

SNG-Changing role of jails-1-1-18

This is not your father's county jail

By Jim Nowlan

When I was a youngster in days of yore, the sheriff and his wife lived above the 19th Century jail, and the better half served as the matron, preparing the same meals for the inmates downstairs as for her family.

Granted, it was a tiny county, but all jails were pretty much the same then—warehouses for detainees caught between law enforcement and their day in court, you might say.

I visited this past week with Brian Asbell, a 23-year veteran of the Peoria County Sheriff's Office, who was recently moved up to the top job to fill a vacancy.

A county of about 200,000, Peoria has probably the biggest such operation south of I-80. Sure, the deputies patrol the rural areas and collaborate with city and state law enforcement. But the biggest job by far is operating the county jail of anywhere from 300-400 inmates on any given day.

Asbell's jail is as much social services agency today as detention center, given the demands imposed over recent decades by drugs, and more recently, by the scourge of opioid addiction.

In his mid-40s, the fit, clean-cut sheriff tells me that two years ago his office had about one arrest a month for opioid addiction issues; this past July, he had 28.

Nationwide, opioid overdose caused 62,600 deaths last, more than died from auto accidents and gun homicides combined. Asbell's deputies now carry Narcan, the fast-acting drug that counters opioid overdoses, sometimes bringing life out of sure death.

Opioids are a synthetic pain-killer in the same class of drugs as heroin. They can offer invaluable relief to many of the one-third of all American adults (92 million!) who took prescription opioids in 2015, according to the National Survey on Drug Use and Health. About 2 million suffered from prescription substance abuse disorder as a result.

This is not largely an inner-city problem, as cocaine use has been. This phenomenon affects all ages, races and social classes.

What are drug addictions like? Asbell recalls his days as chief of the jail. A heroin-addicted inmate explained to him: “If you are drowning in water, you will do absolutely anything in the world to gulp air at the surface; same with drug addiction. Simple as that.”

Big Pharma and docs are backing off their marketing and prescribing mentalities. But what to do with the 2 million with disorders now, many of whom end up in jail? And the financial crimes that goes along with it?

When you run out of prescriptions for opioids, no sweat, they are readily available on the street. When you start to run out of money, you turn to heroin, which is often cheaper. When you run out of money, you turn to robbing family members, strangers, stores, nice houses. Then you end up in jail.

We can’t arrest our way out of this problem,” says Asbell. “Sixty percent of the people in jail are not bad people. They made bad decisions.”

He now sees the jail as the beginning for MAT (medication-assisted treatment) for many inmates. MAT includes withdrawal, treatment with methadone or other drugs, and counseling.

Someday, MAT will be required in all jails,” Asbell speculates. “After all, we have a captive audience.”

Ideally, Asbell would like a caseworker to follow each released inmate and his or her behavior, just as many hospitals do.

The Peoria County jail now also has 24/7 health services, as well as psychological and psychiatric counseling. Staff help inmates get on Medicaid and connect with other social services.

I called old friend Tom Dart, sheriff for the more than 5 million residents of Cook County. Tom famously says he operates the biggest mental health facility in the nation, another major problem among jail inmates.

Dart has 6,000 detainees at any time and releases 40,000 back into society each year, more than the entire Illinois Department of Corrections.

“Jail is the time to intervene,” says Dart. “Let’s not wait until prison.”

Both sheriffs decry the closure some years ago of Illinois mental health zone centers downstate, and MH clinics in Cook. Dart has re-opened one of the clinics. Woeful lack of beds and services, they say.

The efforts of these two law enforcement leaders make sense to me—but who is going to pay for such, and how are our many small counties downstate ever going to provide all these services?

We may have to think regional rather than county law enforcement. That would be tricky, to say the least, but we ought to start thinking about it.