



Founded in 1844

A substantial body of evidence has established that effective, prison-based substance abuse treatment programs reduce the likelihood of relapse and recidivism for participants. The benefits of successful treatment go beyond the recovery of individual participants—enhancing the quality of life within a prison and improving public health and safety outside its walls.

The Correctional Association of New York (CA), the State’s oldest criminal justice organization, recently published *Treatment Behind Bars: Substance Abuse Treatment in New York State Prisons, 2007-2010*, the first comprehensive review of New York’s prison-based substance abuse treatment programs.¹ This report highlights opportunities for New York State to model best practices nationally that can reduce recidivism rates and ensure a more successful reentry for the thousands of individuals exiting prison each year. It lays out specific recommendations for State policymakers and the Department of Correctional Services (DOCS) to create changes in four important areas:

- **Implementing a more comprehensive and standardized screening and assessment process.**
- **Matching inmates to appropriate treatment programs based on their individual needs and severity of substance abuse.**
- **Developing policies and procedures for providing clinical supervision to treatment staff and increasing overall oversight and accountability of treatment programs.**
- **Creating a more comprehensive, coordinated and integrated discharge planning policy.**

What Treatment Services Are Available Inside Prison?

The majority of the Department of Correctional Services’ (DOCS) substance abuse treatment programs offer a “one size fits all” treatment approach. The Alcohol and Substance Abuse Treatment Program (ASAT), a six-month residential therapeutic community program, is the most widely utilized DOCS program existing in the majority of all medium and most maximum-security DOCS facilities, 56 prisons in all.²

Who is Receiving Treatment?

DOCS reports that 83% of New York State inmates are in need of substance abuse treatment. Treatment programs in the State prisons include approximately 10,000 treatment slots, enrolling about 34,000 inmates annually, making DOCS the single largest provider of substance abuse treatment in the State.

What is the Cost?

The cost of keeping an inmate in a New York State prison for one year is about \$55,000. The cost of most outpatient drug treatment runs between \$2,700 and \$4,500 per person per year; and the cost of residential drug treatment is \$17,000 to \$21,000 per person per year—still less than half the cost of incarceration.

¹ The report culminates a three-year study conducted by the CA’s Prison Visiting Project, including visits to 23 prisons, interviews with experts, treatment staff and participants, and the analysis of over 2,300 inmate surveys and system-wide data.

² A therapeutic community is a program that is highly structured and hierarchical, with progress upward through the hierarchy linked with increasing levels of responsibility and privilege.

What Are the CA's Findings?

Screening and Assessment:

- DOCS does not clearly define the exact criteria for which inmates will receive treatment—and its screening instruments are set at the *lowest* end of the scale measuring the need for treatment. As a result, DOCS recommends treatment for inmates with even the most *minimal* history of substance abuse.
- Factors such as how recently an individual used an illegal substance, frequency of use, or consequences of use, are not taken into account in determining the need for treatment.
- DOCS does not conduct a follow-up comprehensive assessment for inmates flagged in the initial screening.

Treatment Matching:

- Not all inmates with a history of substance use require a long-term residential program—many could benefit from a variety of less intensive treatment programs, while some may require more intensive programs with significantly smaller group sizes.
- Numerous studies have shown that matching treatment to an individual's needs is the most effective way to reduce the possibility of relapse. Such an approach provides substantial *cost savings* as well.

Coercive Nature of Treatment Services:

- Though treatment services are technically voluntary, inmates who refuse treatment face the possibility of being denied parole and losing “good time.”³

Delayed Treatment:

- Inmates are generally not eligible to enroll in a substance abuse treatment program until they are close to their release date.
- Inmates facing lengthy prison terms may not receive any treatment for many years, regardless of demonstrated need, leading to increased drug use in prison.

Monitoring and Oversight:

- There is limited clinical supervision for treatment staff.
- There is minimal review of the quality and content of treatment records—a necessity in ensuring that treatment participants receive quality care.

Staffing:

- Treatment staff had varying degrees of experience, training, skills, and commitment—some treatment staff were enthusiastic and engaged with program participants, others were indifferent and treated participants in a disrespectful or even threatening manner.
- A majority of inmate survey respondents felt it was *not true* or only *somewhat true* that staff supported them and their recovery from drug abuse.
- Many of the programs had substantial vacancies in critical staff positions—some for more than two years.

Discipline vs. Treatment:

- Inmates found possessing or using illicit substances are routinely sent to the Special Housing Unit (SHU)—a disciplinary segregation area where they are typically kept in solitary confinement for 23 hours a day for three months or more while receiving no drug treatment services.
- DOCS mandates that inmates with a SHU sentence of 30 days or more be removed from a treatment program. DOCS does not prioritize returning these inmates to treatment once their SHU sentence is over.

Aftercare and Reentry:

- Discharge planning was minimal with little coordination between in-prison treatment programs and community-based treatment providers. Participants reported receiving little to no assistance from in-prison treatment staff regarding their aftercare plans.
- Research and experience have shown that inmates who receive drug treatment in prison followed by aftercare services are dramatically less likely to relapse or recidivate.

³Good time is a credit for time served on good behavior, and is used to reduce sentence length.