

# THE ALL RISE INTERVIEW

*Dr. Doug Marlowe on a Vision for the Future of U.S. Drug Policy*

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*To see more about the ARK and watch the 'Reconstruction After the War on Drugs' in its entirety visit [www.nadcp.org/reconstruction](http://www.nadcp.org/reconstruction)*

## ALL RISE:

**AR** There has been much said and much written about the end to the so-called “War on Drugs”. Why is it necessary to re-think our current criminal justice policies as they relate to drug-involved offenders?

## Dr. Doug Marlowe

**DM** It is no secret that our past policies have been a disaster. One in 105 U.S. citizens incarcerated, with the burden borne disproportionately by racial and ethnic minority citizens and the poor; state and county budgets buckling under the weight of enormous and unsustainable correctional expenditures; the list goes on and on.

But we also know that many of our most pressing social ills are caused by substance abuse. We cannot simply reduce criminal penalties without addressing this problem. History has taught us that in the wake of conflict, true reconciliation and progress can only be achieved through a thorough reconstruction effort.

By way of analogy, World War II left Europe devastated socially and economically. The United States recognized that a post-conflict reconstruction effort was needed to help Europe stabilize and rebuild. This became known as the Marshall Plan, and historians agree that it was critical to not only preventing another global conflict, but to ushering in an era of prosperity.



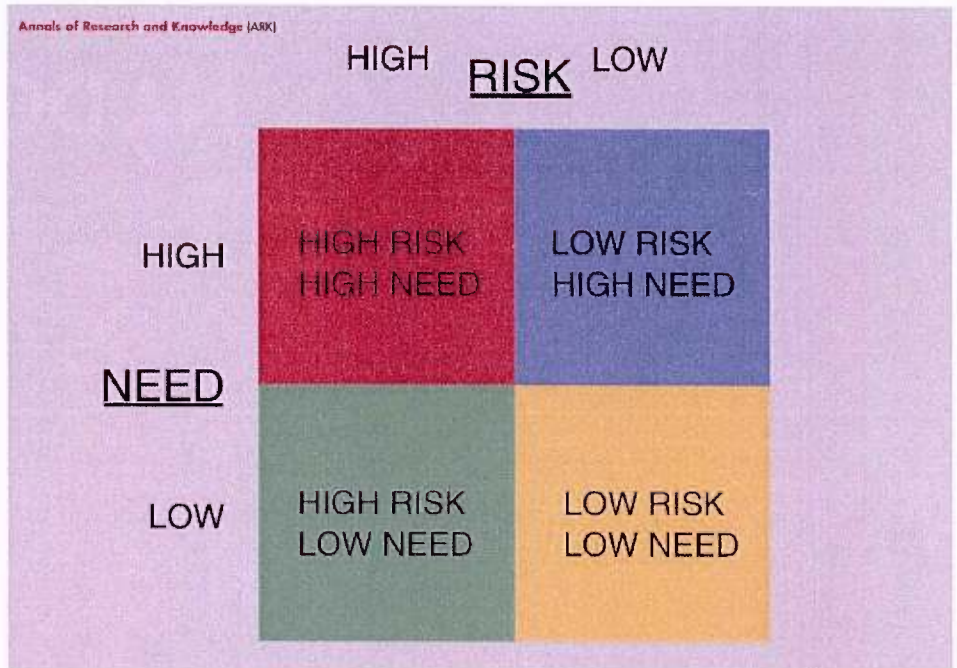
We all can agree that the War on Drugs has caused serious social and economic harm. Now, with the War on Drugs at an end, we need another comprehensive plan for reconstruction, one that builds an evidence-based system and incorporates successful programs from across the criminal justice continuum. Our goal must be twofold: prevent a backslide into harmful policies of the past, and chart a course that best serves us socially and economically.

**AR** What do you think of the current national dialogue concerning drug policy?

**DM** Unfortunately, I don't see the national dialogue addressing the core issues of reform. Conversations about drug policy reform seem to have degenerated into extremes. We are presented with a false-choice between waging a war of incarceration or waving the white flag of decriminalization or legalization. The problem with this discourse is that it ignores very real solutions and eliminates the potential for true reform. Worse yet, it gives the public the impression that there is no middle ground. When commentators with political viewpoints as diverse as George Soros and Pat Robertson are both calling for decriminalization, one might conclude, wrongly, that we have no effective options at our disposal. That said, the White House Office of National Drug Control Policy (ONDCP) and policy experts like former ONDCP Policy Advisor Kevin Sabet have been outspoken about the need for our policy to reflect a more nuanced approach. The key is to ensure these ideas are included in the mainstream media's coverage of the issue.

**AR** So what should we be talking about?

**DM** The false dichotomies between incarceration versus decriminalization, and punishment versus treatment, have been around for decades and have never proven helpful. We need to think of addiction as "all of the above": it is intentional misconduct, a neurological or neurochemical disorder, and a product of culture and economics. Effective interventions must



The ARK is based on assigning an appropriate response based on an individual's risk and need.

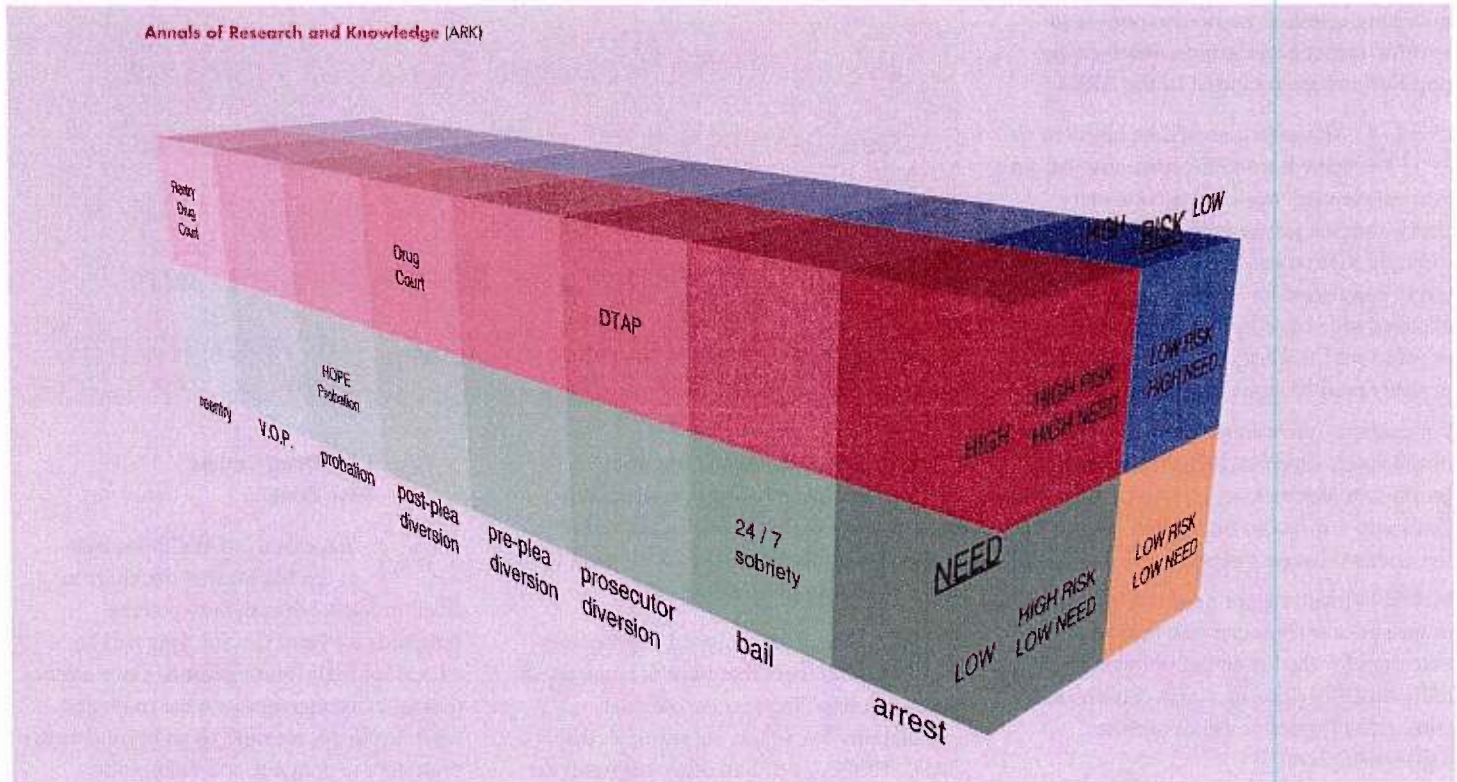
*“The critical question is how to match drug-involved offenders to the best programs that can meet their needs, protect public safety, and do so at the least cost to taxpayers.”*

recognize this complexity and respond with an equal measure of sophistication. The critical question is how to match drug-involved offenders to the best programs that can meet their needs, protect public safety, and do so at the least cost to taxpayers. First, we need to think about risk and need assessment. In this context, “need” refers to offenders’ clinical diagnosis or need for treatment, and “risk” refers to their prognosis or amenability to treatment. Research tells us that the higher the need level, the more treatment will be required; and the higher the risk level, the more supervision will be required. The converse is also true: the lower

the risk or need level, the less treatment or supervision should be provided. But we also must take into account where people find themselves in the criminal justice system. Legal standards and available resources can change substantially based on whether someone is in the pre-trial stage, post-conviction stage or reentry stage. Our system should have an appropriate response for individuals at every point in the proceedings. This was the thinking that led to NADCP’s Annals of Research and Knowledge on Successful Offender Management, (ARK-SOM) or what we call the ARK.



Annals of Research and Knowledge (ARK)



An early version of the ARK displays several evidenced-based programs and where they are placed in the continuum.

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**AR** Tell me about the ARK.

**DM** Some evidence-based programs have been viewed as alternatives to, or competitors with, Drug Courts. However, it seemed to us that many of these evidence-based programs—including Project HOPE [Hawaii Opportunity Probation with Enforcement], DTAP [Drug Treatment Alternative to Prison] and the 24/7 Sobriety Project in South Dakota—were focusing on different points in the criminal justice process than Drug Courts have traditionally addressed, such as bail release, prosecutor diversion, or probation. Also, it seemed these programs were targeting different types of offenders than those targeted by Drug Courts, such as offenders who may be high risk, but not seriously addicted or mentally ill.

So in collaboration with our colleagues from Illinois TASC (Melody Heaps and Pam Rodriguez), NADCP’s CEO West Huddleston and I began to sketch out the various stages

of the criminal justice process, and considered how offenders with varying levels of risk and need should be treated at those intersect points. This sketch ultimately turned into the ARK (Annals of Research and Knowledge). When it is completed, users of this sophisticated graphics program will be able to identify evidence-based programs for various types of offenders at different stages in the criminal justice process; for example, programs that have been shown to work for high-risk, addicted offenders at the post-plea stage. They will also be able to access relevant validation studies and other research supporting the programs.

The reaction from audiences to the ARK has been extremely positive. It places the different programs in proper perspective and helps one to see the big picture.

**AR** You have spent a lot of time over the last few years educating the Drug Court field on determining a target population and it seems that a major component of the ARK has to do with



matching criminal justice responses to specific target populations. What target populations are included in the ARK?

**DM** Although it should be obvious, we have learned the hard way that no one intervention works for all offenders. Every criminal justice program that has been carefully studied has been found to have a target population for whom it is most effective and cost-effective, and non-target populations for whom it is ineffective and possibly even harmful.

For example, providing too much treatment or too much supervision may interfere with productive activities, such as work, school or childcare. It may also pull people deeper into the criminal justice system.

Mixing different risk or need levels together in groups or milieus can lead to worse outcomes for the lower-risk or lower-need individuals, because they may come to adopt antisocial attitudes or values of their higher-risk peers.

Therefore, we must be prepared to assess risk and need throughout offenders' involvement in the criminal justice system, and match them to appropriate services wherever they find themselves along the continuum. It makes little sense to have well-matched programs at post-sentencing, but not have comparable programs at the pre-trial or reentry stage. The same principles apply and the same needs and risk factors are present.

**AR** So in the ARK, Drug Courts would serve a very specific population, while other programs would be paired with other populations? Is there evidence out there to justify these pairings?

**DM** We wouldn't advocate for this if there wasn't a mountain of evidence supporting it. Research has proven, time and again, the importance of matching offenders to dispositions based on risk and need in the context of community corrections centers, in-prison and work-release therapeutic communities, probation and parole, and of course, Drug Courts.

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**AR** The ARK then is based on evidence-based practices. But how do we pinpoint specific, concrete programs to plug into the continuum of care? Do these programs exist?

**DM** There are a myriad of programs out there that have demonstrated success at handling specific offender populations. We know, for example, that TASC, HOPE, 24/7, and other programs are going to be a good fit with specific offenders. The key is to make sure that we are continuously evaluating fidelity and adherence to the model and know with confidence what is being delivered.

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**AR** Like Drug Courts have done?

**DM** Yes, exactly. NADCP has been at the forefront of the effort to develop science-based, best-practice standards for Drug Courts. This will be critical for their future success. Once science tells us in a concrete way what to do and what not to do, we need to go beyond vague principles to concrete and enforceable obligations. Each program needs to mind its turf effectively. That means that, for every program, we should know its target population, best practices that enhance its outcomes; and harmful practices that should be eliminated.

**AR** The ARK also factors in various stages of criminal justice involvement, from arrest to pre-plea diversion to parole. How do we ensure that at each stage there is an appropriate response?

**DM** A high-risk/high-need offender at the pre-trial stage may require a different response from a high-risk/high-need offender at the reentry stage. Our system must account for this. So for example, we know that Drug Courts are an appropriate response for a high-risk/high-need individual in the post-plea diversion or probation stage. But DTAP might be a more suitable response for that same individual at the Prosecutor Diversion stage before charges have been filed.

The point is, we must adopt an approach that makes most appropriate use of programs and gives individuals the best opportunity to be successful.



**AR** What will it take to turn the ARK into policy? What is your vision for the future of our drug policy?

**DM** For a long time, we lacked the political and social will. But now our budget crisis has made the use of evidence-based, cost-effective programs imperative. Huge numbers of offenders are being diverted or released from incarceration and managed in community-based settings. Judges, probation and parole officers, prosecutors and defense attorneys are scrambling to figure out how to sentence, supervise and treat these individuals effectively and safely. From crisis comes opportunity, and I truly believe the time to strike is now. Legislators are willing to completely reorganize their criminal statutes to accommodate or mandate evidence-based practices. It is the NADCP and its partners' responsibility to teach the field what this means and how to apply it.

**AR** You recently anchored a groundbreaking panel discussion during the NADCP 18th Annual Training Conference. What came out of this discussion? Do you see a coalition of support being built to apply the appropriate pressure necessary to implement the ARK as policy?

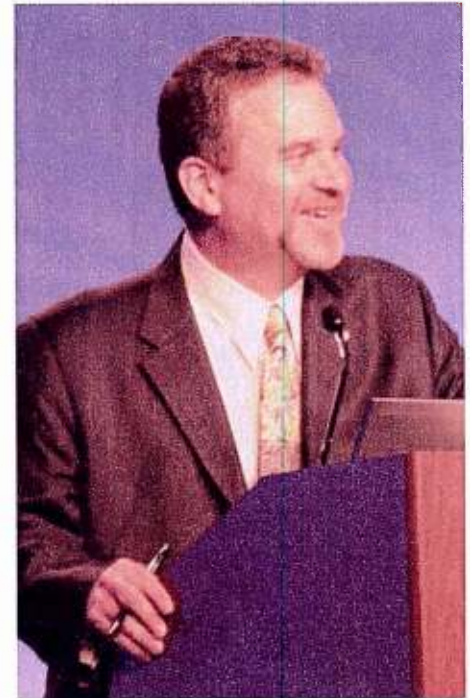
**DM** It was a thrill to participate in a discussion with some of the leading thinkers in evidence-based practices, including Judge Steven Alm, Dr. Bob DuPont, Melody Heaps, West Huddleston, Dr. Chris Lowenkamp, and Tim Murray.

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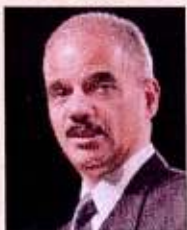
I have no doubt that, putting our heads together, it is possible to reduce crime and drug abuse and usher in an era of prosperity. This discussion was just the first step toward developing a system that not only works, but is humane, evidenced-based, and cost-effective. These are exciting times. Stay tuned.



NADCP CEO West Huddleston discusses the role of Drug Courts in the context of broader criminal justice reform.



Dr. Marlowe moderates the Reconstruction panel in Nashville.



*“I went to a Drug Court graduation here in Washington, D.C. Once they graduate, people are much less likely to reoffend, to use drugs, or to commit other crimes in order to support a habit. It is something that is a great public safety measure and as you also point out it is something that helps save us money. We have the proof now. It’s not something that we think is going to work. We can statistically show that they work. These are the kinds of things we need to support.”*

**Attorney General Eric Holder**