

Equal Justice for All:

The Illinois DJIS Commission and Your Voice

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TAASCO

Welcome & Introductions

Today We'll Cover...

- Racial / ethnic disparities and justice
- National and Illinois perspectives
- Historical context of disparities in drug policy and politics
- Recent and current efforts underway to end DMC and its harms
- What you can do

Disproportionate Contact Defined

- DMC = Disproportionate Minority Contact
- When the percentages of minority coming into contact with the criminal justice system is disproportionate to their numbers in the general population

DMC

- Our experiences

TASC's Grounding in Social Justice

- 35 years of work in the CJS focused on justice and equality
- What is social justice?
- “Racial Justice Initiative”

**Drug Policy, Mass
Incarceration, and DMC:
*A Dreadful History***

Mass Incarceration & DMC

- The population of U.S. jails and prisons has soared **500 percent** in the last 30 years...WHY???
- Is it because there has been a 500 percent in crime rates?

Mass Incarceration & DMC

- U.S. incarcerates more people than any other country in the world
 - Highest rate and highest number
 - 1 in 100 people (rate)
 - 2.3 million people (number)
 - China second – 1.6 million out of 1.3B people
 - Russia a distant third – 793,000 people

Mass Incarceration & DMC

- African Americans and Hispanics disproportionately incarcerated
 - Among men aged 18+
 - 1 in 15 AA
 - 1 in 36 Hispanic
 - 1 in 106 white
 - Among women aged 35-39
 - 1 in 100 AA
 - 1 in 297 Hispanic
 - 1 in 355 white

Mass Incarceration & DMC

- Young African-American men have the highest incarceration rate of all

1 in 9

**African-American men
aged 20-34 = locked up**

Mass Incarceration & DMC

- Why do we lock up so many people?
- Why do we lock up more people of racial / ethnic minority backgrounds?
- A lot of it has to do with more than three decades of...

War on Drugs

Birth of the War on Drugs

- **1968** – Nixon runs for president on a “law and order” platform
- **1969** – “[Nixon] emphasized that you have to face the fact that the whole problem is the blacks. The key is to devise a system that recognizes this without appearing to.”
 - *Nixon’s Chief of Staff, H. R. Haldeman*
- **1971** – Nixon declares “War on Drugs”
 - Drug abuse is “public enemy number one”

Social / Political Context: 1980s

- Reagan declares his war on drugs
- The era of “Just Say No,” the war on crack, demonization of drug users
- War on drugs plays out in the media
- Funding for enforcement skyrockets
- Funding for treatment and education plummets

Drug / Crime Policies: 1980s

- **1988** – Anti-Drug Abuse Act Increases civil penalties for drug crimes
- Eviction from public housing
- Many federal benefits eliminated for anyone convicted of a drug crime
- 5-year mandatory minimums @ 100 times the amount of powder cocaine than for crack

Illinois Drug Policies: 1980s

- Penalties for drug crimes increased
- TASC statute that diverts non-violent drug-involved offenders from prison gets whittled away
 - TASC for residential burglary for first offenders only
- Deferred prosecution eliminated
- Possession amounts triggering offenses decreased

Drug / Crime Policies: 1990s

- President Clinton's policies
 - \$30 billion Crime Bill
 - Endorses “3 strikes you’re out”
 - \$16 billion in state prison and state and local police
 - Dismantles of many social safety nets

DMC Legacy

- If current trends continue:
 - 1 in 3 African-American males will be incarcerated during his lifetime
 - 1 in 6 Hispanic males will be incarcerated during his lifetime
- These public policies marginalize people convicted of drug offenses
 - Consequences FAR outlast conviction and sentence

DMC Legacy: Let's Be Honest

“There are only two possibilities here: Either we have the most evil people on earth living in the United States, or we are doing something dramatically wrong in terms of how we approach the issue of criminal justice.”

- U.S. Senator Jim Webb (D-VA)
in his floor speech to introduce The National Criminal Justice Commission Act of 2009

DMC in Illinois: Problems and Solutions

DMC in Illinois

- African Americans 9.1 times more likely to be in prison / jail than whites:
 - 14th worst in the nation on disparity
 - 5.6 times more likely than national average

DMC in Illinois

Portion of General Population vs. **Prison** Population,
by Race / Ethnicity, 2010

Race / Ethnicity	Illinois 2010	IDOC 2010
White	64% <i>(White non-Hispanic)</i>	29%
African American	15%	58%
Hispanic / Latino	16%	13%

DMC in Illinois

Portion of General Population vs. **Cook Co. Jail** Population, by Race / Ethnicity, 2010

Race / Ethnicity	Cook Co. General Population 2010	Cook Co. Jail 2010 <i>(admissions)</i>
White	44% <i>(White non-Hispanic)</i>	14%
African American	25%	67%
Hispanic / Latino	24%	20% <i>(Hispanic / Other)</i>

Substance Use Rates

- People of different racial / ethnic backgrounds **use drugs** at relatively **equal** rates...
 - 9.6 % of African Americans
 - 8.8% of Whites
 - 7.9% of Hispanics/Latinos

Drug Offense Rates

- ...BUT between 1990-2000, the number of African Americans **sent to prison** in Illinois for drug offenses grew by 6 times
- Number of whites sent to prison for drug offenses remained stable

Drug Offense Rates

- ...BUT between 1983 and 1992, the proportion of African Americans **arrested** for drug offenses in Illinois grew from 46% to 82% of those arrested for such crimes
- The proportions of whites arrested shrank from 41% to 11%

Illinois DJIS Commission

- **2008** – SB 2476
 - Created the Illinois DJIS Commission
 - Chief Sponsors Sen. Mattie Hunter & Rep. Art Turner
 - Passed unanimously
 - Members = non-partisan group of policymakers, state agency leaders, justice professionals, and other stakeholders

DJIS Commission Findings

- In Illinois, racial / ethnic minorities are disproportionately:
 - Arrested
 - Prosecuted
 - Convicted
 - Incarcerated

DJIS Commission Findings

- Racial disproportionality for low-level drug possession arrests increases with accumulation of criminal record
 - 36% of 1st time low-level drug offense arrestees African American / Latino
 - 66% of overall low-level drug offense arrestees African American / Latino

DJIS Commission Findings

- Disproportionality occurs in urban, suburban, and rural areas
 - Non-whites arrested at higher rates than whites relative to their representation in the general population in 62 of Illinois' 102 counties

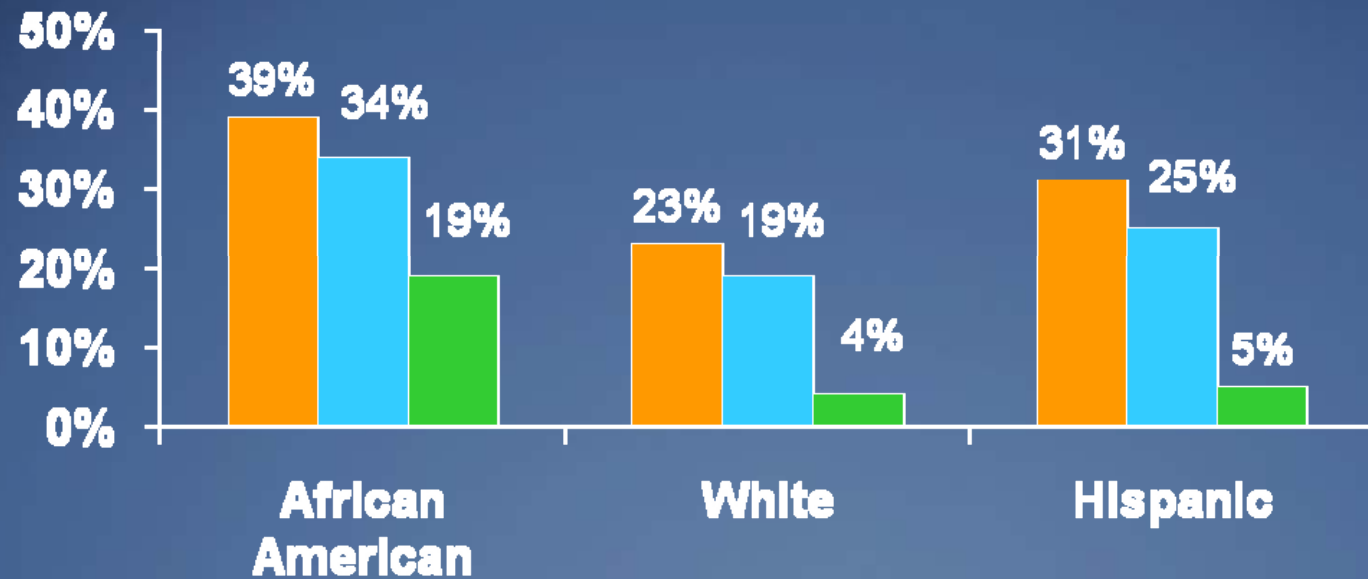
DJIS Commission Findings

- African Americans and Latinos more likely to be prosecuted in Cook Co. than whites
 - AAs 1.8 times more likely
 - Latinos 1.4 times more likely
 - *Controlling for criminal history and other variables*

DJIS Commission Findings

- **Cook Co.** – African Americans charged only with low-level drug crimes were sent to prison at a rate 8 times greater than whites
- **Illinois** – African Americans charged with low-level drug crimes sent to prison at a rate almost 5 times greater than whites

DJIS Commission Findings



- % proceeding to higher court
- % convicted
- % sent to prison

DJIS Commission Findings

- Cook Co. defendants originally facing drug-free zone charges which were then dropped were sentenced more severely than those with similar final charges
 - 89% of drug-free zone arrests = nonwhite arrestees
 - 58% of defendants originally charged with drug-free zone violation which was later dropped were sent to prison vs. 41% of other defendants
 - Suggests sentencing decisions based on original charge rather than pled-down charge

DJIS Commission Findings

- 60% of Cook Co. defendants charged with low-level drug crimes (i.e. Class 4 felony) had charges dropped or dismissed
 - Avg. 3 weeks in jail awaiting preliminary hearing
 - No access to diversionary programming
 - At risk for increased sentencing upon future justice involvement

DJIS Commission Solutions

- Several Commission recommendations and related proposals have been legislated
 - **HB 1547 (Davis / Hunter)**
 - Creates a State Commission to research the disparities facing African Americans in the areas of healthcare, healthcare services, employment, education, criminal justice, housing, and other social and economic issues

DJIS Commission Solutions

– **HB 0298 (Howard / Lightford)**

- Allows court-ordered sealing of criminal records that don't result in conviction

– **HB 2048 (Brown / Hunter)**

- Allows county prosecutors to use money collected from drug dealers to fund drug treatment and halfway houses

– **SB 2271 (Hunter / Ford)**

- Establishes Racial and Ethnic Impact Research Task Force to identify a way to better collect and analyze data on arrestee racial / ethnic identity

What Can We Do?

- Work to improving public policies and systems to end DMC, reduce its harms
 - Partnerships with policymakers and other stakeholders to
 - Advocate changing policies, even those that seem neutral but result in DMC
 - Address addiction as a public health problem

Treating Addiction as a Public Health Problem

A Different Framework for Addressing Addiction

- Mass incarceration = not effective in reducing addiction or addiction-related crime
- A new framework – a *public health* framework – will help society better meet the broadly shared goals of:
 - public safety
 - public health
 - fiscal responsibility

A Different Framework for Addressing Addiction

- AND has vast potential to ...

Increase Health

Increase Justice

What Is Public Health?

- “... a multi-faceted social enterprise and straddles almost **infinite disciplines** with a justifiable reach into social, economic, political, and medical care arenas” (IOM, 1998)
 - “the science and art of preventing disease, prolonging life and promoting health and efficiency through organized **community effort**” (Winslow, 1920)
 - “Successive re-definings of the **unacceptable**” (Vickers, 1958)
 - “fulfilling **society’s interest** in assuring conditions in which people **can be healthy**” (Institute of Medicine [IOM], 1988)

Functions of Public Health

- Institute of Medicine's three core functions of public health (1998):
 - Assessment
 - Service assurance
 - Policy development

Attributes of Public Health

- Basis in social justice and equality philosophy
- Inherently political nature
- Dynamic, ever-expanding agenda
- Link with government
- Grounding in diverse sciences and disciplines
- Use of prevention as a prime strategy
- Builds partnerships
- Focuses primarily on populations

A Public Health Approach ...

- Defines the health problem
- Identifies associated risk factors
- Develops and implements evidence-based interventions to prevent, treat, and control health outcomes
- Monitors interventions to assess their effectiveness
- Implements good public policy to support delivery of EBPs

10 Great Public Health Achievements, 1900-1999

1. Vaccination
2. Motor-vehicle safety
3. Safer workplaces
4. Control of infectious diseases
5. Decline in deaths from coronary heart disease and stroke
6. Safer and healthier foods
7. Healthier mothers and babies
8. Family planning
9. Fluoridation of drinking water
10. Recognition of tobacco use as a health hazard

Public Health Achievements

- The greatest impact on improved health in the U.S. has come from public health interventions, not medical advances
 - Since 1900, the average lifespan of persons in the U.S. has lengthened by more than 30 years; 25 years of this gain are attributable to advances in public health
 - At most, 3.5% of the total decline in mortality since 1900 could be ascribed to medical measures

Reframing Substance Use as a Public Health Problem

- Addiction (including alcohol and tobacco) has been called the nation's #1 health problem (RWJF 2001)
- Our shared goals compel us to do something different than what we've been doing – which has achieved **incremental** benefits
 - NOT taking a more comprehensive public health approach has costs & consequences
- A public health framework has the potential to help us make **quantum leaps** in our outcomes

Reframing Substance Use as a Public Health Problem

- Where is the potential to increase justice and reduce DMC in the justice system??
- When we succeed in creating public policies and systems that view addiction as the major public health problem it is, drug-related CJS disparities will abate in kind
- What is our “seat belt”?

What Can We Do About DMC?

- Educate ourselves
- Look at our own service data for disparities
- Implement EBPs to decrease disparities
- Change internal policies to address disparities, evaluate changes
- Support good public policy, dispute bad public policy
- Carry the messages forward to all of your constituencies

Thank You!

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Center for Health and Justice at TASC
www.centerforhealthandjustice.org

Illinois DJIS Commission Report
www.centerforhealthandjustice.org/resources