Signs of Success for Probationers and Parolees With Mental Health and Substance Abuse Problems

By Thomas Feucht

Author's Note: *Points of view expressed in this article do not necessarily represent the official position or policies of the U.S. Department of Justice.*

For more than a decade, corrections officials and policymakers have been working on reentry: the challenge of ensuring the successful transition of offenders out of prisons and jails and back into the community. Two persistent challenges to these efforts have been the high rates of substance abuse and mental health problems among returning offenders. To address these challenges, the federal government launched the Serious and Violent Offender Reentry Initiative (SVORI) in 2003. It marked one of the first concerted efforts to address issues such as offender mental health and drug addiction and their link to persistent high rates of reoffending and reincarceration. SVORI was followed in 2004 by the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) and by the Second Chance Act in 2008. These efforts provided significant resources to solve persistent problems such as substance abuse and mental health problems among offenders released to the community. A decade later, the question is: Have we made any headway?

The answer, based on a new study of probationers and parolees, is a cautious "yes." Using data from the National Survey on Drug Use and Health (NSDUH)[1] collected each year by the Substance Abuse and Mental Health Services Administration (SAMHSA) and supplemented with data from the Bureau of Justice Statistics, researchers from the National Institute of Justice and SAMHSA tracked reports from probationers and parolees on their drug use and abuse (including alcohol), their access to substance abuse treatment, and the extent to which a need or desire for treatment had gone unmet (for any reason).[2] Similar data were collected regarding mental health problems. The results, based on data from 2002 through 2009, show a slowly improving national portrait of probationers and parolees, in reference to their use and abuse of alcohol and drugs, and their access to substance abuse treatment. Unfortunately, mental health problems do not show similar improvement.

Each year, the NSDUH survey collects data on a wide range of behavioral health issues from a representative sample of adults. The survey includes questions about whether the respondent is currently under court-ordered supervision, specifically probation or parole. The analysis for this report focused on male respondents ages 18-49 who reported being under court-ordered supervision within the year preceding the survey.

The national household survey data show that substance abuse and mental health problems among probationers and parolees ages 18-49 are two to three times as high as rates among the rest of the population. Survey data also show that substance abuse and mental health problems among probationers and parolees are typically compounded by inadequate access to substance abuse or mental health treatment by these groups.

A gap between the need for treatment and actually getting treatment is a critical cause for concern, especially among probationers and parolees, since it is likely to be part of the cause of their high rates of failure to comply with conditions of their release, leading to their reoffending and reincarceration in large numbers.

The new study released by SAMHSA shows a slight improvement in several indicators tracking the use and abuse of drugs and alcohol, the need for treatment and the level of "unmet treatment need." SAMHSA defines "unmet treatment need" as a situation in which an individual wants or needs treatment and seeks treatment, but is unable to receive it. There may be many reasons a need for treatment goes unmet, including a lack of treatment slots, transportation problems or other obstacles.

The data for 2009 show significant changes — accumulated over a few years — in several key measures of drug or alcohol dependence, abuse and access to treatment. For instance, in 2003, 36 percent of adult male parolees reported alcohol dependence or abuse in the year preceding the survey; in 2009, the percentage had fallen to just more than 20 percent. Similar changes were found in the percent reporting an unmet need for alcohol or drug treatment. In 2004, 31.6 percent of parolees reported an unmet need for treatment for substance dependence or abuse. By 2009, the percentage reporting an unmet need dropped to 15.9 percent. The data also show a significant increase in the percentage of parolees who

Continued on page 90

NIJ Update

Continued from page 83

received treatment at some time in the last year for an alcohol or illicit drug problem; and significantly more parolees reported they were currently receiving treatment in 2009 compared to previous years. The percentage reporting they were currently in treatment for alcohol or illicit drug use ranged from about 6 percent to 12 percent in the earlier years of the survey; in 2009, more than 15 percent of parolees reported they were currently receiving some form of treatment.

The study provides evidence that, after a decade of concerted efforts to address problems such as substance abuse and dependence among parolees and probationers, we may actually be seeing some real results. The declines in substance abuse and the increases in access to substance abuse treatment among the high-risk groups under criminal justice community supervision may help explain why crime rates in many cities have remained low despite other challenges such as persistent unemployment.

Our confidence, however, should be tempered by the unchanged rates of mental health problems — and the unchanged treatment gap for these problems — among probationers and parolees. No significant changes were detected in prevalence of mental health symptoms or the unmet need for receiving services. The unmet need for mental health counseling or services persisted unabated from 2002 through 2009; each year, about 10 percent of probationers and parolees reported being in need of mental health services or counseling, yet were unable to obtain treatment.

The study gives a glimmer of hope for stemming the long trend of high rates of substance abuse in these high-risk groups, but it also shows how far there still is to go. It is likely that success in treating the substance dependence and abuse problems of probationers and parolees stems from the substantial resources that have been invested in offender drug treatment during the past decade. Federal funding for reentering offenders — such as SVORI, a collaboration among the Departments of Justice, Health and Human Services, and Housing and Urban Development — used grants totaling more than $100 million to instigate more intensive efforts to provide services for offenders leaving prisons and jails. More services for probationers and parolees were provided through MIOTCRA in 2004, which was designed to help states and counties carry out collaborative efforts between criminal justice and mental health systems. These efforts were continued through the Second Chance Act, which helped provide services to keep offenders from returning to prison.

Since programs such as mental health and substance abuse treatment for offenders depend almost exclusively on public funding, it is unclear what effect the recent fiscal crisis may have had. If states are forced to reduce services during a budget crisis, fewer treatment slots may be available for probationers and parolees, resulting in increased levels of unmet need for services. Persistent substance abuse and mental health problems, left untreated, may fuel a cycle of increased public disorder, reoffending and reincarceration, exacerbating the strain on state and local resources for criminal justice. Concerted efforts during the past decade to address the mental health and substance abuse problems of probationers and parolees appear to have achieved some measure of success. Analysis of additional years of data from the NSDUH survey will help to show whether the modest gains reported here will be sustained.

ENDNOTES

[1] For more information about NSDUH, see http://oas.samhsa.gov/nhsda.htm.

[2] To view the full report, visit http://www.oas.samhsa.gov/2k11/nij_data_review/mentaldisorders.pdf.

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