

Family-focused drug treatment:
A natural resource for the criminal justice system

La Bodega de la Familia, a project of the Vera Institute of Justice
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In recent years, numerous treatment modalities both within and outside of the criminal justice system, including outpatient and long-term residential programs, have successfully effected a range of outcomes. Enduring reductions in drug use and criminal behaviors have been achieved with certain treatment options (Hubbard et al., 1989; Simpson & Sells, 1990). Prison-based treatment, too, has proven effective in preventing rearrest and reducing recidivism, especially when linked to community reintegration and aftercare support services (Andrews et al., 1990). And current innovations such as drug and community courts are further widening the scope of the extant treatment options (Goldkamp, 1993).

Despite the relative success of substance abuse treatment, obviously not all treatment failure has been eradicated. Many substance-abusing offenders continue to fail in the treatment programs provided by the criminal justice system and at great cost. Such repeated failure erodes the confidence of our formal enforcement systems (judges, police, probation, and parole officers) in drug treatment, exacerbates the frustrations of the hidden victims of abuse (an addict's family and community), and fails to interrupt the transmission of addiction and criminal behavior. Moreover, these treatment failures are more pronounced and the consequences more acute in poor and minority sectors of the substance-abusing population. To reduce treatment failure and to prevent future generations from entering into the cycle of drugs and crime, an innovative, yet simple, perspective is required: family-focused drug treatment.

Barriers to effective treatment

A broad range of social service research findings demonstrates the value of the family, as a unit, in facilitating the achievement of behavioral goals for individual family members. The emergence of social interventions that emphasize family support programs is testimony to the family as a powerful resource (Zigler & Block, 1989). When supported, families can offer instrumental and emotional support; can serve as supervisors, mentors, and confidants; and can operate as a check on negative health behaviors (Kahan, 1995; Umberson, 1987). Research in substance abuse treatment has begun to uncover this important role of the family. Substance users in outpatient treatment achieve better outcomes when supported by caring friends and family (Currie, 1993).

For middle and upper-income Americans, substance abuse treatment, accessed through private health care systems, often includes this type of family support throughout the recovery process. In contrast, poor and minority families struggling with addiction do not have access to family-focused treatment and are often unable to obtain similar levels

of support for a variety of reasons. First, families of substance abusers have many unmet needs and problems associated with their loved one's substance abuse that occupy their time and drain their energy. These needs stem from intrafamilial violence, child neglect, and theft problems that are often inextricably tied to substance abuse (Rivara et al., 1997; Pribor & Dwinwiddie, 1992; Goldberg, 1995). Basic needs, such as adequate food and health care, may also be unmet in families struggling with substance abuse (Azzi-Lessing & Olsen, 1994). These conditions place families at risk for the intergenerational transmission of substance abuse to children (e.g. McGaha & Leoni, 1995; Windle, 1996).

This nexus of unmet needs is more tangled for those living in poverty. Although negligible differences in drug use patterns are seen between various socioeconomic groups (Jaynes & Williamson), the negative ramifications of drug use are disproportionately experienced in disadvantaged groups. The violence associated with the use and sale of drugs, for instance, is found primarily in minority communities in urban centers. The majority of youth that have been killed in street violence over drug sales are Black and Hispanic (Kornblum, 1995). Additionally, female substance users, more than their male counterparts, may struggle with the additional problems of emotional distress and histories of sexual and physical abuse (Inciardi et al., 1993).

Second, our criminal justice system, the repository for poor and minority drug users, provides conventional, individually-focused drug treatment. The justice system has attempted to focus on the families of drug users through drug courts, therapeutic communities, home visits by parole officers, and family day in jail and prison. The system as a whole, however, is not equipped to incorporate the family into the recovery process from start to finish. The inherent individual focus of the justice system fails to address the many needs of the family, including primary and mental health, welfare, domestic violence, truancy, and employment. Unless a family's needs are recognized and addressed, their ability to help their loved one succeed in treatment is limited.

Third, the criminal justice system's individual focus renders punishment the primary mechanism available to deal with relapse, despite the negative effects of this punishment on the family of the user. With treatment failure and subsequent punishment comes separation and isolation. When the user is reincarcerated for failing in treatment, he or she is separated from the community that precipitated the substance abuse and the family that could aid in the recovery process.

This separation impacts the user as well as the user's family. Most vulnerable are the children and the elderly. Many of those arrested and incarcerated two-thirds of imprisoned women and one-half of imprisoned men are parents, according to a Justice Department study (BJS, 1991). Anecdotal evidence chronicles consequences of parental incarceration that include delinquency and aggressive behavior in boys, attention problems in girls, future substance abuse, gang involvement, low self-esteem, developmental regression, and poor peer relations (Gabel, 1993). Repeated failures in drug treatment and

separation also affect the elderly, who depend upon relatives for food, assistance in negotiating public system benefits, and companionship. Many elderly family members who are the caretakers of the children of incarcerated, ill, or dead parents have difficulty accessing necessary supports. Conversely, elderly family members may rely on incarcerated children or grandchildren as their caretakers. Our nation's children and elderly are truly hidden victims of our substance abuse treatment practices.

Expanding the notion of drug treatment

In October of 1996, the Vera Institute of Justice opened a new demonstration project, La Bodega de la Familia, on Manhattan's Lower East Side, a neighborhood where substance abuse is endemic. La Bodega is dedicated to building family support around the offender through family case management. The purpose of this support is three fold. First, La Bodega works to address the negative impact of substance abuse on families. Second, support of the family is aimed at improving the offender's success in treatment and reducing the use of incarceration to punish relapse. Third, by helping families to realize their natural strengths, La Bodega aims to prevent multigenerational use of drugs and involvement with crime among other family members. By working in partnership with government, La Bodega hopes to restore confidence in drug treatment and demonstrate the efficacy of family case management as a drug treatment modality.

By capitalizing on family and individual strengths instead of working from a deficit framework, this family support program helps family members heal and enhance their coping abilities. Through family case management, peer support groups, and issue-based workshops, La Bodega helps family members, individually and as a unit, to regain control of their lives. For instance, before becoming engaged with La Bodega's family case management, many families had ignored their own needs due to extreme internalization of shame and personal failure. Once trust is secured, case managers are able to link family members, both users and nonusers, with primary and mental health care, job training, outpatient treatment, detoxification, and peer support groups. Family cohesion and improved family function can serve to mitigate the psychological and behavioral problems that result from familial substance use (Farrell, 1995).

The provision of services to minority populations must be culturally sensitive. La Bodega staff are keenly aware of the historical disconnection between service provision for minorities and service utilization by minorities; minority communities frequently rely on their extended family before turning to conventional services for help (O'Hare, 1991; Delgado, 1982). La Bodega bridges this gap through both the development of therapeutic relationships that resemble familial relationships and the recognition of minorities' preference for help from their immediate, familiar network. Cultural sensitivity is manifest at La Bodega in more than just its bilingual staffing.

La Bodega staff and administrators understand that the family's potential as a resource, however, is a function of the family's physical and social environment. For example, a mother cannot support her son in his mandated outpatient treatment program if she is

simultaneously being evicted from her public housing apartment under the "One Strike You're Out" federal mandate for allowing her son to live with her. In New York City, La Bodega is working with the public housing authority on a case-by-case basis to prevent the eviction of families who have a substance-abusing offender undergoing treatment. In one case, a police officer referred a mother and her son to La Bodega after the son was arrested for smoking marijuana in his public housing building. The mother went to counseling and a peer support group, the son attended a teen drug prevention program, and both attended family case management counseling sessions to address underlying familial problems. The problems facing a family must be addressed before the members can begin to support a user.

Building the strength of the family will not only help current substance abusers within the family but will also prevent other family members from becoming involved with crime and drugs. Of La Bodega's participating families, 80% report multigenerational substance abuse and almost 50% report multigenerational criminal justice involvement. In one instance, a family came to La Bodega when the grandson began to disrupt his kindergarten class. The grandfather, the guardian of his two grandsons during their father's incarceration for a drug-related offense, was concerned about the child's removal from school. He had experienced similar problems with his own children and feared repeating the cycle of drug use, incarceration, and violence which had resulted in the incarceration of his two children, the death of a son from a drug-related episode, and the death of his wife from an intentional overdose. The grandfather and his two grandsons began family and individual counseling sessions at La Bodega. Staff successfully advocated to keep the grandson in school, obtained a primary care physician for the family, and advocated for a work release program for the father. Both grandchildren are now attending school with no further disruptions, and the father is complying with his work release and outpatient treatment programs. Supporting the entire family is integral to stopping the cycle of substance abuse and crime.

Shifting the focus

Innovation, unlike invention, implies making a change or permutation. Family-focused drug treatment is an innovation. It provides a means of expanding the natural support system for substance-abusing offenders and breaking the degenerative cycle of intrafamilial addiction and crime by using an existing and accessible resource. Adding a family dimension to the nexus of drug treatment and criminal justice makes it possible to integrate the goals of demand reduction and substance abuse prevention.

Such a shift in focus has happened before. In the 1980s, prosecutors incorporated the concerns of crime victims into their strategies to improve sentencing practices. Similarly, criminal justice drug treatment providers must now incorporate the needs of families, the hidden victims of substance abuse, into drug treatment to improve outcomes. The family can be the user's best support during treatment and recovery. It is time for all of us to consider this innovation.

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