



## **Court Services and Offender Supervision Agency for the District of Columbia**

*Office of the Director*

### **Statement of Lisa Rawlings, Chief of Staff Court Services and Offender Supervision Agency**

#### **Before the US Sentencing Commission**

#### **Public Hearing on Alternatives to Incarceration Court Programs and Synthetic Drugs**

Tuesday, April 18, 2017  
9:00 a.m. - 2:30 p.m.

---

Good Morning members of the Commission and fellow panelists, I am pleased to appear before you today to discuss our experience as a supervision agency with synthetic drugs. I will address the following areas: 1) the impact of synthetic drugs or new psychoactive substances (NPS) on the supervision experience, 2) NPS testing and detection challenges, 3) NPS treatment, and 4) our coordinated local response to NPS. Before I share these experiences, I would like to provide a bit of context about our Agency and its role in the local criminal justice system.

The Court Services and Offender Supervision Agency's (CSOSA's) Community Supervision Program (CSP) supervises adults released by the Superior Court for the District of Columbia on probation, those released by the U.S. Parole Commission on parole or supervised release, as well as a smaller number of clients sentenced under Deferred Sentence Agreements (DSA) and Civil Protection Orders (CPOs). Our strategy emphasizes public safety, successful re-entry into the community, and effective supervision through an integrated system of comprehensive risk and needs assessments, close supervision, routine drug testing, treatment and support services, and graduated sanctions and incentives. CSP also develops and provides the Courts and the U.S. Parole Commission with critical and timely information for sentencing and supervision decisions.

In FY 2016, CSP supervised approximately 11,000 offenders on any given day and 16,996 different offenders over the course of the fiscal year. In FY 2016, 6,248 offenders entered CSP supervision; 4,343 men and women sentenced to probation by the Superior Court for the District of Columbia, 1,421 individuals released from incarceration in a Federal Bureau of Prisons facility on parole or supervised release, 261 offenders with DSAs, and 223 clients with CPOs. Parolees serve a portion of their sentence in prison before they are eligible for parole at the discretion of the U.S. Parole Commission while supervised releasees serve a minimum of 85 percent of their sentence in prison and the balance under supervision in the community.

The criminal justice system in the nation's capital is complex, with public safety responsibility spread across both local and federal government agencies. CSP works closely with law enforcement entities

such as the D.C. Metropolitan Police Department, D.C. Superior Court, and D.C. Department of Corrections, as well as the Federal Bureau of Prisons, U.S. Parole Commission, U.S. Attorneys Office and U.S. Marshals Service to increase public safety for everyone who lives, visits or works in the District of Columbia. CSP also relies upon partnerships with the District of Columbia government, local faith-based and non-profit organizations to provide critical social services to the client population.

Since the responsibility for the local criminal justice system is imbedded in a range of local and federal entities, our work requires all stakeholders to develop comprehensive, systemic responses to the emerging issues with which we are confronted. Such has been the case with synthetic drugs.

### **Impact of NPS on the Supervision Experience**

In 2012, a Supervisory Community Supervision Officer raised the concern that increasingly, men and women under supervision, despite testing negative for our typical drug panel, were self-reporting drug use and at times reporting to supervision seemingly intoxicated. Apparently, professionally packaged and commercially available substances, commonly referred to as “parole packs” because of the inability of current supervision drug testing protocols to detect, were becoming increasingly prevalent among our supervised population. Men and women would even report for supervision in possession of “Scooby Snacks”, “Spice” or “K2”. Intoxicated men and women on supervision posed several challenges. It presented immediate safety concerns for our officers both in the office and out in the field and threatened the effectiveness of the supervision process.

Initially, our staff was unaware that these innocuously packaged items contained dangerous substances. When it was brought to the attention of leadership, CSOSA CSP immediately launched a response that included an education and awareness campaign targeted at staff, the supervised population, vendors, partners, and the larger community through a series of community meetings and via various media outlets. The education was focused on raising awareness about the increased prevalence, a description of the substances and their immediate and long term affects, and new prohibitions on possession. Our security staff received special education and instructions to seize these substances, then deemed as contraband at all facilities.

These efforts initially reduced synthetic marijuana possession and intoxication; however, when use was confirmed or suspected, the Agency was limited in its ability to ensure accountability for substance abusing behavior and to effectively identify and treat substance abuse needs. Because these substances could not be easily identified through testing and had not been deemed illegal, even in the cases where there was self-reported use, community supervision staff were constrained in their application of appropriate sanctions. This had the impact of undermining the authority of the supervision staff and the efficacy of the supervision process, which is built on the principles of accountability and graduated responses to prohibited behavior.

Today, though many of the original compounds have since been deemed illegal, new and frequently evolving variations of synthetic cannabinoid and other NPS compounds have made it increasingly difficult to detect and to respond in a timely or meaningful manner.

## **NPS Testing and Detection Challenges**

In 2013, CSOSA began limited testing for synthetic marijuana and in 2016, we expanded to universal testing for synthetic marijuana. Although this was a major advancement, it is plagued by several concerns and inherent limitations: high costs, low positive rates, rapidly changing compounds and the evolution of synthetic drug consumption patterns.

### *Cost*

Testing for synthetic drugs is expensive and has significantly increased our drug testing costs. Between Fiscal Years 2015 and 2016, when we initiated universal testing for synthetic cannabinoids, our overall drug testing costs increased by 40% -- from \$730,832 to \$1,025,565.

### *Scientific Limitations*

Of all the samples tested, the positive rates are extremely low. In December 2015, of the 15,079 samples tested, 1.13% (171) tested positive for synthetic cannabinoids. In December 2016, of the 14,630 samples tested, .45% (66) tested positive for synthetic cannabinoids. Unfortunately, we are unable to determine whether this is the result of new and rapidly changing chemical compounds or if these rates could be attributed to very low and declining prevalence of synthetic marijuana use.

### *Changing Drug Consumption Patterns*

CSOSA's synthetic drug response strategy has been focused primarily on synthetic marijuana use. But based on emergency department reports, there has been an evolution of NPS usage in the District – from synthetic cannabinoids to synthetic cathinones followed most recently by synthetic opioids. Unfortunately, we have not been able to keep pace with testing and detection protocols that follow these utilization patterns.

## **NPS Treatment**

The treatment of new psychoactive substance use also presents a daunting challenge on many fronts.

The unstable nature of many of these new psychoactive substances results in an unpredictable intoxication profile. NPS use can involve behavioral symptoms such as sudden, extreme stints of hyperactivity or lethargy, sudden, unprovoked, and extreme angry outbursts and physical aggression. The cognitive symptoms may also resemble psychotic symptomology including delusions, hallucinations, paranoia, confusion, and disorientation and can present challenges for treatment officials to differentially diagnose from mental illness.

In the event that we are able to confirm use of synthetics, there are limited treatment resources to respond. In fact, there is no differentiated treatment protocol; synthetic drug treatment resembles treatment for any other substance use. Many treatment professionals will posit that the treatment protocols target the underlying factors contributing to addiction; however, it may be too early to determine if this is an adequate response for this rapidly evolving substance abuse phenomenon.

**Local Coordinated Response to NPS**

In 2013, CSOSA brought these concerns to our Criminal Justice Coordinating Council (CJCC) to convene local and federal partners to initiate a citywide awareness and outreach effort. Synthetic drugs have since been a top priority for the CJCC, which has convened leaders from the justice, health and human services, business and legislative sectors to work collectively address this threat to our community. Some of the strides that have been made to date include enhanced testing, new legislation and local/ regional information sharing. Notably, the CJCC has also convened regulatory officials who have been involved in cracking down on businesses that sell synthetic substances.

In closing, the proliferation of new psychoactive substances presents a challenge to the fundamental mission of supervision agencies – it undermines the safety and authority of our officers, it limits the ability to effectively hold supervisees accountable, it demands an increasingly larger portion of already tight resources, and it confounds the assessment and treatment of behavioral health needs. We are committed to continuing to work with our local and national partners to address these challenges in a coordinated fashion.

Thank you for the opportunity to present our testimony. I would be happy to answer any questions you may have.