“Therapeutic Jurisprudence” and Corrections-Based Treatment Modalities

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Objectives

• Historical context of the drugs-crime relationship
• The nature and complexity of the relationship
• Conceptual approaches to understanding the relationship
• Clinical intervention programs in corrections settings
• Some key areas of needed clinical research
The Historical Context

- Within the last century, the U.S. has experienced wide fluctuations in drug policy—nationally and between states—reflecting different currents of U.S. traditions from regulated relatively open markets to medical management and Puritan moralism.

- Policy plays a direct role in the existence, nature and definition of the drugs-crime relationship – what drugs should be under physician control, what drugs are defined as without medical merit, and who deals with abuse – physicians or law enforcement
Some Things We May Know

- For about three decades there has been evidence of a statistical relationship between drug use and crime.

- Today the criminal justice system, at all levels, is saturated with drug users most of whom do not receive treatment service while in jails/prisons.

- The nature of the drugs-crime relationship is exceedingly complex and dependent on type of drug as well as type of crime and occurs within a policy context.
Some Things We May Know, (cont.)

• A significant part of the drugs-crime statistical relationship is an artifact of law

• Significant research focuses on common origins and reciprocal nature of the relationship

• A simple punishment/deterrence model does not work

• Treatment in correctional settings is related to less future drug use and lower recidivism
The Importance of Theory

• Ecosystems theory may provide an organizing framework for examining the relationship by including:

  – A focus on micro (cognitive processes/motivations & medical), mezzo (family, peers & work) and macro (law, education, prevention and social capital) variables
  
  – The impact of variables change throughout an individual’s life course
  
  – These things are an important part of service planning, delivery, and wrap-around services
Criminal Justice Philosophies

- Retributive Justice – the idea that punishment should fit the crime
- Deterrence Theory – if the punishment is high enough they won’t do it
- Therapeutic Jurisprudence – through the criminal justice system, addressing the underlying causes of problem behavior from clinical services to social issues
- Restorative Justice – reintegrating the offender into the community
Recent Policy Changes

• State medical marijuana policies – an example of at least partially defining marijuana as under physician determination
Recent Policy Changes

• State medical marijuana policies
• Treatment instead of incarceration – AZ, CA, NY, MA, Federal bill – therapeutic justice
• Increasing penalties at state and federal level for “club” drugs
A Comparison of State* and Federal Scheduling of Club Drugs

Jamie F. Chriqui

*N=48; excludes Massachusetts, Maine and Vermont

**GHB was not scheduled by the Federal Government until March 2000.
Recent Policy Changes

• State medical marijuana policies
• Treatment instead of incarceration – AZ, CA, NY, MA, Federal bill
• Increasing penalties at state and federal level for “club” drugs
• Thinking about crack-powder sentencing discrepancies
States with Separate Penalties for Sale or Possession of Crack vs. Cocaine Powder

Separate penalties for...

- Sale and possession: 4 states
- Sale only: 5 states
- Possession only: 2 states
- Same penalties or NA: 40 states
Recent Policy Changes

- State medical marijuana policies
- Treatment instead of incarceration – AZ, CA, NY, MA, Federal bill
- Increasing penalties at state and federal level for “club” drugs
- Thinking about crack-powder sentencing discrepancies
- Reconsidering mandatory minimums
- Model state drug laws
Integrated Clinical Programs to Break the Drugs-Crime Cycle

• Need for comprehensive services due to:
  – Lack of clear crime control goals for treatment services
  – Lack of clear assessment and eligibility
  – 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
  – Insufficient case management services
Treatment Effectiveness

- Low inmate participation in treatment
- Treatment effectiveness – DARP, TOPS, NTIES, DATOS
  - “Research shows treatment is effective, but benefits may be overstated” (GAO, 1998)
  - Cost studies on incarceration vs. treatment
- Cautions
  - Selection bias may inflate results
  - Client self-report less valid for higher penalty drugs, recent use, and those in the criminal justice system
Essential Components for Effective Clinical Services

• Immediate and comprehensive assessment
• Delivery of clinical and other services based on assessment
• Supervision and monitoring utilizing graduated sanctions, drug testing and cross-systems case management
• Provision of a continuum of clinical and other services from jail/prison to community to aftercare
• Aftercare with continuing clinical monitoring, service needs assessment and delivery of needed services
• Obtain judicial support for comprehensive elements
Suggestions for the Future

• Use existing data to provide new empirical baseline
• Use latest multi-disciplinary assessment and treatment delivery models
• Evaluate those models and provide feedback to criminal justice system
• Evaluate impact of state level drug laws and policies (high penalties, de-penalization medical marijuana & diversion to treatment) on crime and other behavioral outcomes
Suggestions for the Future (cont.)

• Establish research field stations
• Examine impact of enforcement strategies on prices, use and crime
• Undertake comprehensive long term evaluations of best of current intervention programs including:
  – what levels of intensity of services are most appropriate for offender and drug use types
  – what types of program elements and settings relate to best outcomes for various groups of users
Suggestions for the Future (cont.)

• Inter-agency cooperation (from judges, clinicians, and probation departments to social service agencies) is essential for any of the suggestions made to be applied!!!