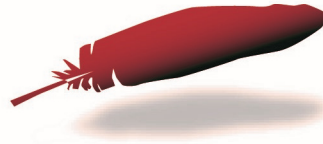


National Indian Health Board



Reentry is a Behavioral Health Issue

Although increasing costs of incarceration have brought much attention to the complexities of reentry in recent years, not enough attention has been paid to the behavioral health needs of people recently released from jails or prisons. The Federal Interagency Reentry Council convened by the Attorney General in 2011 emphasized that reentry is a public health and behavioral health issue.¹ A 2006 report released by the U.S. Department of Justice (DOJ) estimated that around 50% of prisoners met the Diagnostic and Statistical Manual for Mental Disorders (DSM – IV) criteria for substance abuse and dependency, yet fewer than 20% of drug users in prison received treatment.²

Many American Indian/Alaska Native (AI/AN) communities suffering from high rates of substance abuse are concerned about ex-offenders with histories of abuse reentering the community. The DOJ's report revealed that more than half of all inmates in prison reported drug use within the month of their offense, with one third of all inmates reporting drug use at the time of the offense. This report also noted that while overall drug use among prisoners has not changed since 1997, methamphetamine use has increased.² Methamphetamine abusers that are released from detention run a particularly high risk of relapse and recidivism and generally pose a greater challenge due to the uniquely difficult nature of meth addiction and the intensive treatment required.

Statistics suggest that reentry programming in Indian Country needs greater attention. AI/ANs are incarcerated at a 25% higher rate than the national average,³ and as many as 3 out of every 5 AI/AN are arrested for new crimes within 3 years of release from prison.⁴ AI/AN peoples also face disproportionately high rates of substance use and disorders⁵ and greater disparities in access to health care and treatment as well as many other resources need to combat these issues.⁶ Efficient, cost effective, well-rounded and culturally relevant reentry efforts could constitute an important component of a coordinated public health response.

Considerations when Designing a Reentry Program

Compounded Personal Issues

When considering approaches to reentry programming, it is important to recognize and understand the characteristics unique to each individual released from jail or prison. In addition to the stigma attached to recently released individuals, they often face personal obstacles both during and after incarceration that complicate the process of reentering the community. Large numbers of prisoners struggle with substance abuse and mental health issues. On average, half of all inmates have been recorded to have a recent history or symptoms of a mental health problem, and like those struggling with substance use, very few of these inmates receive treatment.⁷ Recognizing the need for increased substance use and mental health treatment within prisons, stakeholders have advocated to increase funding for these services in recent years.

Effects of Incarceration

In addition to poor access to treatment, some argue that the fundamental structure of prison and jails can also negatively affect an inmate. A study by Craig Haney examined the psychological changes that many inmates undergo when experiencing the highly structured and isolated nature of institutionalization⁸. He identified major transformations, including: increased dependence on institutional structure, emotional over-control, social withdrawal, incorporation of exploitative norms of prison culture (i.e. frowning on signs of weakness and vulnerability), diminished sense of self-worth, and post-traumatic stress reactions to prison experiences. Not all people experience these outcomes of the correctional setting, and those that do exhibit these transformations experience them at varying levels. This further complicates the de-institutionalization process with people presenting with wide-ranging needs and greater readjustments.

For AI/ANs incarceration brings additional challenges. Incarceration removes AI/ANs not just from the community, but also from cultural centers and spiritual practices – further compounding feelings of isolation. Some individuals are placed into an environment where they may be the only Native American, and facilities are not equipped, prepared, or permitted to facilitate participation in traditional practices (such as smudging, sweat lodges, or the use of traditional medicines) or communicate with spiritual advisors. AI/AN people may also be relocated to sites far from their Tribal communities, making it difficult for families and relatives to visit consistently and frequently. Losing these close connections with relatives and personal identity removes significant protective factors and heightens the psychological impacts and feelings of isolation that make reentry more complicated.

Overcoming Barriers of Readjusting

Difficulty adjusting is very common among people recently released from jail or prison reentering the community within the first year after release, and many experience heightened anxiety, discouragement and high risk of recidivism. Once people leave the highly structured settings of jails and prisons and enter communities, it is increasingly important that services are equipped to meet their complex behavioral health and treatment needs. Building a program that is structured and requires responsibility and accountability, yet is welcoming and not off-putting is especially important in assisting ex-offenders with substance abuse histories to reenter the community. Programs should be tailored to individual needs, and be ready to address any transformations made during incarceration, generalized anxiety about returning to a community after such an absence, reuniting with families, navigating past relationships and social networks that might have contributed to past criminal or substance using behavior, and how all of these may trigger mental health lapses or substance use.

Incorporating Principles of Drug Abuse Treatment

The National Institute on Drug Abuse (NIDA) released a research-based guide, last updated in 2012, that outlines 13 Principles of Drug Abuse Treatment for Criminal Justice Populations. In considering thorough, evidence-based programming when building a reentry program for substance abusers, this resource may be a helpful guide. The principles of this guide are developed around identifying the nature of one's substance abuse, effective models of treatment, support of extended treatment plans, consideration of other personal factors influencing abuse and addiction, and incorporation of the criminal justice system and upholding the responsibility of the offender.⁹

Well-Rounded Programing

These research-based principles also align with the understanding that effective reentry programs start in prison, are present during actual reentry (in the pre-release, half-way houses or parole environments), and have a continuous presence within the daily lives of individuals reentering the community. A consistent presence and supportive program appears to be components of effective programming. Various programing has also incorporated the participation of family and friends to build or reinstall a stronger support system.

Reentry programs should also not try to recreate services that may already exist in the community. Peer groups, local or Tribal health departments, community and social services may be vital resources for persons recently released, and those managing a reentry program should reach out to these services to ensure that staff members are knowledgeable and prepared to meet the needs of those recently released from jail or prison. Additionally, implementing cultural practices within reentry programs or facilitating participation in cultural and spiritual practices can not only encourage persistent involvement, but are important in ensuring true healing.

Closing

There is no 'one size fits all' formula for constructing and implementing an effective reentry program for American Indian and Alaska Native people released from jail or prison. Unique experiences, criminal histories, stress of incarceration, and the stress of re-integration into a community all paint a distinctive and individualized portrait of need. Reentry programs should focus on each participant and tailor their participation to meet varied, individualized needs. It the purpose of these programs to support the vision of a healthier future by identifying and brokering resources, working closely with existing programs, communicating with the ex-offender to identify and prioritize his/her needs and design a corresponding wellness plan in order to effectively assist an individual reenter a community. The wellness plan may include, but is not limited to: substance use treatment, behavioral health counseling, mentoring, peer to peer support, cultural activities, job training, or educational activities. All of these activities support change, growth, and health. After all, the correctional system focuses on what happened in the past, while reentry programs focus on supporting peoples' futures.

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