

The Correctional Association of New York

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**Testimony by Shayna Kessler, Prison Visiting Project Associate
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Before the Assembly Committee on Codes, the Assembly Committee on Alcoholism
and Drug Abuse and the Assembly Committee on Corrections**

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I am Shayna Kessler, the Prison Visiting Project Associate at the Correctional Association of New York (CA). I want to thank the Committees for this opportunity to provide testimony about our observations of the substance abuse treatment provided to inmates in the state's prisons. As some of the Committees' members may be aware, the Correctional Association has statutory authority, in place since 1846, to visit New York's prisons and to report to the legislature, other state policymakers and the public about conditions of confinement. Our access provides us with a unique opportunity to observe and document prison practices and to learn from inmates and staff what they believe to be the strengths and weaknesses of the facilities.

As a part of our monitoring of state prisons, the CA regularly visits substance abuse treatment programs and we include descriptions of and recommendations for improvements in prison programs in our public reports. In the past two and a half years, we have visited treatment programs at 16 prisons where we interviewed staff and inmates and observed treatment sessions.

In order to better understand the strengths and shortcomings of prison-based substance abuse treatment, we recently initiated an intensive, two-year study of substance abuse treatment in New York's prisons. Although we have not yet begun to conduct visits to treatment programs for this study, our research, data collection and prior experience visiting substance abuse treatment programs have revealed promising program models as well as areas of concern that I would like to share with the Committees today.

With nearly 49,000 inmates in need of substance abuse treatment in custody at any one time, DOCS has an opportunity to ensure that a large population of individuals suffering from substance abuse problems receive treatment. To a large degree, the Department takes advantage of this opportunity, with many talented counselors providing treatment to tens of thousands of individuals each year. Moreover, some of the state's treatment programs are innovative models of effective treatment that appear to provide successful services that help individuals recover from their histories of substance abuse and, in a few places, connect them with long term support.

Overall, DOCS treats approximately 33,000 individuals each year in one of its nine programs. The majority of inmates are enrolled in the Alcohol and Substance Abuse Treatment (ASAT) Program, which treats over 14,000 inmates a year. The treatment modalities and structure of ASAT programs vary greatly from prison to prison. The Comprehensive Alcohol and Substance Abuse Treatment Program (CASAT) and Stay'n Out are two model programs that emphasize long-term care for participants after their release from prison. Unfortunately, due to cuts in resources and changes in eligibility requirements, enrollment in CASAT has diminished dramatically in recent years. The Department's other programs include substance abuse treatment that integrates domestic violence counseling and counseling for sex offenders, a Driving While Intoxicated Program and intensive "boot camp" style treatment.

Insufficient Capacity and Long Waiting Lists

It appears that many inmates in need of substance abuse treatment have to wait many years to receive it. As of February 2007, DOCS' prisons held 63,709 inmates in custody in 70 facilities, and counting admissions and releases, approximately 90,000 inmates were in DOCS custody over the course of the year. As part of its reception process, DOCS attempts to identify inmates who have a substance abuse problem. In its most recent analysis, DOCS estimates that approximately 77% of its population are "identified substance abusers," translating into approximately 69,000 inmates in custody over the course of the year needing substance abuse treatment. However, by DOCS' own report, it provides treatment to about 33,000 inmates each year. This figure does not represent the actual number of people who have received treatment in that it includes "duplicated individuals," inmates who were enrolled in more than one program during the year or who had multiple admissions to the same program and are therefore counted as multiple entries.

It is no surprise, therefore, that waiting lists for substance abuse treatment at most prisons are exceptionally long. Many inmates are automatically placed on a waiting list for treatment as a result of screening conducted by the Department upon reception to prison, although they are unlikely to be placed in a program until they are within two years or less of their earliest possible release date. The result is thousands of inmates with unmet treatment needs who wait, sometimes for years, before they are able to begin addressing their substance abuse problems. Indeed, we have met many inmates who complain that they have been on a waiting list for substance abuse treatment for many years without being admitted into the program and some have been denied parole because they have not completed the program by the time they appear before the parole board.

Problems with Placement Criteria

One of the areas that we will address in our two-year study of this issue is the criteria by which individuals are identified as needing substance abuse treatment. Although our data on the topic is anecdotal at this point, we have met inmates involved in a substance abuse treatment program who firmly deny ever having a substance abuse problem. Since DOCS' screening identifies an individual who admits any past substance

use as needing treatment, some inmates have reported, with great frustration, that they are required to participate in a program for parole for which they have no need in order to be eligible. For example, a middle-aged man we met in a substance abuse treatment program at Green Haven who had already served many years of his sentence told us that he was identified as needing treatment because he admitted to smoking marijuana when he was a teenager, but had no subsequent involvement with drugs. Often, inmates who are in the program after serving long sentences tell us that although they used drugs prior to their incarceration, they have not used them or been tempted to do so in the many years they have been behind bars. With thousands of people in the state's prisons who clearly have substance abuse problems and limited resources and capacity, the state should ensure that it is carefully identifying individuals to place in treatment.

Need for Additional Resources

In many of the substance abuse treatment programs we have visited, inmates complain extensively about the large class sizes, a lack of individual counseling and outdated course materials. Ratios of students to counselors are high at many prisons, making it difficult to foster the supportive environment necessary to a successful treatment community. In addition, at some prisons we noted that long term treatment staff vacancies have contributed to large class sizes and, in some cases, insufficient supervision. When we visited Elmira in May of 2005, for example, the prison had been missing a supervisor for its substance abuse treatment program for several years. Moreover, we have seen inmates in some programs working with materials that were published as long ago as the 1970s. Investing in additional staff and updated materials would improve the quality of the treatment and increase participant involvement.

Inconsistent and Improperly Applied Treatment Modalities

The substance abuse treatment programs operated by DOCS vary widely from prison to prison, even within the stated modalities. For example, a modified therapeutic community in one prison may bear little resemblance to that in another prison. In such a large system, such variations may be unavoidable, but they should reflect the needs and strengths of the facility and inmates. We have found programs identified as therapeutic communities or modified therapeutic communities where the inmates are not housed on a common unit. Further, some programs that have a residential component (meaning that the inmates are housed on a common unit) have no common room or group activities outside of the standard, half-day program. Peer support and community involvement is considered crucial to many treatment modalities yet many prison programs fail to cultivate such an environment.

High Rates of Removal

We have found that at some prisons, very high numbers of inmates are removed from the treatment programs, and often, more inmates are removed than graduate from treatment. For example, in 2005 at Green Haven, 126 participants graduated from substance abuse treatment and 152 were removed. Likewise, Sing Sing had 87 graduates

and 108 removals. In contrast, some prisons have much higher rates of success, such as Sullivan, which had 51 graduates in 2005 and only seven inmates were removed, and Eastern, which had 124 graduates in 2004 and 61 removals.

Inmates may be removed from the program if they are sentenced to disciplinary segregation for misbehavior that is unrelated to their treatment, if they are identified as using substances while they are in treatment or for lack of participation in the treatment program. With the understanding that there must be consequences for violating rules in prison, the very high numbers of program removals at some prisons indicate that either the treatment programs could more effectively work with participants to help them remain in the program, or individuals are being improperly placed in treatment. Indeed, we have met with treatment staff at prisons that have low rates of removal, and they have explained to us that they work with inmates who struggle in the program or appear unengaged, making removals for nonparticipation extremely rare.

Insufficient Aftercare and Reentry Assistance

Research has proven that long-term care is a crucial component of successful long-term recovery. Although there are some successful models of integrating aftercare into the prison treatment program curriculum, we have found several deficiencies in the aftercare provided to most inmates who have completed the treatment in prison.

There are only two programs in the state prison system that formally and consistently provide assistance to participants with identifying community-based care upon release from prison: the Stay'n Out program at Arthur Kill and Bayview and the Comprehensive Alcohol and Substance Abuse Treatment (CASAT) Program at five state prisons. They enroll only 3,750 individuals each year, accounting for about 11% of all treatment provided. Moreover, enrollment in these programs has diminished in recent years. Enrollment in certain components of CASAT, which includes a work release phase aimed at preparing participants for reentry, have decreased 80% in the past 13 years because the state has enacted laws that limit eligibility for work release, making few inmates eligible to participate in the program. Eliminating barriers to participation and expanding and replicating these effective programs, or certain key aspects, would enable thousands of other inmates to benefit from the proven principals that guide them.

Although the substance abuse treatment programs at the vast majority of prisons include no community-based component and the reentry assistance provided to participants is minimal, it is important to note that some dedicated and knowledgeable staff actively work to address this deficiency. For example, we met counselors at Sullivan and Eastern who have developed ties with community-based treatment programs so they can assist inmates with identifying long-term treatment options upon release. Unfortunately, such involvement is the exception, rather than the rule, as it is neither part of the curriculum of most substance abuse treatment programs nor the official job descriptions of their staff.

The majority of inmates with substance abuse treatment histories receive assistance with reentry through Transitional Services (TS), the Department's discharge planning program. When we go to a prison, we visit the TS program, speak to the professional and inmate staff there and observe the resources provided to inmates, particularly with respect to substance abuse treatment. We have found that the TS staff rarely have expertise in substance abuse treatment and few, if any, linkages with outside treatment providers. Most inmates who suffer from substance abuse histories are simply released back into their communities. For people with serious substance abuse problems, they are likely to encounter the same temptations and triggers that led to their substance abuse, with few, if any, clues as to where to find continuing treatment.

Aftercare for inmates who remain in prison after completing a substance abuse treatment program is similarly limited. Alcoholics Anonymous and Narcotics Anonymous exist at some prisons, usually coordinated by inmates and volunteers from the outside, but we have found that enrollment is often very low. Prisons have an opportunity to encourage outside involvement and engage inmates who have successfully begun recovery to work with their peers to overcome their substance abuse problems by establishing supportive recovery groups. Such programs are inexpensive and effective methods of preventing and addressing relapse and destructive behavior.

Examples of Success and Ongoing Feedback

While we have serious concerns about the quality of substance abuse treatment in New York's prisons, it is notable that we have observed successful programs and met with staff and administrators who have instituted effective practices. It is clear that in spite of limited resources and the challenges associated with a large system, there are examples that policymakers can look to as models. Sullivan's and Eastern's Alcohol and Substance Abuse Treatment programs are two, as are the CASAT and Stay'n Out Programs. Over the course of the coming two years, the Correctional Association will provide the state legislature, policymakers and the public with ongoing reports on the substance abuse treatment programs we visit, highlighting effective programs and practices and providing recommendations for improvement.