



The Concentration of Substance Use, Criminal Justice Involvement, and HIV/AIDS in the Families of Drug Offenders

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ABSTRACT *Substance use (SU), criminal justice involvement (CJI), and HIV/AIDS co-occur in many urban families, but little is known about their intergenerational prevalence and the impact of their conjunction on these families. We determined lifetime prevalence of SU, CJI, and HIV/AIDS in 62 families with a member (the index case) on parole or probation for a drug offense and enrolled in the direct service arm of Family Justice, La Bodega de La Familia—a community support program in New York City’s Lower East Side. Among these families, index cases are 94% male, and 97% Latino, with a median age of 37. Records of 80% of open cases, in months March through May, in 2003 (N=62) were reviewed, and the family maps or “genograms,” were analyzed and coded (by age, sex, and relationship to the index) to identify all significant members with histories of SU, CJI, and HIV/AIDS. Of the 62 families (with a total of 592 individuals) 82% had at least one other member besides the index case with a history of SU, 62% had two or more, and 40% had three or more; 72% had one other member with a history of CJI, 45% had two or more, and 24% had three or more. At least one member had HIV/AIDS in 49% of the families, 16% had two or more, and 10% had three or more. Of the 105 family members who reported a history of CJI, 88% had a history of substance use. These data demonstrate the extent to which many families in communities such as this are struggling with the burdens associated with having multiple relatives involved in the criminal justice system, largely related to drug use and frequently with HIV and AIDS. These data point to an important role for family-focused interventions to ameliorate the consequences of high rates of familial drug use, incarceration and other forms of CJI, and HIV/AIDS.*

KEYWORDS *AIDS, Criminal justice involvement, Drug use, HIV, Incarceration.*

INTRODUCTION

Over the last 30 years, the use of arrest, incarceration, and community supervision (parole and probation) as a response to illicit drug use has resulted in a huge expansion of the population involved in the criminal justice system in the United States. Driven by high rates of drug enforcement¹ there has been a ten-fold growth in incarcerated populations during this period, concentrated mainly in poor urban minority communities.² In New York State, the rate of incarceration increased from 40 of 100,000 in 1970 to over 400 of 100,000 in 2000. Nationally, the number of people

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under some form of correctional supervision (including parole and probation, in addition to jail and prison) reached the unprecedented level of 6 million in 2000.³ About one third of these imprisonments are drug related and another third involve drug users committing nonviolent acquisitive crimes associated with their drug use. The effect of these policies is seen most dramatically in the black population where, in 2002, one in eight black males between the ages of 25 and 34 was in jail or prison on any given day and another 2 million black males under some form of community supervision.⁴ Similar rates are seen in poor Latino communities.

Although some research has focused on the impact of this high rate of incarceration and criminal justice control at the community-level⁵ and upon the affected families,^{6,7} few studies have examined the intergenerational prevalence within such families or the consequences of having multiple family members involved with the criminal justice system. Given the convergence of drug problems and the high rates of criminal justice involvement in many poor minority neighborhoods (often associated with HIV/AIDS), it is important to understand the extent to which criminal justice involvement (CJI) and drug use histories are concentrated within these families and their communities. Those who work with these populations (e.g., community-based social service providers) claim these intergenerational and intragenerational patterns to be disturbingly common in such families and an important factor that needs to be considered in models of health care, the provision of social services, and the development of family-focused models.

This study examined the family prevalence of CJI and substance use (SU) among cases of La Bodega de la Familia, the service arm of Family Justice, Inc. La Bodega is a community based service in the Lower East Side of New York City that provides services to families with a member under correctional control following conviction for a drug offense, helping them to successfully meet the conditions of community supervision (parole and probation). In addition, the prevalence of HIV/AIDS was also examined because of its historical connections to both drug use and CJI in this community.

METHODS

Population and Setting

The Lower East Side of Manhattan in New York City has historically been one of the most economically marginalized neighborhoods in the city and nation. It has one of the highest rates of both drug use and HIV/AIDS in the city.⁸ The Fortune Society of New York, a social service agency for ex-offenders, estimates that 80% of all Riker's Island inmates (a city jail that is the largest correctional facility in New York) come from seven neighborhoods in the city, including the Lower East Side.⁵

La Bodega de la Familia works with families that have a relative under criminal justice supervision (parole or probation) due to a drug-related offense. Most clients served by La Bodega staff are male and Latino (mostly Puerto Rican). Over 90% are on parole. The central component of their work is family case management, a model which is both family-focused and strength-based, meaning that the unit of analysis for case management is the family, and the objective is to tap into the strengths of the family to deal with the many issues that they are struggling with.

This program works with families in a designated catchment area (52 blocks), which is comprised of two city police precincts (the seventh and the ninth). La Bodega works directly with the city's departments of Parole and Probation on current cases. The New York State Department of Parole has four officers exclusively working with these cases. The New York City Department of Probation has three. Everyone

released from jail or prison following a drug offense (and whose residence is within the catchment area) is referred to La Bodega, as are those sentenced to probation. Those who meet these criteria and have a family member willing to participate in the program can receive services at no charge. (Family is broadly defined to include partners, close friends, godparents, as well as blood relatives.)

Genograms

A standard component of La Bodega's family case management model is the creation of a "genogram," or map of the family structure during the initial visits when a family first enters the program. Family case managers meet with both the identified substance user (index) and at least one family member, to discuss and document their family composition and history, asking about both immediate and extended family members. The primary objective of the genogram, as a clinical tool, is to identify strengths and resources within the family that can be tapped to support the index. However, case managers also ask about issues that may be placing a strain on the family, including a history of substance use/abuse, CJI, HIV/AIDS, and other contextualized family issues. These data are recorded in the genogram (Appendix) with the participation of the whole family. In total, the genograms of 62 families were coded and analyzed for this study. This resulted in the collection of data from 592 individuals.

Coding Procedure

A coding scheme was created whereby the information collected in the genograms could be quantified. All families were given a two-digit number (01–62) and each member a number that identified them and their relationship to the index. This method allowed analyses to be conducted at both the family and the individual level. For every family member, data were collected on relationship type (mother, grandmother, sibling, spouse, etc.), sex, age, and three primary domains of interest (substance abuse, CJI, and HIV/AIDS), which were coded as either positive or negative for each person in the genogram.

The coding was done in three stages in collaboration with the family case managers to maximize the accuracy and completeness of the coded information. First, two genograms were coded from each of the family case managers' open cases. Researchers went over the coding with the case manager, along with the corresponding genogram, and asked whether they matched. Because many of the cases had been ongoing for a few weeks or even months, it was likely that the case managers had acquired more information about the families since the genogram was created. Because of this, researchers asked case managers whether they knew anything else new about the families that was not contained in the genogram. In around 20% of genograms reviewed, more information (i.e., more positive instances) of the three domains were obtained. The second stage involved coding half of all the genograms, and reviewing them with case managers. In the third stage, the rest of the genograms were coded and reviewed with the case managers.

RESULTS

Demographics

The sample for this study (about 80% of all current cases) is almost identical to the larger population of Bodega clients: 94% of the index cases were male, and 97% Latino, with a median age of 37.

Analysis of Intergenerational Prevalence

Substance Use Of the 62 families, 50 (80%) had at least one other member (besides the index case) with a history of SU (range: 0–13 family members). Of these, 11 (18%) families had one other family member with reported substance use; 24 (39%) of the families reported having 2–4 family members with a substance use history; 11 (18%) had 5–7 family members; and 4 (6%) reported having 8 or more family members with a substance use history (Fig. 1).

Criminal Justice In 44 (71%) of the families, there was at least one other family member, besides the index case, who had a history of CJI (range: between 0 and 9 other family members): 16 (26%) of the families reported having one other family member; 20 (32%) of the families reported having 2–3 family members; 7 (11%) reported having 4 or 5 family members, 1 (2%) of the families reported 6 or more family members with a history of CJI (Fig. 2).

HIV/AIDS In almost half of the families [30 of 62 (48%)], there was someone who either currently was living with or had died of HIV/AIDS (range: 0–6). Twenty-two (38%) of the families reported having one to two family members and 6 (10%) reported 3–6 family members with a history of HIV/AIDS (Fig. 3).

The CJI-SU Connection Because of the strong connection between substance use and CJI in this population, we examined all the positive cases of CJI in the families and tabulated how many were also positive for SU. This analysis was only conducted with family members other than the index case, because all of the index cases had to have co-occurring SU and CJI to be admitted into the program.

After excluding all of the index cases from the analysis, there were 184 other family members with a reported SU history and 105 with a reported history of CJI. Of the 105 family members with a history of CJI, 92 of them (88%) also had a history of SU (Fig. 4). Conversely, it was rare [13 of the 105 (12%)] to have someone with a history of CJI without a history of SU.

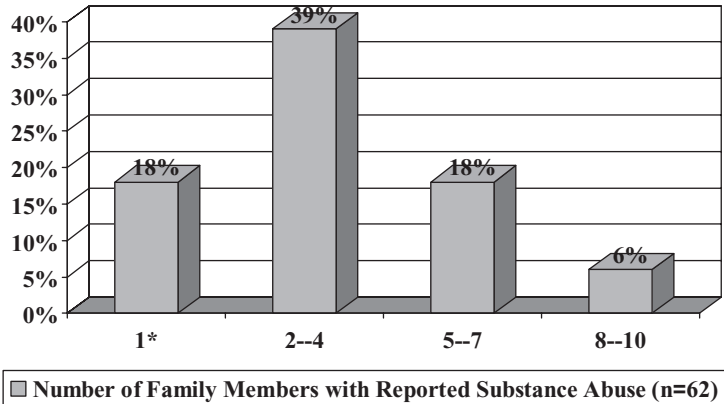


FIGURE 1. Prevalence of substance abuse among family members.

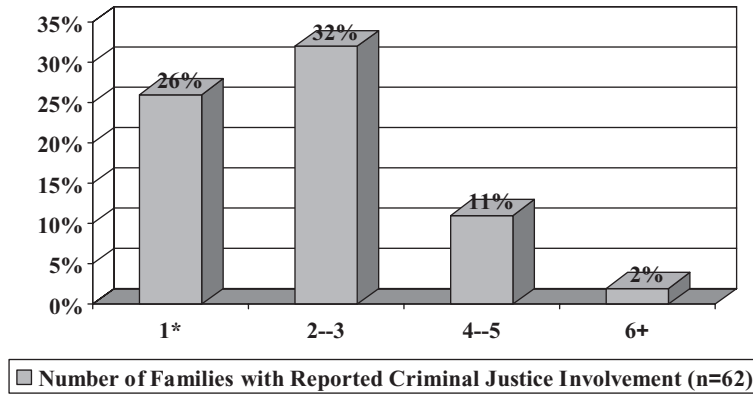


FIGURE 2. Prevalence of criminal justice involvement among family members.

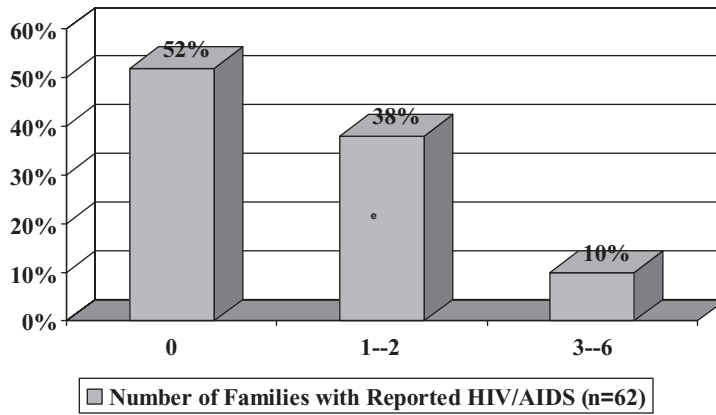
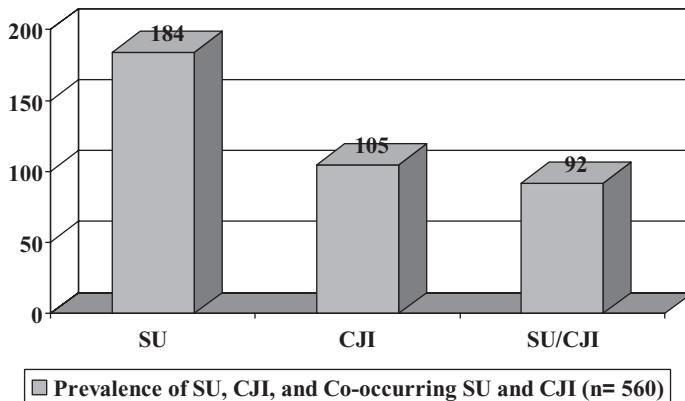


FIGURE 3. Prevalence of HIV and AIDS among family members.



Bullet Point: In 88% of the cases where someone had a history of CJI, they also had a history of SU.

FIGURE 4. The relationship between CJI and substance use (SU) among other family members.

Generational and Familial Relationships

A final analysis set out to probe more deeply into the concentration of the three indicators of focus in this study. Because the genograms contained information on the nature of the relationship each person had to the index, it was possible to examine whether prevalence of SU, CJI, or HIV/AIDS clustered around any particular types of family relationship. Family members were coded into the following generational categories: (1) the index's generation (spouse, siblings, and cousins); (2) parent's generation (parents, parents-in-law, step-parent, and aunts and uncles); (3) grandparents' generation; and (4) children's generation (children, nephews/nieces, stepchildren, and children-in-law).

For all the three outcomes, prevalence was clustered around adults—mostly siblings and parents. In SU, 35% of all substance use was among siblings, and 24% among parents. In CJI, 43% was among siblings and 32% among parents. The same was found with HIV/AIDS: 43% among siblings and 32% among parents. Interestingly, very little prevalence was found among spouses (5.7 for SU, 2.4 for CJI, and 0 for HIV/AIDS).

Limitations of Genogram Data

The genogram is a clinical tool rather than a research instrument. As a result, information is collected in a less systematic manner than if it were collected through a standardized instrument by designated researchers. Furthermore, the extent of underreporting may be quite significant as these genograms are created at the early stages of a family's involvement with La Bodega, where there has been little time to establish any sense of trust between the clients and the case managers. This is particularly relevant because the issues discussed are highly personal and are associated with a great deal of shame and stigma. Family case managers report that clients are sometimes reluctant to discuss incarceration, substance abuse, and HIV and AIDS within their family with the case managers, who themselves may also feel reluctant to ask about these issues in any deep and probing way at such an early stage of the process. Although we tried to compensate for underreporting by the use of data from later interviews by the case managers, these factors suggest that these prevalence figures are conservative estimates.

DISCUSSION

One of the principal findings of this study is the high rate of CJI within the sample of families included here. This finding needs to be understood within the context of an incarceration rate that has grown at an alarmingly high rate and is now the highest incarceration rate in the world. There are 10 times more people incarcerated today than there were 30 years ago.³ This finding also needs to be understood in relation to the extensive overlap between SU and CJI. The high rate of CJI found in this sample, may be, in part, a reflection of patterns of SU in this community, but it also reflects a broader societal and policy trend. In particular, it reflects the expansion of the criminal justice system via increased drug incarceration and the longer sentences mandated (in New York) by the Rockefeller Drug laws that began in 1973.

Regardless of the cause of the high level of CJI, what is clear from this study is that many families in poor communities (often communities of color), such as the Lower East Side of New York City, face the burden of having multiple family members arrested, tried, incarcerated, and released back to the community under intense

supervision—often having to also deal with persistent drug use and, frequently, HIV/AIDS. Besides the obvious need of minimizing the harms of drug use and HIV/AIDS for these families, the findings of this study support those of a rapidly growing body of research on the damaging consequences, to families and communities, of high rates of incarceration and the overuse of criminal sanctions to address persistent drug use.

Incarceration impacts the life of a family in several important ways: it strains them financially, disrupts parental bonds, separates spouses, places severe stress on the remaining caregivers, leads to a loss of discipline in the household, and to feelings of shame, stigma, and anger among the children left behind.⁹ Besides these “collateral consequences” of incarceration on the family, past research suggests that incarceration within the family places younger generations at risk for future behavior problems, delinquency, and criminal behavior. Children who have an incarcerated parent are more likely to themselves become arrested and incarcerated, to report behavior problems in school, and to report symptoms of depression and anxiety.^{9,10} Our findings point to the need for understanding the familial impact of having both parents and multiple other family members (siblings and cousins) with histories of CJJ.

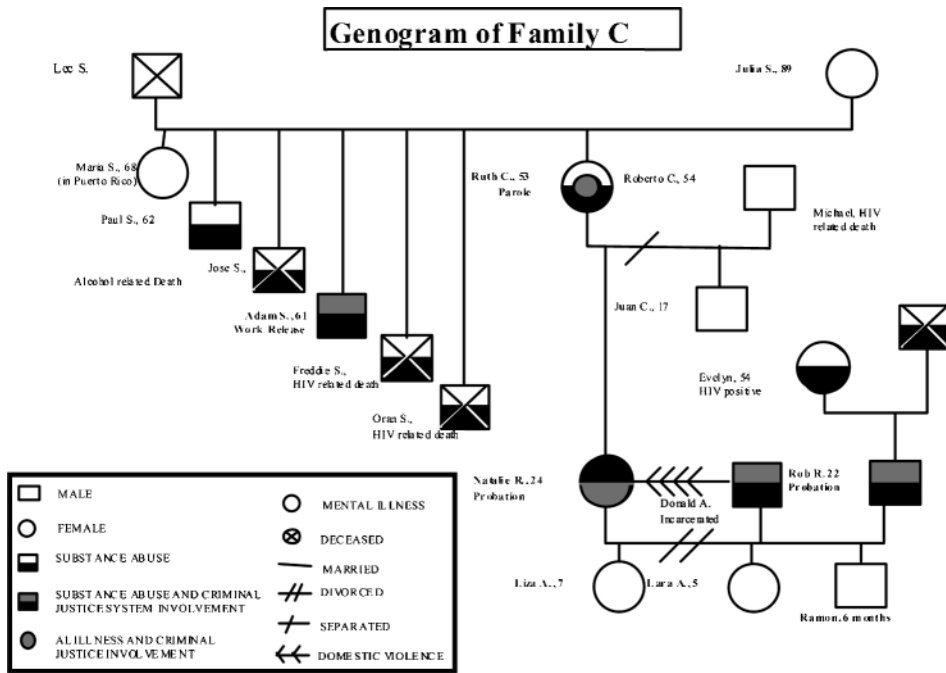
That CJJ is not only concentrated within families but also within entire communities¹¹ raises more concern. In those communities subject to the highest rates of incarceration, a greater number of residents gain a “grounded knowledge of prison life” such that the incarceration experience becomes “normalized and its deterrent effect lessons.”⁵ As more and more people are incarcerated, the fear and stigma associated with prison diminishes—and with it the possible deterrent effect of incarceration. For many youths, going to prison becomes a badge of honor. The implication is that high rates of incarceration, rather than decreasing crime, is “directly self-defeating”⁵ and promotes the very social conditions that allow crime to flourish.

The Need for Family-Focused Interventions

The embeddedness of CJJ, SU, and HIV/AIDS within families also underscores the importance of developing and implementing interventions that take into account family systems, not just individuals. Both SU and HIV/AIDS can cause havoc in families, which can be compounded by having to deal with the arrest, incarceration, and community supervision of multiple family members, either simultaneously or over time. In our sample, there were instances where both the parents and children of the index had been incarcerated and many of the families in the genograms had multiple siblings, or one or both parents incarcerated, with others on probation and parole. What does it mean for a family to have two, three, or more family members who are being circulated through the criminal justice system at the same time? Some recent books, in particular Adrian Nicole LeBlanc’s “Random Families: Love, Drugs, Trouble, and the Coming of Age in the Bronx”¹² and Jennifer Gonnerman’s book “Life on the Outside: the Prison Odyssey of Elaine Bartlett”¹³ have explored these issues in great detail and contribute to a growing social movement challenging policies of mass incarceration. This body of literature supports one of the main policy implications of this study—that social and clinical interventions should employ family-focused approaches. Interventions that have taken a family-focused approach recognize that, while families are often severely impacted by a loved one’s incarceration and addiction, they are often a tremendous source of resiliency. Research has shown that, when supported, families can be one of the best resources for family members with drug problems—even after incarceration, and they can

play a central role in the successful reintegration of offenders back into the community.¹⁴ Service providers need to work more closely with the criminal justice system—especially with parole and probation officers when they come in contact with individuals and families impacted by CJI in drug and mental health treatment facilities, homeless services, child-protective services, and public housing.

APPENDIX



ACKNOWLEDGEMENT

We thank Carol Shapiro, Executive Director at Family Justice, Inc. and the case managers of La Bodega de la Familia for their advice and assistance. This research was supported in part by grants from the Jehu Foundation and the Open Society Institute, New York.

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