

Addiction Exchange

News from the worlds of clinical practice and 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 1**. The relationship between the criminal behavior and substance use disorders is well established. A major epidemiological study of incarcerated individuals (National Center on Addiction and Substance Abuse [CASA], 1998) indicates that more than 80 percent of the almost 2 million men and women incarcerated on any given day are involved in some level of substance use. Data from the Arrestee Drug Abuse Monitoring (ADAM) program of the National Institute of Justice reveals that at least 50 percent of adult arrestees in 34 major cities had used at least one illegal drug in the period immediately preceding their arrest (NIJ, 2000). ADAM results for juvenile offenders, while somewhat lower, demonstrate similar trends.

Alcohol and other drug use are linked to criminal behavior in several ways. Perhaps most obvious is that the use, possession, manufacturing or sale of drugs is illegal. Substance use is also related to impairments in judgment and behavioral control that contribute to a variety of offenses including all forms of interpersonal violence (e.g., murders, serious assaults, sexual assaults and domestic violence), as well as driving under the influence of alcohol and other drugs. Finally, individuals with addictive disorders may engage in a variety of personal and property crimes in order to get money to buy drugs. Estimates of property and violent crimes by active drug addicts range from 89 to 191 per year.

In light of these data, effective treatment of substance use disorders in the offender population is of critical importance. Effective intervention results in benefits to community safety, the personal well being of the offender and his family, and substantial economic savings. The involvement of the offender with the criminal justice system provides a unique opportunity for intervention. The use of the authority and resources of the criminal justice system to involve offenders in identification, assessment and intervention serves as a valuable motivating influence. "Mandated" or "coerced" participation has been shown to result in increased treatment retention, an important predictor of positive outcomes. Offenders with substance use disorders who complete treatment, including those in institutional programs (prisons and jails) and in the community (under probation supervision) show significant reductions in criminal behavior, substance use and improvements on other outcome indicators (e.g., use of primary health care resources, employment).

Practitioners providing substance abuse treatment for individuals involved in the criminal justice system have realized that effective approaches for this population must take into consideration a set of unique factors. Like non-offender groups with substance use disorders, offenders with such disorders are a heterogeneous group. One important dimension to consider in planning and delivering treatment is the individual's level of involvement in a criminal or antisocial lifestyle, often not directly related to his or her substance use problem. That is, for many offenders, misuse of alcohol and other drugs is embedded in a larger context of thoughts, attitudes, feelings and behaviors that contribute to an overall lifestyle that leads to conflicts with community expectations and norms. For this type of individual, substance abuse treatment must be integrated with interventions that attempt to modify these cognitive and behavior patterns. In addition, careful collaboration between the substance abuse treatment provider and the professionals in the criminal justice system is critical for addressing both public health (reduce or eliminate substance use) and public safety (reduce or eliminate criminal offending) goals. Failure to address the "criminogenic" and social control needs of these clients through specific targeted interventions will likely result in less than desired results.

A second consideration is the need to address a constellation of associated social and life skill deficits often found in offender populations, especially those who have had little experience and success in domains such as education and vocational training, employment skills (e.g., job seeking and retention), dealing with anger and other impulse control concerns, etc. In many instances, practitioners speak of the need for "habilitation" rather than "rehabilitation," reflecting that such clients have not established a history of more adaptive functioning that can be re-established once abstinence is achieved.

Part 2 will examine specific treatment approaches that have demonstrated effectiveness for offenders with substance use disorders.

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

Resources: The National Center on Addiction and Substance Abuse at Columbia University, 1998. *Behind Bars: Substance Abuse and America's Prison Population*. New York, CASA.

ADAM Program information available at <http://www.ojp.usdoj.gov/nij/new.htm#181426>

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