TRAINER NOTES

SUMMARY – Module 4 answers, *"Who is the focus of our work, and what is our goal for him/her?* This module uses drawing and process exercises to explore the participants' various perspectives regarding the re-entering substance-abusing offender. It also provides an opportunity for a brief review and discussion of national research data on several of the issues that affect offender reentry.

It is important that participants are able to "humanize" the offender population: to be able to see them as people capable of changing from the characteristics of the substance abusing offender, to the characteristics of the successfully recovering ex-offender. Then, secondly, the trainees must recognize that it is their responsibility to collaborate as agents to promote that change, and that without a well thought out strategy, substance abusing offenders will most likely leave the typical incarceration experience more likely to reoffend and with greater severity.

Total Time: *2 hours (120 minutes)*

- **Supplies needed:**
  - Overhead or multimedia projector
  - Slides 4.1 – 4.18
  - Flipchart easel
  - Flipchart paper (3-4 sheets per small group)
  - Colored markers (1 set per small group table)
  - Markers for presenters
  - Tape to post drawings on wall
  - Handouts on Infectious Diseases found in the Appendices section (one set per participant).

Seating

To ensure as balanced a mix of criminal justice and treatment professionals as possible at each table.

Setting the tone

It is important that the trainers set an open, nonthreatening tone, and encourage participants to be creative and enjoy the activity. However, trainers must also guard against the activity becoming a shallow, cartoonish depiction of the substance abusing offender. At the heart of this module is the realistic exploration of the reentering substance abusing offender as a human being facing a number of challenges, and of criminal justice and treatment participants as professionals whose job it is to be agents of change.

Facilitation

Trainers will need to be open and observant regarding what the drawings reveal, and, whenever possible, lead participants into voicing these discoveries for themselves. Trainers must be vigilant and stop any participant from using these activities for non-productive motives.

Because the activity is usually a relaxed and enjoyable one, participants will often let their guard down. Attitudes and stereotypes that would not be verbalized due to "political correctness" or lack of awareness will often be evident in the drawings. This will be unsettling for some participants. Trainers need to be prepared and keep the group firmly focused on this process as an opportunity for discovery, self-reflection, and increased awareness.

Dialogue about how this offender became a substance abusing offender and that becoming a successfully recovering ex-offender will be the result of a resocializing process engineered by multiple professionals with a responsibility to address this offender illustrates the fundamental point of Cross-Training at its essence. With a vision of the current state, and a vision of the goal, their responsibility to work collaboratively in the gap becomes clearer.

DESIGN

Draw the offender

This module uses the simple activities of description and drawing to help participants explore in small groups their personal perspectives about the substance-abusing offender. The resulting "products" are always secondary to the process of cross-disciplines working together, of sharing their opinions and experience, and of expressing in words or pictures their thoughts and feelings about the substance-abusing offender.

There are two parts to the activity. In the first part, participants are asked to describe in words the substance abusing offender at the time of reentry: his/her values, beliefs, behaviors and attitudes. The small group will then create a visual representation of the offender that illustrates the word descriptions.

Report outs

Create a bit of drama. Though each team will overhear other teams developing their list of characteristics and drawings have each team roll up their pages when done. When it comes time to report out, have each team "unveil" their work at the front of the room or wall where posted, the descriptive list of the substance abusing offender at the time of reentry, then the picture. *At least one representative from criminal justice and from substance abuse treatment should be part of each table's report. Encourage the group to offer enthusiastic a*pplause following each team's presentation. This interaction between the two disciplines is enlightening but is also meant to be an enjoyable learning experience they share.

Listing the characteristics of the substance abusing offender followed by drawing a depiction of those characteristics is a tool to safely bring out the stereotypes, attitudes and beliefs about the client population. Facilitate non-judgmental awareness of what is revealed. Ask for clarification and allow other participants to ask questions at the end of each presentation. Note similarities and differences among the lists and drawings.

Data Presentation: The data presented is national data related to reentering offenders. Suggested points for comment are provided and use of these will depend on time and audience considerations. Adjust presentation of the data in this section so as to allow enough time for the remaining activities in the module. Much of this may be familiar, thought perhaps not as a holistic presentation that sets the stage for the subsequent activities.

> ***Infectious Disease Data*:** This data is important not only as data but as an opportunity to model discussion on this subject. Given the seriousness of the problem, behavior modeled by trainers during this presentation can have profound effects. By speaking clearly and capably about infectious diseases, the trainers' attitude and presentation can help normalize such discussions for what are often reluctant professionals.
>
> Despite the sharp rise and increased risk of infectious diseases among the substance abusing and the offender populations, these topics are often not discussed because professionals are squeamish about the subject matter.

Trainers must emphasize that ***such silence puts not only the reentering offender at risk, but also the professionals that work with them, their families, and the community.***

Protecting our communities requires that all members of the team engage in ongoing conversation with the offender regarding his or her health status. The benefits of redundancy by echoing and supporting other team members' efforts in this area extend to everyone involved.

Handouts - Refer participants to the handouts in the Appendices during the presentation and encourage them to access information from their local centers and websites such as that of the Centers for Disease Control (CDC)

*Adjust presentation of the national data so that there is sufficient time to complete the remaining module activities.

What does reentry success look like?
Grounded in the initial drawing discussions and the presentation of national data, participants will now develop a description of *What does reentry success look like?*

The trainers will lead a generalized discussion and brainstorming session with the larger group that parallels the earlier small group work to develop realistic word description of what reentry success looks like.

Remind participants as needed to be realistic, to think in achievable terms. Also, to think in terms of what the offender would consider success.

Include implications regarding what it will take to get from the "before" to the "after" versions they have illustrated.

Closing activity –. The Closing Activity poses questions intended to facilitate group discussion and create a vision for the a) challenges the offenders face in becoming successfully recovering ex-offenders, b) the role professionals can play in promoting this goal, and c) the importance of collaboration among multiple disciplines. This is an opportunity for participants to assimilate the information presented and reflect on what successful reentry realistically

requires of the offender and of the participants as agents of this successful change.

Trainer closing thoughts for the module should underscore that as offenders face these reentry challenges, it is our job as professionals to supervise and to support individuals, not ex-cons. Sooner or later these individuals, substance abusing offenders, reenter our community. They can return destined to continue the same lifestyle. Or they can reenter with a different view of themselves and of the world, and with sufficient support to have a reasonable chance for success.

APPENDICES

Handouts: A set of FACT SHEET handouts on the diseases discussed (and other relevant infectious diseases) is to be copied and handed out to each participant. Additional materials the trainers may wish to provide on this topic from the Centers for Disease Control or other health organizations can be made available for participants to review during breaks.

MODULE 4 TIME BREAKDOWN

MODULE 4 TIME BREAKDOWN				
Section	**Time**		**Section**	**Time**
Objectives	5 min		Review National Data	30 min
Draw the Offender activity *(50 min)* • Instructions	5 min		What does reentry success look like?	20 min
• List Development	10 min		Closing activity	10 min
• Drawing	10 min		Questions and answers	5 min
• Report out	20 min			
• Process Analysis	5 min			
TOTAL TIME Module 4 = 120 minutes (2 hours)				

REFERENCES AND RESOURCES
CHANGE AND INCLUDE SOURCES for SVORI "FACTS"

Brumbaugh, S., Lattimore, P., Lindquist, C., Salas, M., Visher, C., Winterfield, L., Zweig, J. (July, 2004*) National Portrait of SVORI: Serious and Violent Offender Reentry Initiative Retrievable* at **http://www.svori-evaluation.org/**

Centers for Disease Control and Prevention (2005) Fact sheets. Avaliable at http://www.cdc.gov/

Lipton, Douglas, S. (1995). The effectiveness of treatment for drug abusers under criminal supervision*. National Institute of Justice Research Report*. US Department of Justice, Office of Justice Programs.

Mumola, Christopher J., (March, 1998). Substance abuse and treatment of adults on Probation, 1995. *Bureau of Justice Statistics Special Report.* US Department of Justice, Office of Justice Programs.

Mumola, Christopher J., and Bonczar, Thomas, P. (January, 1999*).* Substance abuse and treatment, state and federal prisoners, 1997. *Bureau of Justice Statistics Special Report.* US Department of Justice, Office of Justice Programs.

National Center on Addiction and Substance Abuse at Columbia University. (1998). *Behind Bars: Substance Abuse and America's Prison Population*. Retrievable from the WWW at **http://www.casacolumbia.org**

National Commission on Correctional Health Care, (March, 2002). *The Health Status of Soon-To-Be-Released Inmates* (Vol. 1) pp 15-21. Available at http://www.ncchc.org/pubs/pubs_stbr.vol1.html

National Institute on Drug Abuse, *Principles of Drug Addiction Treatment: A Research-Based Guide*, (1999). NIH Publication No. 99-4180. National Institute on Drug Abuse, National Institutes on Health.

Office of Justice Programs, (July, 2004). Probation and parole in the United States, 2003. *Bureau of Justice Statistics Bulletin*. US Department of Justice. Retrievable from the WWW at http://www.ojp.usdoj.gov

Rand Corporation, (2003). *Rand Research Brief: Prisoner Reentry: What Are the Public Health Challenges?* Available at http://www.rand.org/publications/RB/RB6013/

Samenow, S, (Fall, 2004). Treating the resistant/antisocial client. *Paradigm, 9.* (4), pp.16-17.

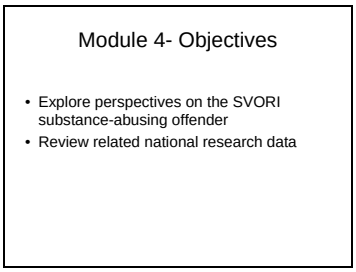
Schnoll, S.H., Reiner, S.M., (Eds.). (1996). Criminal *Justice – Substance Abuse Cross Training: Working Together for Change*. Mid-Atlantic Addiction Technology Transfer Center (formerly known as the Virginia Addiction Training Center). Richmond, Virginia: Virginia Commonwealth University. (Available from Mid-Atlantic Addiction Technology Transfer Center, **www.mid-attc.org**)

Wolf-Harlow, C., (January, 2003). Education and correctional populations. *Bureau of Justice Statistics Special Report*. US Department of Justice, Office of Justice Programs. Retrievable from the WWW at http://www.ojp.usdoj.gov.

Wolf-Harlow, C., (April, 1999). Prior abuse reported by inmates and probationers. *Bureau of Justice Statistics Special Report*. US Department of Justice, Office of Justice Programs. Retrievable from the WWW at http://www.ojp.usdoj.gov.

OBJECTIVES

Show 4.2



INTRODUCTION TO MODULE 4,

Introduce Module 4 Objectives

- Explore perspectives on the reentering substance-abusing offender
- Review related national research data

THE-OFFENDER ACTIVITY


55 *minutes*

Allow 5 minutes for explanation and 10 minutes for list.

THE-OFFENDER ACTIVITY

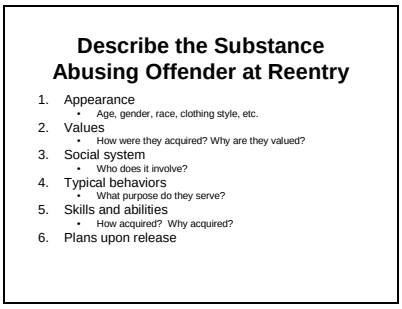
Word description of the substacnce abusing offender at reentry

Hand out flipchart sheets and markers to each table and make more available if needed

Explain that small groups will create a word description of the typical substance abusing offender they work with. This is a list describing the offender at the time of reentry. They are to brainstorm and use overhead list merely to spur thinking. There does not have to be consensus.

I would like you to take a risk and participate in an activity. Each table has a flip chart page and markers. When we start, you will have 10 minutes. Please list the characteristics of the substance abusing offenders as you

Show 4.3



see them from your own experience. You are to describe the offender at the time of reentry.

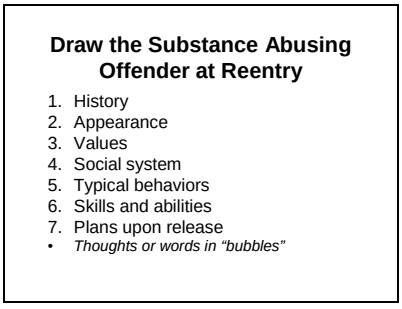
You might describe the offender's:

1. Appearance
    - Age, gender, race, clothing style, etc.
2. Values and attitudes
    - How were they acquired?
    - Why are they valued?
3. Social system
    - Who does it involve?
    - Why?
4. Typical behaviors
    - What purpose do they serve?
5. Skills and abilities
    - How acquired?
    - Why acquired?
6. Plans upon release from incarceration

Brainstorm this. Whatever comes to mind, write it down. There does not have to be agreement among everyone at the table. What ever is said, put it on your list. Then, we will share these with the rest of the group afterwards. Ready? Begin.

Call time and explain drawing activity

Show 4.4



Draw the substance abusing offender at reentry

Explain that they are to create a visual representation of the offender previously described in words. Remind about using "word bubbles" for what offender thinks and says.

We have been wandering around watching your progress. Great work! Now, we'd like you to take this one step further. On another sheet of paper, draw a depiction that illustrates the characteristics you listed. No one is

⬍ Allow 10 minutes for drawing.	expecting great artwork. Stick figures, modern art, or whatever you wish to produce is acceptable. To show what the offender might be thinking or saying, you can use "word bubbles." The only rule is that those artist groups using only one color will lose brownie points. There are plenty of colors, so get creative. You will have 10 minutes for this part. Ready? Begin. When you are done, please roll up your creation until it's time to unveil it during the report out.
Call "time" and ask group to post both their lists and drawings on wall	
⬍ Allow 20 minutes for Report Out	**Report Out** *Have groups take turns "unveiling" their list of characteristics and explaining their two pictures. Each table should have a team of at least two presenters, one from each discipline. Applause should follow each presentation.* Please post your lists and drawings on the wall. Then each group will take turns explain them to the rest of us. For each group we will need a team of least one representative of Criminal Justice and one representative of Substance Abuse Treatment to report.
⬍ Allow 5 minutes for Process Analysis	**Process Analysis** Ask each table to briefly respond at the conclusion of the presentations - • What was this process like for you? How did you negotiate a common vision at your table?

In the next sections we will be looking at national data for reentering offenders. Keep in mind the images we have on the wall and notice how they compare.

REVIEW OF NATIONAL DATA

30 minutes

REVIEW OF NATIONAL DATA

Tell participants you will be taking a look at national data and comparing how their "snapshot" of the offender compares to the national realities.

General parolee demographics

Let's look at some national statistics for reentering offenders.

Show 4.5

Parolees- Race, Ethnicity, Gender

	1995	2000	2003		%U.S.
White	34%	38%	40%		75.1%
Black	45%	40%	41%		12.3%
Ame.Indian/Alas.Native	1%	1%	1%		0.9%
Asian/Pacific Islander	---	---	1%		3.6%
Hispanic	21%	21%	18%		12.5%
Female	*10%*	*12%*	*13%*		*51%*

From *Probation and Parole in the United States, 2003*- Bureau of Justice Statistics, 7/2004
U.S. Census 2000

Parolees- Race, Ethnicity, Gender

	1995	2000	2003		%U.S.
White	34%	38%	40%		75.1%
Black	45%	40%	41%		12.3%
Ame.Indian/Alas.Native	1%	1%	1%		0.9%
Asian/Pacific Islander	---	---	1%		3.6%
Hispanic	21%	21%	18%		12.5%
Female	*10%*	*12%*	*13%*		*51%*

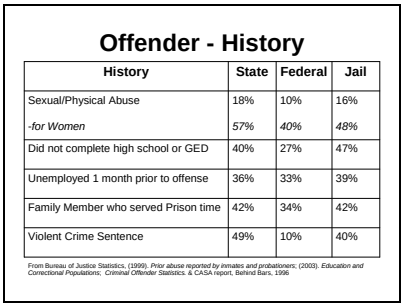
From *Probation and Parole in the United States, 2003*- Bureau of Justice Statistics, 7/2004
U.S. Census 2000

Solicit comments on what participants find interesting or surprising

Suggested points for comment:

- *Over- or under-representation compared to the US population*
- *Comparison to percentages in participants' work experience.*
- *Comparison to Draw-the-Offender exercise*.

Show 4.6



Solicit comments on what participants find interesting or surprising

Offender history

Offender - History

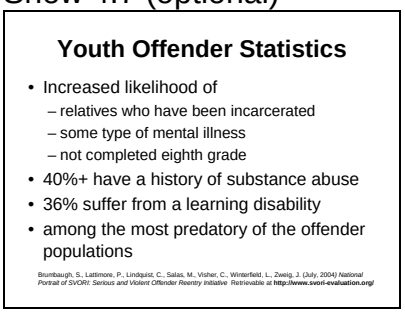
History	State	Federal	Jail
Sexual/Physical Abuse	18%	10%	16%
-for Women	*57%*	*40%*	*48%*
Did not complete high school or GED	40%	27%	47%
Unemployed 1 month prior to offense	36%	33%	39%
Family Member who served Prison time	42%	34%	42%
Violent Crime Sentence	49%	10%	40%

From Bureau of Justice Statistics, (1999). *Prior abuse reported by inmates and probationers*; (2003). *Education and Correctional Populations*; *Criminal Offender Statistics.* & CASA report, Behind Bars, 1996

Possible discussion points:

- *Abuse - Disparity in abuse history by gender*
  - *History of abuse for males was predominantly as children.*
  - *For women, abuse includes childhood abuse and abuse in adulthood by intimate partners.*
- *Education- Number not completing secondary education markedly higher than the 18% of the U.S. general population*
- *Employment – ties to education and implications for successful reentry*
  - *The less education, the greater the likelihood of unemployment.*
- *Violent Crime – Given almost half of state offenders serve for violent crime, programmatic emphasis on these offenders is important.*

Show 4.7 (optional)



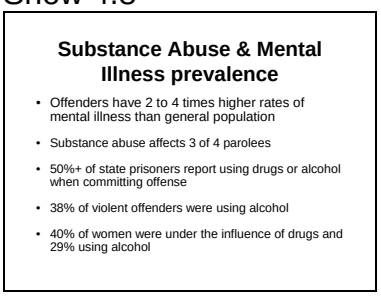
Youth Offender Statistics (optional)

- Youth offenders have an increased likelihood of
  - relatives who have been incarcerated
  - some type of mental illness
  - not completed eighth grade
- 40%+ have a history of substance abuse
- 36% suffer from a learning disability
- Per SVORI literature, juvenile and young adult populations "have been shown to be ***the most predatory of the offender-age populations*** and should, therefore, be the focus of any program striving to reduce serious crime. "

Possible discussion points:

- *Effect of these factors on development*
- *Comparison of statistics with participant's experience locally. Implications for program*.
- *Representation of youth offenders in drawings*

Show 4.8



Substance Abuse & Mental Illness

- Offender mental illness rates are 2 to 4 times higher than the general population
- Substance abuse is an issue with 3 out of 4 reentering offenders
- Over 50% of state prisoners report that they were using drugs or alcohol when they committed the offense that led to their incarceration.

- 38% of violent offenders had been drinking at the time of their offense

Suggested possible discussion topics

- *Comparison of statistics with participant's experience with local populations.*
- *Comparison to drawings – Are substance abuse and mental illness problems reflected in drawings?*

Infectious Diseases

Infectious diseases are an increasingly serious problem for incarcerated people and the communities they eventually reenter.

Show 4.9

A problem?

Reentering offender	Compared to U.S. Population
Active tuberculosis	4 times greater
Hepatitis C	9-10 times greater
AIDS	3.5 times greater
HIV infection	8-9 times greater

From (2003) *Rand Research Brief* : Prisoner Reentry: What Are the Public Health Challenges?

Reentering offender	Compared to U.S. Population
Active tuberculosis	4 times greater
Hepatitis C	9-10 times greater
AIDS	3.5 times greater
HIV infection	8-9 times greater

Solicit comments on what participants find interesting or surprising

Suggested discussion topics

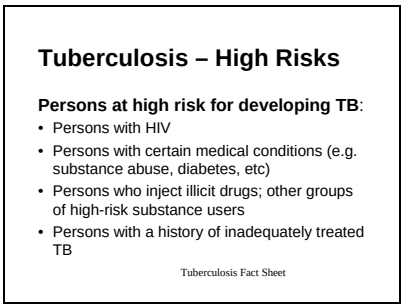
- *Ask participants if they know the rates of infection for their state institutions?*
- *Are there differences between local rates for males and for females?*
- *What are the rates in their practice?*
- *Effect of these factors on reentry success.*
- ***Comparison to drawings- were health- related issues reflected in the drawings?***

Tuberculosis - Substance Abusing Offender Risks

Much of the population under the supervision of the criminal justice system is at relatively high risk for TB Disease. These include:

- Persons with HIV
- Persons with certain medical conditions (e.g. substance abuse, diabetes, etc) – *Why? Overall health is usually not good.*
- Persons who inject illicit drugs; other groups of high-risk substance users – *Why? Usually not in best health, have higher risk of HIV, higher risk of contact with infected Intravenous Drug Users.*
- Persons with a history of inadequately treated TB – *Why? If treatment regimen not competed will develop drug resistant TB*

Show 4.10



Tuberculosis - Transmission

TB is an airborne communicable disease and crowding and mobility of prison populations has greatly increased incidence and transmission.

TB is an airborne communicable disease. It is not usually a highly contagious disease, but conditions, such as overcrowding, poor ventilation and continued close contact with persons with active disease dramatically increase transmission. Such conditions often exist in prisons. The mobility of inmates who are often moved from facility to facility has also contributed to the rising rates of tuberculosis.

TB spread through bacteria in airborne droplets when coughing, sneezing, laughing, etc

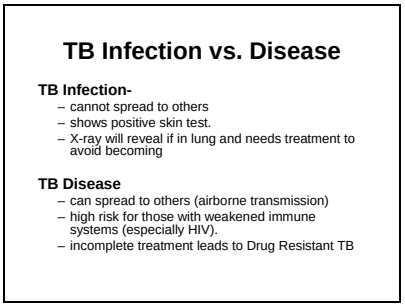
Persons with active pulmonary TB can spread the disease through coughing, sneezing, laughing, or other means that result in the propulsion of airborne droplets

carrying the bacteria.

TB Infection vs. Disease

Tuberculosis infection in persons with healthy immune systems does not typically progress to active disease, though it can later if not treated. However, less healthy people are at greater risk.

Show 4.11



Infection - An initial infection will probably go unnoticed unless the person is tested (positive skin test). The person cannot spread the disease at this point.

- A positive skin test just indicates you've been exposed to the disease.
- A lung X-ray will show if infection has lodged in the lungs. If so, treatment is required or the infection may become the active disease of Tuberculosis.

Disease - If the bacteria lodge in the lungs and become active, the person develops Tuberculosis Disease and can spread it to others, i.e. is contagious. They will experience fever, chills, fatigue, weight loss, and night sweats.

Treatment and Drug-resistant TB

Treatment takes a long time, so people are tempted to stop medication when they feel better. Bacteria will not be destroyed. This can result in Drug-resistant Tuberculosis which is contagious and much more dangerous for everyone.

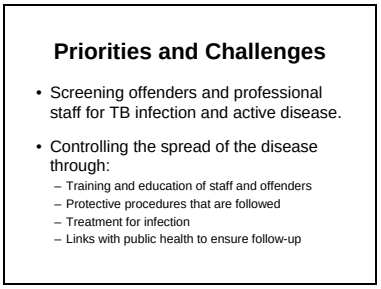
Therapy usually involves taking an anti-tuberculosis medication for 6 to 12 months, depending on HIV status. Although patients will feel better and may no longer be contagious after a few weeks, they must continue the course of treatment to ensure that all bacteria are

eliminated. Discontinuing the treatment invites development of Drug-resistant Tuberculosis.

Priorities and challenges

As facilitators of the reentry process and persons trusted to safeguard the health of our communities, our priorities and challenges include:

Show 4.12



- Screening offenders and professionals for TB infection and active disease.

- Controlling the spread of the disease through:
  - Training and education to understand how the infection is transmitted and what can be done to contain its spread. *What are organizations in your area that provide training on infectious diseases?*
  - Establishing and following protective procedures. *What are the procedures at your facility? Do you follow them?*
  - Ensuring therapy for infected offenders and an appropriate medical regimen for those with active disease.
  - Linking with public health agencies to ensure follow-up with releasees. *Why is follow up so important? Avoid Drug Resistant variety.*

HIV/AIDS

Remember, a weakened immune system is at high risk for developing Tuberculosis. By definition, people with HIV/AIDS have such compromised immune systems.

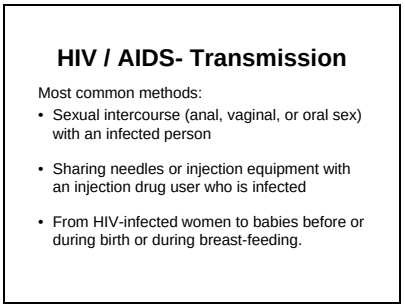
- The human immunodeficiency virus (HIV) causes AIDS.

- According to the CDC, half of all new infections with HIV now occur among injecting drug users (IDUs)
- The only way to determine if someone is infected is to be tested for HIV infection. Symptoms of AIDS are similar to those of other illnesses

Transmission

Transmission is through a vein, the rectum or anus, the vagina, the penis, the mouth or other mucous membranes, and cuts or sores.

Show 4.13



Entry of the virus can be through a vein, the anus or rectum, the vagina, the penis, the mouth, other mucous membranes (i.e. eyes or inside of the nose), or cuts and sores.

The most common ways that HIV is transmitted from one person to another is through:

- Sexual intercourse (anal, vaginal, or oral sex) with an infected person
- Sharing needles or injection equipment with an injection drug user who is infected
- From HIV-infected women to babies before or during birth or during breast-feeding.

Other Sexually Transmitted Diseases (STDs)

Most of the common sexually transmitted diseases (STDs) are transmitted in the same way as HIV/AIDS. This includes transmission through sharing needles or injection equipment. Common STD's include:

- Gonorrhea

Show 4.14

Sexually Transmitted Diseases

- Gonorrhea
- Syphilis
- Chlamydia
- Genital Herpes
- HIV/AIDS
- Human Papillomavirus (genital warts)
- Hepatitis B
- Hepatitis C

- Syphilis
- Chlamydia
- Genital Herpes
- Human Papillomavirus (genital warts)
- Hepatitis B
- Hepatitis C
- HIV/AIDS

Relationship of HIV/AIDS to other Sexually Transmitted Diseases

Show 4.15

HIV and other STDs Increased Risk

- Risk of becoming infected with HIV is 2 to 5 times greater if have other STD
- Likelihood of infecting others with HIV increases when STDs are present
- STDs that cause genital lesions create a portal of entry for HIV

Presence of STD's increases likelihood of being infected with HIV and of infecting others with HIV.

New research has shown that having a sexually transmitted disease increases the odds of a person both becoming infected with HIV or passing it on if he or she already has it.

Hepatitis

Show 4.16

Hepatitis (Viral)

Hepatitis A- *HAV*	Hepatitis B- *HBV*	Hepatitis C- *HCV*
Transmission Oral-fecal	*Transmission* Blood/bodily fluid	*Transmission* Blood/bodily fluid
Major risk factors • Overcrowding/ poor sanitary conditions. • Injection drug use	*Major risk factors* • High-risk sexual behaviors *unprotected sex multiple partners* • Injection drug use.	*Major risk factors* • Injection drug use • No vaccine is available.

Another infectious concern is Hepatitis. Hepatitis literally means an "inflammation of the liver," and has a number of causes. Viral infection is one of them. The most common types are hepatitis A, hepatitis B, and hepatitis C.

Hepatitis B and C are of particular concern. Many people with chronic infection – 60% of those with HBV infection and 70% of those with HCV infection – develop chronic liver disease. The damage may progress to severe disease, including cirrhosis, liver cancer, and liver failure. This progressive liver disease usually develops slowly

over 20 to 30 years.

Hepatitis A virus (HAV)

- Primarily transmitted through the fecal-oral route, when a person puts something in his or her mouth (such as food or a beverage) that has been contaminated with the feces of a person infected with HAV.
- Outbreaks occur more easily in overcrowded areas where poor sanitary conditions exist.
- Outbreaks of hepatitis A also have been reported among Intravenous Drug Users (IDUs).
- Hepatitis A can be prevented through immunization.

Hepatitis B virus (HBV)

- Infection occurs when blood or body fluids from an infected person enter the body of an uninfected person.
- High-risk sexual behaviors (unprotected sex with multiple partners) and injection drug use are the major risk factors.
- Hepatitis B can be prevented through immunization.

Hepatitis C virus (HCV)

- Infection occurs when blood (or to a lesser extent, other body fluids such as semen or vaginal fluid) from an infected person enters the body of an uninfected person.
- Injection drug use is the major risk factor for HCV infection.
- **No vaccine to prevent HCV infection is available.**

Symptoms:

Common symptoms included “flu-like” symptoms, fatigue, nausea, pain in the upper abdomen, and sometimes jaundice. But because symptoms are usually mild or nonexistent, the majority of people with chronic HBV and HCV infections do not know they are infected and can

unknowingly transmit the virus to others. For many, signs and symptoms appear only when liver disease is advanced and treatments are less effective.

Because HBV and HCV are transmitted through exposure to infected blood and body fluids, IDUs are at very high risk of acquiring and transmitting both viruses.

Infectious Diseases and Substance Abuse

Show 4.17

Diseases, Substance abuse, and Criminal Justice

Important that professionals emphasize and encourage:

- testing so offenders know health status
- awareness of and reduction of risky behaviors
- compliance with medical treatment

Infectious diseases threaten the health of substance abusing offenders and the success of their reentry. Our behavior can help reduce that risk not only for the offender, but also the community they are reentering.

There are two reasons we have spent time discussing infectious diseases:

1) The behavior and environments of substance abusing offenders puts them at serious risk for infectious diseases. These diseases also threaten the success of their reentry.

2) Our behavior can help reduce that risk not only for the offender, but also the community they are reentering.

Both criminal justice and drug treatment are in a key position to prevent disease through education, screening and provision of supervised, long-term treatment for TB and other diseases, and help in the management of the long-term medical follow-up of those with HIV/AIDS and other chronic illnesses.

Reentering offenders need to hear this information, many times. We have to model that kind of conversation. They need to feel safe talking about what is often frightening and embarrassing.

Reentering offenders need to hear information we've just talked about. We have to model that kind of conversation. They need to feel safe talking about what is

often frightening and embarrassing. They need to be encouraged and monitored regarding changes in health related behavior. But they will probably need to hear it many times, from each and every one of us before it will impact behavior.

That means we can afford to be squeamish and embarrassed. To keep our communities safe, professionals in all arenas of the offender's life will need to work together and emphasize the importance that clients:

- be tested so they can know their health status
- reduce or eliminate risky behavior
- comply with medical treatment

WHAT DOES REENTRY SUCCESS LOOK LIKE?

 *20 minutes*

Trainers lead large group in brainstorming activity to develop realistic word description of what reentry success looks like.

What does reentry success look like?
Explain that using the information from the previous activities and the data just presented, the larger group will help create a realistic vision of what reentry success will look like. The activity will try to answer the question, What is our common goal? What does reentry success look like?

We've spent some time now exploring the substance abusing offender that presents to us at reentry. We've looked at our group's collective experience as expressed in the descriptions and beautiful drawings you did earlier.

We've also looked at what national data tells us about the reentering offenders: their family and educational history, physical and mental health challenges. Regardless of our discipline, our role in relation to the reentering offender is that of an agent of change. Our job is to make sure that

the same cycle of crime and addiction does not continue. But what is our vision, what are we working towards?

Show 4.18 (optional)

The Offender as a Reentry Success

1. History
2. Appearance
3. Values
4. Social system
5. Typical behaviors
6. Skills and abilities
7. Plans upon release

- *Thoughts or words in "bubbles"*

Just as we could describe the reentering offender at the starting point of the reentry process, we are going to try and describe the successful reentering offender. Given the realities and challenges that face the reentering population, what will success look like? What is a realistic vision of our common goal?

We are going to spend the next few minutes brainstorming as a large group and trying to develop a list that describes the successful reentering offender similar to the way we developed the descriptions on the wall. Keep in mind, this needs to be grounded in reality, not a wishful cartoon.

Remind participants as needed to be realistic, to think in achievable terms. Also, is it a description of what the offender would consider success?

An essential person in the change process is the offender himself. Therefore, whatever our vision of success is, we must also keep in mind what the offender will consider a success, as a goal he or she would want to work towards and consider and achievement. What we might take for granted might not be insignificant to the person we are trying to help change.

CLOSING ACTIVITY

10 minutes

CLOSING ACTIVITY

The Closing Activity is the time to process the information brought to awareness during the module: who is our client, what is their life really like, how did this develop, what is success, how do professionals support the client's journey to success? This processing time is an opportunity to clarify the point that client success will not likely occur without multiple professional disciplines working collaboratively with a strategic plan designed for success.

Allow small groups 10 minutes for discussion. Invite each to share responses.

Ask groups to look at the pictures on the wall and think about the information that has been discussed during this module. *Then pose the questions below. Depending on time, this can be done as an open discussion with the larger group, or by allowing the small groups a few minutes for discussion. Invite volunteers to share responses.*

With your small group, look at the pictures on the wall, particularly your two pictures. Think about what we've discussed during this module and consider what will the move from the "before" picture to the "after" picture require from the offender and from the professional disciplines working with the offender?

- What are we really asking these offenders to do? To quit using drugs? To quit committing crimes? To get a job? To change their lives? Their world?

- Does the traditional prison experience prepare them to make the required changes? Does the reentry process and does their interactions with each of us prepare them to become successfully recovering ex-offenders?

- What will successful reentry require from the offender? From us as a group? From each of us as an individual?

Closing thoughts should underscore that as they face these challenges, it is our job as professionals to supervise and to support individuals, not ex-cons. Sooner or later these individuals, substance abusing offenders, reenter our community. They can return destined to continue the same lifestyle. Or they can reenter with a different view of themselves and of the world, and with sufficient support to have a reasonable chance for success.

Q&A

5 minutes

QUESTIONS AND ANSWERS

Does anyone have any questions?

Overheads

Module 4

Appendices

Module 4

- **CDC Fact Sheets**
  - **Tuberculosis**
  - **HIV**
  - **Gonorrhea**
  - **Syphilis**
  - **Viral Hepatitis**

CDC Fact sheets here (PDF files)