

Few D.C. Convicts Get Drug Treatment

The federal agency that oversees offenders says it has enough funds to treat only one-quarter of addicts.

By **BRENDAN SMITH**

With more than 60 years in prison between them, Lester Irby and Harold Brown still haven't kicked their drug addictions, but the recent parolees have realized one thing: Old habits die hard and the lure of the street always beckons.

Both men say they've found new hope and direction from a federally funded monthlong residential program that prepares D.C. offenders for drug treatment, job training, and other skills needed to survive outside prison walls.

"The blessing is, I don't have to revert back to my old people and my old friends," Brown says during a break from one of his many classes at the Reentry and Sanctions Center, which opened last year in a renovated eight-story building next to the D.C. jail in Southeast Washington.

Brown and Irby are among the lucky ones. The Court Services and Offender Supervision Agency, the federal agency that runs the center, monitors more than 15,000 parolees and probationers in the District. At least 70 percent of the offenders are addicted to drugs, but CSOSA has funding to treat only one in four who need help.

With more than 2,000 former inmates returning from prison each year to the District, the shortage of drug treatment threatens public safety by contributing to more street crime. Many studies across the country have shown that expanded and well-managed treatment programs for offenders reduce rates of recidivism.

Many parolees also get sent back to prison for drug-related violations even though they never received treatment to help them conquer their addictions.

CSOSA Director Paul Quander Jr. says the limited substance-abuse funds force difficult decisions about which offenders will get treatment. The agency received \$2.8 million for the new center this year and is seeking an additional \$2.1 million from Congress



in CSOSA's \$190 million budget request for the 2008 fiscal year.

"We have to triage it," Quander says. "The issue has always been one of limited resources. We're a criminal justice agency. We're not a treatment agency."

LIVES OF CRIME

Brown, 51, has been in and out of prison for the past 33 years for armed robbery, drug convictions, and parole violations. He spent 16 years in D.C.'s notorious Lorton prison before it was shut down in 2001 following class actions over the dangerous living conditions for inmates.

Brown says he didn't need to quit his heroin and cocaine habit because drugs, guns, and other contraband were easy to find in Lorton, where many prisoners lived "like gladiators" while dealing drugs and murdering rivals.

"Lorton was one of the most free-run institutions in the U.S.," he says. "Everything you could get on the street was in Lorton, but you just couldn't leave."

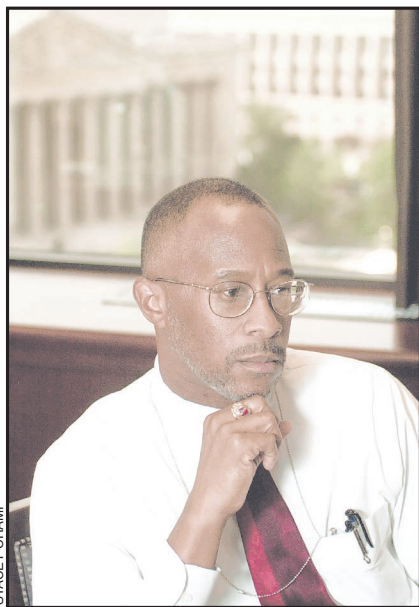
Irby, a 60-year-old alcoholic with salt-and-pepper hair and a pencil-thin mustache, doesn't look like a wild one now, but he was an infamous stick-up man and escape artist in the 1960s and 1970s in D.C. Since then, he has spent more than 30 years in prison.

"I escaped from various facilities in the D.C. area," he says.

That would be an understatement. In 1967, when he was 19, Irby escaped from the D.C. jail with four fellow inmates by crawling under one fence and scaling two 12-foot fences topped with barbed wire. FBI agents captured Irby and two other escapees the next day.



DIEGO M. RADZINSKI



STACEY CRAMP

SECOND CHANCES: The Court Services and Offender Supervision Agency, headed by Paul Quander Jr. (left), last year opened a 102-bed re-entry center (above) that offers job skills and finds drug treatment for high-risk D.C. offenders.

In 1973, Irby escaped from the D.C. Superior Court cellblock by simply walking out with other inmates released on bond, but his most daring and ill-fated escape occurred just eight months later on a bus moving 41 inmates from the Lorton prison to medical appointments.

Irby and three other prisoners used a smuggled pistol to hijack the bus, with one inmate shooting a guard in the arm and then exchanging gunfire with an escort vehicle. The four-some, who escaped on foot in their khaki prison uniforms, carried a woman and led police on a high-speed chase through Washington and Alexandria, Va. They were finally captured after

crashing the car and fleeing into the woods while being pursued by police with dogs, Irby says.

He tasted freedom for only two hours, but he received a 20-year sentence for the escape, he says.

Irby, who has a high school diploma and some college credits from correspondence courses in prison, says he was paroled in January and got a food service job while staying in Hope Village, a halfway house in Southeast Washington. But he was ordered into the Reentry and Sanctions Center after failing several drug tests for alcohol.

"That drug addiction, it's a monster," he says. "You have no intention of picking up a bottle, but you fall back into it."

Brown, a stocky man with a mustache who grew up in Northwest Washington, says he had no plan and received no drug treatment when he was paroled in 2003, so he kept using and selling heroin and cocaine, leading to a drug conviction and his return to prison.

"A lot of times, they just throw you out" with no drug treatment, says Brown, who has a high school diploma but no real work experience. "The only thing I knew I could do was go out on the street and try to survive that way."

Brown was paroled again this year and was ordered into the Reentry and Sanctions Center.

"At this stage, if I don't take advantage of the few opportunities I have, I'm surrendering to nothing," he says.

NEW APPROACH, OLD PROBLEM

The D.C. government had an abysmal record of treating or even keeping track of probationers and parolees because of a lack of oversight and needed funding. Congress took action in 1997 and created CSOSA to take over those duties.

CSOSA has received roughly \$11 million per year for the past five years from Congress to contract with local providers for inpatient and outpatient treatment of offenders, Quander says.

Offenders who don't receive treatment from CSOSA can be referred to the D.C. Addiction Prevention and Recovery Administration, a division of the D.C. Health Department, but they must pay up to \$70 a week for their treatment, and it often takes months to find a placement.

Linda Fisher, the administration's head of substance-abuse services, didn't return phone calls last week seeking comment.

Local faith-based groups and nonprofits provide some limited drug-treatment services, but they don't receive any payment from CSOSA. Offenders who are veterans also may get help from the U.S. Department of Veterans Affairs.

"Unfortunately in the District of Columbia, there is no treatment on demand," Quander says. "You will never hear me say the other [addicted offenders] don't need it, because they do."

CSOSA focuses on potential public safety threats, not necessarily on who needs drug treatment the most. A "serious and dangerous violent offender," one who robs people on the street to fuel his habit, is more likely to receive treatment than a thief and mother of three children who only steals from her family to feed her addiction, Quander says.

To help combat the high rates of drug abuse and recidivism, CSOSA opened its 102-bed Reentry and Sanctions Center in February 2006. So far, 621 offenders have completed the 28-day program, which is based on a former center run by CSOSA that helped reduce recidivism for participants by 26 percent, according to a 2004 study by the Institute for Behavior and Health.

The most high-risk offenders returning to the District are enrolled in the center. Other parolees and probationers can be ordered into the program by CSOSA for failing drug tests or committing other drug-related violations. Offenders can leave the unsecured facility, but absconding triggers an automatic violation.

CSOSA hopes to send more than 1,000 offenders—roughly half of the parolees who return each year from federal prisons—through the program, which creates tailored plans for issues including drug treatment, educational needs, job skills, and transitional housing. The center offers drug-education classes and then may refer addicted offenders to drug treatment with contracted providers.

'JUST THE WAY THEY ROLL'

During a recent tour of the center, six offenders dressed in their own clothes sit in chairs facing substance abuse counselor Dwight Jones and his white board, where lists of drugs are divided into stimulants and depressants. Mixing cocaine and heroin, a "speedball" combines a stimulant and a depressant in a volatile mix that rocks addicts up and then crashes them down, Jones tells his students.

"I thought I was going to die," says one class member about injecting a speedball. "I broke out in a sweat, and it was winter-time. It's that speedball process. It was November or December, and I was soaking wet."

Jones keeps posing questions, asking, "Does it make sense to want to go up and come down?" Another student responds, "That's just the way they roll."

Many offenders are rolling, abusing hard drugs like crack cocaine, heroin, methamphetamine, and PCP, despite frequent drug tests and the constant threat of returning to prison. CSOSA filed more than 9,500 violation reports for offenders last fiscal year. For parolees, 75 percent of the violations were drug-related, compared to 65 percent for probationers.

Almost one-third of the offenders who committed violations last year had their parole revoked by the U.S. Parole Commission or their probation revoked in D.C. Superior Court, resulting in their return to a federal prison or the D.C. jail. CSOSA didn't have statistics on the number of violators who did not receive drug treatment.

But drug treatment isn't a magic bullet, and some offenders undergoing treatment still get revoked for new violations or for walking away from programs, Quander says. And the treatment isn't cheap, with a year of services, including up to eight months of inpatient care and four months of outpatient treatment, costing CSOSA roughly \$18,000 for one addicted offender.

Getting drug treatment is still easier for offenders than for the estimated 60,000 D.C. residents hooked on drugs. Drug treatment admissions dropped precipitously in the District from 5,659 in 2002 to 1,251 in 2004, covering only 2 percent of the addicts needing help, according to a study released last December by the White House Office of National Drug Control Policy.

STEPPING OUT

After completing his stay at the Reentry and Sanctions Center, Brown says he will start a job readiness program and hopes to ultimately receive a computer skills certification.

For Irby, he finally decided to sober up after his fiancée and family told him he needed help. "I didn't think I had a problem. I thought I was cool," he says.

Both men may be ordered into drug treatment after leaving the center, based on their individual plans from CSOSA. Irby wants to find a job and take night classes at the University of the District of Columbia to become certified as a counselor in anger management and substance abuse, two subjects he knows a lot about.

He also plans to keep writing. While still in prison, Irby wrote a short story entitled "God Don't Like Ugly" that was published last year in *D.C. Noir*, a collection of local crime fiction. The story describes the 1970s-era scene of drug dealers, pimps, and hustlers who worked U Street in Northwest Washington.

Because of his lengthy prison terms, Irby says he is on parole for life unless the U.S. Parole Commission decides to end his supervision early.

"I hope before my time ends, I'll get that noose off my neck and experience what true freedom is about," he says.

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