

Kareem Cunningham #11A0020
354 Hunter Street
Ossining, NY 10562

APWA

Jan. 18, 2023

Systemic Exploitation

"In many ways you can say that the prison serves as an institution that consolidates the state's inability and refusal to address the most pressing social problems of this era" (Davis, 2016).

Drugs and prison go hand-in-hand, and incarcerated individuals can easily become desensitized and fall victim to the normalized drug-culture in prison — especially at Sing Sing, where the scent of weed, and K-2, regularly clouds the air and the occasional drug overdose remains consistent. Abstinence is a feat to achieve and maintain, considering the plethora of alcohol and other drugs (AOD) that are readily available. Moreover, incarcerated individuals with substance use disorders are unlikely to achieve rehabilitation without effective treatment, in which, an Offender Rehabilitation Counselor (ORC) plays a vital role. Recidivism ensues and repeat offenders struggle with long-term chemical dependency. Unfortunately, ORCs lack a generalist training in the AOD field, resulting in the systemic

exploitation of incarcerated individuals.

New York State's Department of Corrections and Community Supervision (DOCCS) employs ORCs, each with a huge caseload of incarcerated individuals who have a variety of issues, including AOD problems. Together, an incarcerated individual and their ORC develop a case plan.¹ The assessment is usually a cold interrogation like series of questions that are unsuccessful in eliciting AOD history, resulting in an ineffective blueprint for the cognitive and behavioral changes needed for one's recovery, rehabilitation, and re-entry. According to Fisher & Harrison (2013), an ORC should know that "[i]n any counseling or helping situation, the best methods to identify the "real" problem are to establish a trusting relationship with clients and to conduct a thorough assessment" (p. 102).

Furthermore, follow-up interviews throughout the duration of one's incarceration are scheduled every 90 days and can last as little as five minutes, consisting of a few non-AOD questions like "Is your emergency contact number still the same," "Do you fear for your safety," and "Are you confused about your gender identity," etc. If and when AOD problems become relevant, Alcohol and Substance Abuse Treatment (ASAT) will become available near the end of their sentence. Incarcerated individuals who have shorter sentences and those who need ASAT to participate in the Family Reunion Program (FRP) are a priority.² No wonder

¹ The case plan is akin to a treatment plan.

² Rumor has it that a few packs of Newports given to the right person can get you enrolled!

Fisher & Harrison (2013) quotes Paltrow who "maintains that another factor that influences the maintenance of AOD problems is the criminal justice system" (p. 57). However, one can volunteer for Alcoholics Anonymous (AA), which is offered periodically and is ran by Inmate Peer Assistants (IPAs), although they are less credible and certainly less qualified than civilian ASAT counselors. This systemic barrier to treatment exemplifies the ORCs need for a generalist training. Fisher & Harrison (2013) also highlights how "[t]reatment needs to be readily available" (p. 151). Otherwise, incarcerated individuals with AOD problems are engineered to fail!

At the bare minimum, a generalist training suggests that evidence based techniques be utilized by an ORC during the assessment and subsequently in the development of their case plan, in the furtherance of creating a therapeutic environment while setting measurable goals. One technique in particular relies on the concept of client engagement, "a term used to describe the process of motivating a person to actively engage in treatment or less intensive methods of reducing the harm caused by AOD" (Fisher & Harrison, 2013, p. 124). Thus, an ORC's assessment is a critical component in the recovery, rehabilitation, relapse prevention, and reentry process, which will impact the lives of incarcerated individuals, especially polysubstance abusers. Helping professionals must "[a]lways consider the possibility of AOD problems in the normal assessment process" (Fisher & Harrison, 2013, p. 102). Even DOCCS'

Cunningham 4

Mission Statement says, in part, "providing a continuity of appropriate treatment services... where the needs of the incarcerated population are addressed and where individuals under its' custody are successfully prepared for release" (DOCCS, 2022). This sounds good but that is not what is happening, although incarcerated individuals are under the care, custody, and control of DOCCS. Unfortunately, this sinister collusion between DOCCS and their ORCs undermine recovery, and facilitates the exploitation of incarcerated individuals.

The exploitation of incarcerated individuals trended even further during the COVID-19 pandemic, which coincided with a flood of stimulus checks. Crooked correction officers supplemented their income, and incarcerated dealers fattened their pockets, in which, both coerced the auto-exploitation of incarcerated individuals with a few thousand dollars to spend as a variety of drugs flooded the market. The facility shutdown, including no visiting from loved ones, maximized the challenges created by this high-risk situation when there were no ORCs or support groups available. That is also when Synthetic³ K-2 appeared on the scene in the form of paper soaked in an esoteric concoction of chemicals, turning smokers into zombies! Medical emergencies were rampant as K-2 smokers often fell out from the high. This acute affect was unprecedented and only increased the demand for this drug for those deep in their addiction — entire stimulus

³ Synthetic opioids like Suboxone strips have already been a part of the systems underground drug market.

Cunningham 3

checks (\$3,200) were spent chasing this new high all while health complications increased from the unknown toxicity and neurobiological affects that manifested itself. Opiates in the form of heroin and Suboxone strips, were highly in demand, resulting in several overdoses as well. In the latest edition of the Prison Journalism Project's *INSIDE*, Finley (2022) "writes about drug overdoses in State prisons, which have climbed more than 600% in the last two decades" (p.7). Vulnerable incarcerated individuals are left to fend for themselves, stigmatized as addicts who chose a life of failure. However, the system's shortage of empathy coupled with their ORCs lack of a generalist training is what really fails them.

Nevertheless, the exploitation of incarcerated individuals with AOD problems is on going. A recent memo dated October 3, 2022, from the Deputy Commissioner/Chief Medical Officer, informed the population about the advent of a new program: Methadone for Addiction Treatment (MAT) for opioid use disorder (Moore, 2022), and the opioid enthusiasts are excited — the drug dealers, not so much. I guess the 'dope-man' will now be competing with Big Pharma, legal drug dealers known to exploit vulnerable people, as evidenced by the opioid crisis. Incarcerated individuals are certainly not exempt from this state-sponsored targeting, especially when their assigned ORCs are ineffective. Thus, when one considers how this factors into mass incarceration and recidivism, it becomes clear why "[+]the U.S. prison population is the largest of any nation, and its incarceration

Cunningham 6

rate is the world's highest" (Janssen, 2018, p.128). This correlates with the words of Angela Y. Davis at the beginning of this paper, which is rather striking, and reminiscent of the words of acclaimed filmmaker Ava Duvernay who said "The system is not broken, it's functioning just as it was designed to." Incarcerated individuals are simply pawns in a game, especially those with AOD problems. This harsh reality is enough to drive one to drink, and when (real) alcohol is not available, there is always a batch of hooch brewing in someone's cell. In fact, an incarcerated individual has a better chance of sharing a drink with an ORC before receiving the appropriate help.

In conclusion, incarcerated individuals are exploited by their ORCs lack of a generalist training. Any person who struggles with AOD use/abuse should be entitled to receive assistance from a 'trained' helping professional, especially incarcerated individuals with assigned ORCs. This need for a generalist training highlights this systemic problem maintained by DOCCS, and infers the need for a generalist training in the helping professions at large. Lives are at stake and patients deserve more.

Cunningham 7

References

- Davis, A.Y. (2016). FREEDOM IS A CONSTANT STRUGGLE: Ferguson, Palestine, and the Foundations of a Movement (p.25). Chicago, IL: Haymarket Books.
- Duvernay, A. (2020). The View [Television Broadcast]. New York, NY: ABC/DISNEY.
- Finley, E. (2022). Overdose Deaths and Other Problems in America's Prison System. Prison Journalism Project: INSIDE, Vol 2, Issue 2 (p.7). <http://www.prisonjournalismproject.org>.
- Fisher, G.L., & Harrison, T.C. (2013). Substance Abuse: Information For School Counselors, Social Workers, Therapists, and Counselors. (p. 57, 102, 124, 151). New Jersey: Pearson Education, Inc.
- Janssen, S., et al. (2018). Prisons and Incarceration Rates by Country, 2005-15. THE WORLD ALMANAC AND BOOK OF FACTS 2019 (p.128). IN: LSC Communications.
- Moore, C.A., MD, MPH, MSHA. (2022). Methadone for Addiction Treatment (MAT) For opioid use disorder. Memo pursuant to Correction Law § 626. NY: DOCCS.

Cunningham 8

N.Y. Department of Corrections and Community Supervision (2022).

Mission and Vision Statement: Retrieved November 4, 2022

From <http://www.doccs.ny.gov>.