

# Addiction Exchange

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research

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Welcome to the *Addiction Exchange*, a forum for the exchange of clinical practice and research information among clinicians, scientists, educators, and administrators in the area of addiction. Today's topic is **Substance Abuse Treatment for Offender Populations, Part 2**, by Scott Reiner of the Virginia Department of Juvenile Justice. In the last issue, the relationship between criminal behavior and substance use disorders was examined. This issue discusses specific approaches that have demonstrated effectiveness for offenders with substance use disorders.

Over the past few years, researchers have begun to focus attention on the effectiveness of interventions for offenders with substance use disorders. Some of this research has examined specific clinical models, for example, therapeutic community programs and cognitive-behavioral approaches. Other studies have focused on systemic models that utilize a variety of clinical approaches, for example, drug court models. Taken as a whole, the literature has begun to clearly identify that interventions result in positive outcomes for individuals and communities.

Therapeutic community programs have been part of the drug treatment landscape in this country for more than 35 years, and are found today in a variety of correctional settings. These highly structured, relatively long-term programs attempt to use social learning principles to assist participants to modify not only substance abuse, but a range of cognitive, affective and behavioral patterns that have resulted in criminally oriented lifestyles that have brought them into conflict with community rules and expectations. Several large studies of the outcomes of correctionally-based therapeutic community programs (e.g., Delaware, Texas) support the effectiveness of these programs but highlight the critical importance of carefully planned, community-based aftercare services following the offenders release from incarceration. Positive outcomes include reductions in both drug use and criminal behavior.

Another widely employed group of clinical approaches with offender populations are cognitive-behavioral models. These include skills development programs that teach social skills necessary for achieving and maintaining abstinence (e.g., structured relapse prevention) as well as other crucial behavioral skills such as effective communication and problem-solving, anger management, etc. Offenders often have deficits in these skill domains. The second clinical approach under the cognitive-behavioral umbrella is "cognitive restructuring," an intervention that aims at recognizing and altering distorted cognitive or thinking patterns that lead to the perpetuation of criminal and other dysfunctional behavior. Such "thinking errors" including attitudes that support drug use and crime, have been identified as a common characteristic for many offenders. Research literature on cognitive-behavioral interventions supports its efficacy in treating correctional populations. Most of that research has focused on the outcome measure of reducing recidivism. This is consistent with the literature on effective treatments for substance use disorders that has not specifically focused on offender populations.

In contrast to the types of specific clinical approaches described above, there are also more systemic models of intervention for offenders with substance use disorders. These models employ various clinical strategies and settings but are typically characterized by integration of the efforts of the substance abuse treatment and criminal justice systems. Perhaps the most widely publicized of these models is the drug court. The drug court model requires all parts of the criminal justice system (e.g., judge, prosecutors, defense attorneys, probation officers) to work together with treatment providers in a non-adversarial fashion to engage, monitor and retain offenders in treatment. The model has shown promising research results along dimensions of treatment retention, recidivism, drug use, and cost savings.

While space does not permit further discussion, there are a number of models that practitioners should keep in mind when considering treatment for offenders with substance use disorders. Pharmacological approaches (e.g., methadone, naltrexone), the use of peer and 12-step peer support groups, and multi-modal services addressing a range of ancillary needs (e.g., housing, employment, education) should all be part of evaluating the offender and planning treatment. Proven and promising systemic approaches such as TASC, the "Break the Cycle" model, and mandatory community-based treatment for non-violent offenders all offer hope of interrupting the link between drug use and crime that results in billions of dollars of annual costs to our country.

Whatever the approach, the benefits of providing effective treatment are undeniable for the offender, his/her family and the larger community.

Resources:

U.S. Department of Justice, National Institute of Justice (1996). A corrections-based continuum of effective drug abuse treatment. Washington, DC: National Institute of Justice.

Drug Court Program Office, U.S. Department of Justice at [www.ojp.usdoj.gov/dcpo](http://www.ojp.usdoj.gov/dcpo).

Discuss this topic on the Mid-ATTC's **Addiction Exchange Forum** at <http://www.mid-attc.org>.

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