

# **UNITED STATES DISTRICT COURT EASTERN DISTRICT OF WASHINGTON**

## **Sobriety Treatment and Education Program [STEP] Overview**

The consequences of substance addiction are staggering to the person, his/her family and society at large. Relationships are damaged, employment and educational opportunities are squandered, and the health of the person is dramatically affected. Involvement with the criminal justice system is often a consequence of substance addiction.

In a cooperative effort, the U.S. District Court, the U.S. Probation/Pretrial Services Office, the U.S. Attorney's Office, and the Federal Defender's Office are committed to providing an alternative program for offenders on federal supervision and probation who have substance addiction problems. The Eastern District of Washington Sobriety Treatment and Education Program [STEP] offers a creative blend of treatment, rewards and consequence alternatives to effectively address offender behavior, rehabilitation, and the health and safety of our communities in Eastern Washington.<sup>1</sup>

### **Mission Statement and Goals**

The mission of the STEP program is to identify high-risk, high-need persons under supervision and utilizing a collaborative justice model, conduct a program following evidence based practices to facilitate reentry of the person into the community as a clean and sober, crime-free individual.

The goals of the STEP program are to reduce recidivism, protect the public and assist the participant to achieve long term sobriety and to become a positive and productive member of society.

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<sup>1</sup>The programs began as follows: Spokane - June, 2007; Yakima - January, 2009; Tri-Cities - January 2011.

## **STEP Program Overview**

The U.S. District Court, the U.S. Probation/Pretrial Services Office, the U.S. Attorney's Office, and the Federal Defender's Office have executed a Memorandum of Understanding which creates the STEP program in the Eastern District of Washington. Flow charts have been developed that provide the process details of the program. The following description provides a brief overview of the STEP program.

Participants for the STEP program will be screened by U.S. Probation and approved for the program by the STEP Team. Jurisdiction will be transferred from the regular supervising judge to the STEP program. The target population will be high-risk/high-need offenders on federal supervision or inmates who are in the process of being released and who have identified substance addiction problems. Some types of offenders may not be qualified for the program. The offenders must be committed to long-term sobriety and agree to enter the voluntary program. The participants will sign a Participant Agreement and Waiver (which informs them of the program requirements and the waiver of rights under 18 U.S.C. § 3583(e) and Federal Rule of Criminal Procedure 32.1) and a Release of Information for treatment providers.

During the course of a participant's involvement in the STEP program which will be at least one year, the participant will attend STEP court sessions. The STEP Team will encourage the participant to maintain a sober and crime-free lifestyle. Rewards will be utilized and provided for good behavior and/or progress. Non-compliant behavior will result in consequences, which may include jail time or termination from the program. A graduation ceremony will be held for participants who successfully complete the program and the graduates will generally receive a one-year reduction in their term of supervision. Upon graduation the participants will be returned to regular supervision to satisfy any remaining term of supervision. Statistics will be compiled for research purposes and utilized for program evaluation.

The STEP Team will be comprised of a United States District Court Judge/Magistrate Judge, a United States Probation Officer, an Assistant United States Attorney (AUSA), and a Federal Defender or Assistant Federal Defender. The Team will meet regularly before each STEP court session. Decisions regarding a participant's compliance and appropriate rewards and non-compliance and appropriate consequences will be made by the STEP Team by consensus. The Court will be an active participant in Team meetings and in STEP court sessions. The U. S. Probation Officer will oversee the program and provide other Team members with progress reports on the participants. The AUSA will protect the public's safety by ensuring that each candidate is appropriate for the program and complies with all STEP

requirements. The Federal Defender (FD)/Assistant Federal Defender (AFD) will provide a defense prospective while encouraging full participation in the program. The FD/AFD's role will not create an attorney-client relationship with participants. If the need ever arises to appoint counsel for a participant, either during the STEP program, or afterwards, conflict free counsel will be appointed by the Court. Treatment providers will keep the STEP Team apprised of the participants' successes and problems in treatment.

### **Supportive Background Information<sup>2</sup>**

During past years, substance abuse/addiction in the State of Washington has increased significantly. According to 2003-2004 data from the National Survey on Drug Use and Health (NSDUH), approximately 434,000 (8.52%) of Washington citizens (ages 12 or older) reported use of an illicit drug during the previous month. During 2005, there were 62,494 admissions to drug/alcohol treatment facilities in the State of Washington. The primary drug of abuse for those entering treatment were as follows: alcohol 19.3%; methamphetamine 18.9%; marijuana 15.4%; heroin 10.1%; and cocaine 8.3%.

Illegal substances are readily available in the State of Washington, including methamphetamine, marijuana, heroin, powder and crack cocaine, diverted pharmaceuticals and club drugs.

- Methamphetamine is one of the most widely abused controlled substances in Washington State and is a severe problem. Methamphetamine is available in multi-kilogram amounts throughout the state. Mexican methamphetamine is the most common type available, along with locally-produced methamphetamine.
- Marijuana is readily available throughout the state in multi-pound quantities. Canadian BC Bud is the predominant type found in Washington, but marijuana produced in Mexico and grown locally is also readily available. Of these varieties, locally grown sinsemilla and BC Bud are preferred because they have a far superior THC content than Mexican-grown marijuana.
- Mexican black tar and brown tar are the predominant types of heroin found in the state.

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<sup>2</sup>This information supported program development in 2006 - 2007.

- Powder and crack cocaine are readily available in Washington State, although the availability of crack is largely limited to inner city areas.
- Diverted pharmaceuticals pose a continuing threat to Washington State. The primary methods of diversion being reported are the illegal sale and distribution of products by health care professionals and workers, doctor shopping, and forged prescriptions.
- Club drugs are growing in popularity across Washington State and have been targeted in several successful investigations by the DEA.

The federal courts in the Eastern District of Washington have been significantly impacted by substance abuse and addiction. Well over 45% of the offenders in the Eastern District of Washington have been sentenced for drug offenses, firearms violations, robbery, and violent offenses. The majority of these offenders have prior histories of substance abuse/addiction which increase revocation rates, as there is a very high correlation between substance abuse and violations of supervision. These trends have placed a significant burden on the workload of the Court, the United States Attorney's Office, the Federal Defender's Office, and the U.S. Probation/Pretrial Services Office. Because of limited sentencing alternatives, revocation often becomes the only option. Offenders are incarcerated for ongoing drug and alcohol abuse, which is costly to the community and a burden to the already overcrowded jail/prison system.

Studies show drug courts are successful. In 2006, there were more than 1,500 drug courts nationwide operating or in the planning stages. According to a May 2004 report of the Bureau of Justice Assistance, National Court Institute, drug courts provide numerous benefits to the government, the participant, and the community at large.

Recidivism Reduced. A recent American University Drug Court Clearinghouse report indicates that over 400,000 drug-using offenders have participated in drug courts since their inception in 1989. In 2001, a Columbia University study concluded that drug courts provide the most comprehensive and effective control of the drug-using offender. The analysis found that "drug courts provide closer, more comprehensive supervision and much more frequent drug testing and monitoring during the program than other forms of community supervision," and that "drug use and criminal behavior are substantially reduced while offenders are participating in drug court." In fact, the average recidivism rate for those who complete a drug court program is between four and 29% as compared to 48% for those who do not participate in a drug court program.

Reduced Institutional Costs. A comprehensive drug court system typically costs between \$2,500 and \$4,000 annually for each offender. Contrast that with the costs of incarceration. According to the Bureau of Prisons in fiscal year 2005, 53.4% of the 187,241 inmates in their

custody were incarcerated for drug offenses. The total daily cost for incarcerating an offender is \$61, which equates to over 11 million dollars a day, or 4.1 billion dollars annually.

Studies estimate that the incarceration of drug-using offenders costs between \$20,000 and \$50,000 per person, per year. Add to that the capital costs of building a prison cell, which can be as much as \$80,000. Evaluations from several drug courts have shown that for every dollar invested in a drug court, \$10 are saved by the correctional system.

Core Principles According to a research project conducted by the National Institute of Health, the following principles have been identified as critical to effective substance abuse treatment. The STEP Team has incorporated these core principles into the Eastern District of Washington Sobriety Treatment and Education Program.

1. No single treatment is appropriate for all individuals. Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.
2. Treatment needs to be readily available. Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment participants can be lost if treatment is not immediately available or is not readily accessible.
3. Effective treatment attends to multiple needs of the individual, not just his or her drug use. To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.
4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs. A participant may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psycho-therapy, a participant at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.

5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness. The appropriate duration for an individual depends on his or her problems and needs. Research indicates that for most patients, the threshold of significant improvement is reached at about 3 months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

6. Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction. In therapy, participants address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding non drug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

7. Medications are an important element of treatment for many participants, especially when combined with counseling and other behavioral therapies. For participants with mental disorders, both behavioral treatments and medications can be critically important.

8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way. Because addictive disorders and mental disorders often occur in the same individual, participants presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.

9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use. Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment.

10. Treatment does not need to be voluntary to be effective. Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system, can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

11. Possible drug use during treatment must be monitored continuously. Lapses to drug use can occur during treatment. The objective of monitoring a participant's drug and alcohol use during treatment, through urinalysis or other tests, can help the participant withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to participants who test positive for illicit drug use is an important element of monitoring.

12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection. Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.

13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.