demand reduction, a branch for recovery that should be implemented at state and local levels as well, and citizens at the citizen level can talk to their local representatives, talk to their elected officials, talk to the prosecutors and advocate for themselves for their families that have been affected by these issues. There's all sorts of programs right now that are happening at the state level, the local level and the federal level to address criminal justice, policy reform, and I've worked in each of those areas whether it's sentencing reform, the one thing about the moment, everyone is talking about how we are in this moment, this work is not new, only the cameras are. That's a quote by Marc Mauer of the Sentencing Project who has been a mentor of mine for some time, I was a legal fellow at the sentencing project last summer. And what we need to find out is how we can turn this moment into a sustainable movement because any changes in Congress frankly are only going to nip around the edges of mass incarceration. We have 2.2 million people incarcerated. It's great that we're starting with low level non-violent drug offenders. Not going to make a huge dent in the population. We have to look at the length of sentences. There are so many things after—you know, why 27 years instead of 20? What's occurring between year 20 and year 27 that has not occurred prior to that. It actually becomes counterproductive.

Ivette:

When we come back, I want to get at that because we can certainly talk about putting people, 44,000 as you mentioned, John, but in essence let's talk about really is society ready to absorb all these folks and what are we gonna do with all of them given the fact that the money is still in the lockbox. We'll be right back.

[Music]

Kana Enomoto:

Criminal justice-involved individuals with behavioral health issues who are re-entering the community can seek help in primary care settings and other health facilities. If they are involved with a community or faith based organization, these entities may also provide guidance, mutual support groups and other assistance. To get help, these individuals may also turn to SAMHSA's Behavioral Health Treatment Services Locator. This is an on-line source of information for persons seeking treatment facilities in the U.S. or U.S. Territories for substance abuse/addiction and/or mental health problems.

SAMHSA also offers resources relevant to people with mental or substance use disorders who have been involved with the criminal justice system. For example, two *Road to Recovery* Television Shows that are now available free on line may be helpful: 1) Treatment and Recovery in the Juvenile and Adult Criminal Justice System and 2) Addiction and the Justice System: Deciphering the Maze. These shows provide step by step insight as to how the systems work and describe best practices in addressing the intersection of criminal justice and behavioral health issues. They can be viewed at the SAMHSA.gov website under **Recovery Month**.

[Music]

Rhonda:

My life was totally upside down, unmanageable, a wreck, homeless in a dark world I didn't want to be in.

James:

My wife had left me and took my two boys, my life was just falling apart. And I knew I had to be serious to get clean and sober, and this drug court program seemed that it would give the accountability and monitoring that I needed at the time because I was severely addicted to both alcohol and drugs.

Andy:

The drug court model is based on a theoretical concept called therapeutic jurisprudence and that is the idea that you are blending the idea of the authority and coercive aspects of the court with the therapeutic approach and supports of treatment.

Priscilla:

You will get the therapy and education that will help you change your life.

James:

The biggest benefit is the ongoing accountability, the structure of the program, the fact that the whole staff—the judge the probation officer, the whole staff relating to drug court—you basically feel they are on your side; they don't want you to fail. There's plenty of tools in this program that if someone has the willingness to follow through and incorporate them into your life. I was losing my life. I was losing my family I was losing my health, possibility of losing my job. And I have all those things back today.

Priscilla:

As we keep evolving in our recovery, as long as we keep on the right path, our life will change, get better.

Rhonda:

I am coming up on 18 months clean and it's been a totally different life. It's still a struggle, and it probably always will be, but it's getting better and better and better little by little. I am a very honest person today, I don't lie, I think my soul feels so good to be an honest person because I used to be a huge manipulator, huge liar, a thief, everything in between and I don't do those things today. And it feels good to do the right thing today.

Ivette:

Welcome back. Mary Lou, let's talk a little bit about how are communities going to be able to handle, or not, all these individuals that are reentering society that are going to be released?

Mary Lou:

Well, it's a challenge, that's for sure. I think that the more notice that communities have, of course, the better prepared they can be. What I think is important is that people understand who is coming back to the community, why are they coming back. It's very important for participants in the criminal justice system, for instance, to educate the community so that they understand folks are getting released not to come back and prey on the community. They're being released because they're non-violent offenders who have served a lengthy sentence and the assessments that we have done show us that these people are not dangerous. Now, they will have needs and the community needs to anticipate that. So, for instance, if private nonprofits, private industry and government agencies can come together to pool their resources to provide whatever they can to help support these individuals who are coming back to the community, so for instance, jobs, housing, treatment critically important.

Ivette:

But in essence, in order for that to happen, Mary Lou, and I agree with you absolutely—Cynthia, I think you were getting ready to say something.

Cynthia:

I was just gonna piggyback on what you were saying, Mary Lou, because communities need to develop some strategic thinking and planning around this and they need to do it now bringing all those partners together that you mentioned into community looking at a recovery-orientated system of service and care for the whole community that includes the people who are family members, the person who has been incarcerated, the justice system, and the support systems that include education, medical, dental, all of these other pieces and build a system that works in their community. It's not gonna be cookie cutter for every community. However, if you don't put thought into it, you know nothing will happen.

Ivette:

John, are systems going to be able to already provide a profile to these community based organizations or how are these services through a recovery oriented system of care ideally—let's talk about the ideal—work?

John:

First of all, you've gotta have available places to put individuals, particularly the transitioning. I think one of the great challenges is people leaving federal system coming back to states or regions like the metropolitan area I will tell you, we have a pre-release center that transitions people from six months to a year as they're coming back into the community and they are stabilizing exactly what Mary Lou talked about, housing, and we're getting them jobs, we're making sure there's a treatment plan in place before they go out to the community. Unfortunately, from what I understand in the metropolitan area here in Washington, D.C., none of the other state-run agencies or local counties are accepting people for transition back into the community. So you've got to get a better federal local partnership between some of the different counties because they're not taking the prisoners back from the federal system. If somebody is gonna come back and live in Montgomery County, well, let's stabilize their housing, let's stabilize their treatment plan, etc. I think that is a huge problem. There also was a term that was used, I think we need to use social science research to guide us better in making our decisions. You can't do the social science research and then ignore the social science research whether it's helping us assess who should get locked up pretrial or whether it's helping us assess based on the studies that have been done who should be released after they've been incarcerated for whatever period of time it is that Chris was talking about. I am one who is a huge proponent of using social science research as a basis for us making intelligent decisions and then going back into our individual communities and explaining why did this person get locked up or not locked up pretrial? This is what the science tells us. I think if we have a dialog with our communities and explain to them the rationales behind the decisions we've made about who gets released versus who gets locked up and it's not race-based or ethnic-based or otherwise based but it's based on research. I think that builds faith in the criminal justice system which we so sorely need.

Ivette:

And, Cynthia, that would entail really dealing with issues of stigma. How do we do that? Well, it starts from the very beginning. It starts from when that person who has offended is right before you whether it's the probation officer or the judge; treating that person with respect, having cultural humility. Cultural humility is not saying that I'm culturally competent because I can't be culturally competent about every person and I may have humility about their situation that I know that I don't fully understand where they come from. So I approach it with respect, I approach it with honoring, and that goes all the way through to if they get incarcerated, they're treated with respect and continue as humans so that when they're released, they still have that feeling of respect, that feeling of belonging and it helps to integrate them back into their family and their community much

better. So that's part of the social science. It's even the language we use. Is this person a prisoner, is this person an inmate, or are they a person who committed a crime or a person who committed an offense? Are they a person first or are they an offense first?

Ivette:

That absolutely makes sense. I know that SAMHSA has quite a number of programs that are dealing with reentry issues and they can be found online, but any other particular programs, Christopher, that you think communities can avail themselves to if they are looking for model programs?

Christopher:

Absolutely. First of all, the most important thing is I've found that if you treat a human being as a human being, they will often behave as a human being. By people reentering—when I reentered society, by finding people who welcomed me back in as a returning citizen, as a community member, that made me want to be a returning citizen, want to be a community member. So that's essential. It's a full community-based holistic approach to these issues. Michigan is a great example on reentry. The Michigan Prisoner Reentry Initiative takes a holistic approach that begins when the person is sentenced. They have steering teams with 17 specific areas where they look at where it's coordinated based on the individual's characteristics, the individual's risk assessment and it's a coordination between local and state entities that involves everyone from community leaders, faith leaders, counselors, peer recovery, organizations such as Young People in Recovery which is a national organization that I'm part of, and we create recovery ready communities and talk about stigma, language is key. One word that I've abandoned and I'm hoping other people will abandon is the word abuse to refer to a substance use disorder, and the reason I say that is because studies have actually shown that people receive better care if they're not defined as abusers. Think about the term abuse, child abuse, animal abuse, physical abuse, spousal abuse. Substance abuse? It's not—granted people are hurt by addiction, there's no denying that but to me it's fundamentally different to have a health condition of addiction than to be an abuser. Just one example.

Ivette:

Absolutely. So we'll make those your final thoughts. Cynthia, final thoughts?

Cynthia:

I think it's all about communication. You know, people communicating at the forefront, during and after whatever the situation is. Communication and strategically thinking. Not just reacting but actually taking time to put thought and order into a situation.

Ivette:

Mary Lou, any final thoughts?

Mary Lou:

Yeah. I would echo John's remarks about base what you do on what you know. For instance, apply the social science research to the way you treat individuals coming into the criminal justice system. But I would also be very careful to note that we have to pay attention to the hard science as well because we know from hard science that substance use disorder, for instance, is a chronic disease of the brain. It's not a moral failing, it's not because you are a weak person. You have a chronic disease. What does that mean? That means that it alters the way the brain functions. It means you're gonna have relapse. It's part of the disease like diabetes, heart conditions and so on. When you think about that with other individuals who have chronic diseases, we don't tell them just make yourself better, you're on your own. No. We reach out, we help, we provide medication for treatment. We need to be doing the same thing with substance use disorder.

Ivette:

Very good. Thank you. John?

John:

Stop using your local jails or jails as mental health facilities. That's the challenge. Since we de-institutionalized the mentally ill beginning with Thorazine like in the early 60's, we've dumped people on the streets. We've never correspondingly put together drug reporting centers. One of the advocates in my community said, look, you want to help my clients, and she's an advocate for the mentally ill, into the community, says just give my clients their medication. Have a giveaway center give away their medication. A lot cheaper than arresting them and incarcerating them. Stop using your local jails as mental health facilities.

Ivette:

Great final thoughts. I want to remind folks that September is **National Recovery Month**. You can go to our website at recoverymonth.gov and learn everything you need to know to put on events for 2016. This has been a great show. Thank you very much for being here.

[Music]

Male VO:

To download and watch this program or other programs in the *Road to Recovery* series, visit the website at recoverymonth.gov.

[Music]

Female VO:

Every September, **National Recovery Month** provides an opportunity for communities like yours to raise awareness of mental and substance use

disorders, to highlight the effectiveness of prevention, treatment and recovery services, and show that people can and do recover. In order to help you plan events and activities in commemoration of this year's **Recovery Month** observance, the free online **Recovery Month** kit offers ideas, materials, and tools for planning, organizing, and realizing an event or outreach campaign that matches your goals and resources. To obtain an electronic copy of this year's **Recovery Month** kit and access other free publications and materials on prevention, recovery, and treatment services, visit the **Recovery Month** website at recoverymonth.gov, or call 1-800-662-HELP.

[Music]

END.