Integrating Prevention, Treatment and Recovery to Support Re-Entry Following Incarceration

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What happens to people when they are released from prison? The past few decades have witnessed unprecedented incarceration rates. In Illinois alone, nearly 40,000 men and women exited prison in fiscal year 2005, and the majority of them have alcohol and other drug problems. Without intervention, most are likely to repeat patterns of substance abuse, crime and incarceration. Prevention, treatment and recovery support services can work together to give formerly incarcerated individuals a greater chance of living drug-free and crime-free.

Substance use disorders are prevalent among corrections populations. The latest Illinois Department of Corrections census shows that of the approximately 44,000 adults incarcerated within the department, 62 percent met the clinical diagnosis for chemical dependency.[1] When released, these individuals are likely to return to lives of drugs and crime. In fact, a national study of people released from state prisons in 1994 shows that almost 68 percent were rearrested within three years.[2]

Reintegrating tens of thousands of individuals who have been incarcerated presents an enormous challenge for Illinois communities. The re-entry population disproportionately faces substance abuse problems, mental illnesses, and other health problems such as asthma, HIV/AIDS and other sexually transmitted diseases.[3] Combined with huge challenges in finding housing and employment, the result is a re-entry problem that can be overwhelming to individuals, families, communities, and community service providers.

But there is hope. Initiatives that bring together the expertise of a variety of service providers and community partners can increase the odds that formerly incarcerated individuals will succeed. For instance, the Sheridan Correctional Center was opened by the Illinois Department of Corrections in early 2004 as a dedicated drug treatment prison that incorporates a full range of community re-entry services. The Sheridan program utilizes case management to bring together substance abuse treatment, employment access, and a host of community partners to support re-entry and recovery for released individuals. The first-year program evaluation confirmed that this multifaceted approach is working. Comparing 150 individuals released from Sheridan with a group of other releasees having similar histories, the evaluation showed that only 12 percent of Sheridan participants were rearrested versus

27 percent of the comparison group, and that only 2 percent of Sheridan participants were reincarcerated versus more than 10 percent of the comparison group.

Part of the program's success can be attributed to the growing recognition that substance use disorders require treatment, along with ongoing and long-term recovery support. A comprehensive approach must address the full continuum of this health issue, from prevention to treatment to ongoing recovery.

While treatment and, more recently, recovery support services have been integral players in breaking the drug/crime cycle, prevention can also play a vital role. Like the Sheridan collaboration model, the field of prevention builds coalitions and organizes community partners to address the risk and protective factors that contribute to the health of a community. With this experience, prevention can help develop community support models to sustain recovery. This includes engaging families, community organizations, employers, education, government and others to work together to create social environments where individuals can succeed.

Traditionally, alcohol and other drug prevention efforts have been focused on delaying the initial onset of substance use and illicit activity. Community-level prevention strategies acknowledge that positive influences, such as strong family relationships, community ties, and engagement in legitimate activities such as employment or school lower the risk of persistent problem behavior. For individuals returning from incarceration, principles for deterring subsequent engagement in alcohol and other drug use and illicit activity usually emphasize involvement on an individual level in legitimate activities and peer groups. In most communities, there is minimal integration of and collaboration between community-wide efforts to prevent the initial onset of alcohol and other drug use and efforts to prevent subsequent alcohol and other drug use and engagement in illicit activities.

Community-level prevention models operate with the understanding that individuals do not become involved with substances and other harmful behaviors solely on the basis of personal characteristics, but instead are influenced by the entire environment in which they live, work and socialize. Prevention efforts that target returning individuals who are at risk for engagement in or already engaged in unsafe or unhealthy behaviors are complemented well by the creation of a recovery-informed community that undertakes collaborative efforts. Compared to individually focused interventions, which seek to reduce individuals' potential for relapse and recidivism, strategies focused on the environment have the ability to reach entire communities and reduce collective risk. Changing community norms, values and service infrastructure makes widespread positive behavioral change possible.[4]

Helping formerly incarcerated individuals achieve successful re-entry relies on tying together the collective knowledge and experience of prevention, treatment and recovery. This collaborative approach offers promise for newly released individuals and for the families and communities to which they return.

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[1] Addiction Recovery Management Services Unit. (January 28, 2005). Addiction Recovery Management Services Unit Report to the Governor's Reentry Meeting Sheridan. Report presented to the Governor's Reentry Working Group on January 28, 2005.

[2] Langan, P. A. and Levin, D. J. (2002). "Recidivism of Prisoners Released in 1994." Bureau of Justice Statistics Special Report. Retrieved October 3, 2005, from www.ojp.usdoj.gov/bjs/pub/pdf/rpr94.pdf.

[3] Hammett, T. M. and Roberts, C.; Kennedy, S. (2001). "Health-Related Issues in Prisoner Reentry." Crime & Delinquency, Vol. 47, No. 3, 390-409.

[4] Wagenaar, A. C., and Farrell, S. (1988). Alcohol beverage control policies: Their role in preventing alcohol impaired driving. In Office of the Surgeon General, Surgeon General's Workshop on Drunk Driving: Background papers (pp. 1-14). Rockville, MD: Office of the Surgeon General.