Welcome. This presentation is designed for people working in criminal justice and drug abuse treatment settings. It provides an overview of drug abuse treatment principles for individuals involved in the criminal justice system. These principles were derived from research findings in the areas of criminology and drug abuse treatment.
It is important to know that addiction has multiple components. First, science has consistently documented that drug addiction is a chronic disease of the brain that affects behavior. Second, addiction happens in a social context and therefore environment plays a key role in the development, prevention, and treatment of this disease. Third, as is the case with many chronic diseases, relapse can occur. However, relapse does not mean that drug addition cannot be treated or that treatment has failed—rather it calls for a reinstatement of treatment and a long-term view to managing the disease.
What this presentation will cover. Based on research findings, this presentation will define how a treatment is determined to be effective. It will also discuss the 13 principles of effective drug treatment derived from drug abuse and criminal justice research and suggest strategies for optimizing their impact.
NIDA and other organizations have invested considerable resources in determining through research what constitutes an effective treatment program.
Drug abuse treatment has a number of associated goals. These include promoting abstinence from drugs and increasing functionality in family, work, and community settings. In addition, drug abuse treatment for those involved with the criminal justice system seeks to reduce criminal behavior.
Simply stated, drug abuse treatment can work. According to studies, treatment reduces drug abuse and criminal activity by 40 to 60 percent and increases employment by 40 percent.
Drug abuse treatment is cost effective, reducing associated health and societal costs. Drug abuse treatment is less expensive than alternatives, such as not treating addicts or incarcerating them. For example, the average cost for 1 full year of methadone maintenance treatment is approximately $4,700 per patient, whereas 1 full year of imprisonment costs approximately $18,400 per person. According to several conservative estimates, every $1 invested in addiction treatment programs yields up to $7 in savings, much of which results from reduced drug-related crime and criminal justice costs.
Principles of Effective Treatment
One of NIDA’s latest publications focuses on treatment for those in the criminal justice system.

The following principles are discussed in detail in this publication...

*Principles of Drug Abuse Treatment for Criminal Justice Populations.* NIDA has recently developed a publication that outlines the 13 principles of drug addiction treatment for criminal justice involved individuals. This publication is being widely distributed to a number of audiences, including correctional system employees and drug abuse treatment providers.
The impact of addiction on the brain and associated behaviors is long-lasting and complex. Imaging studies have shown evidence of neurobiological changes in the brains of addicted individuals. These changes help explain why addicts continue to abuse drugs and engage in other problematic behaviors, even when faced with severe consequences.
Relapse rates associated with drug addiction are similar to the rates associated with other chronic medical conditions, including Type I diabetes, hypertension, and asthma. With addiction, relapse stems from complex and persistent effects on the brain and behavior. As with any chronic medical condition, relapse does not mean that treatment has failed or cannot be successful. On the contrary, relapse in drug addiction demonstrates the importance of continuing to provide treatment.
Recovery from drug addiction has two key components: treatment and continuing care. The clinical practices that make up the treatment phase (e.g., residential/outpatient treatment) must be followed up by management of the disorder over time (e.g., drug abuse monitoring, booster sessions, and reevaluation of treatment needs).
Treatment Can Work. More than 30 years of research have shown this to be true. Behavioral therapies can engage people in treatment, modify their attitudes and behaviors related to drug abuse, and increase their life skills. Medications are now available to treat opioid, alcohol, and tobacco addiction, while others are on the horizon. And, behavioral therapies enhance the effectiveness of medications and can help people stay in treatment longer.
So why do people think drug abuse treatment is not effective? Because, as a chronic disease, successful addiction treatment typically requires continual evaluation and modification as appropriate, similar to the approach taken with other chronic diseases. For example, when a patient is receiving active treatment for diabetes and symptoms decrease, treatment is deemed successful, even though symptoms may recur when treatment is discontinued.
However, treatment success for addiction is thought of differently. A return to drug abuse when treatment is discontinued leads people to misperceive treatment as ineffective. On the contrary, reduced drug abuse during treatment and its return when treatment is withheld demonstrate that treatment does work and that addiction is similar to other chronic relapsing conditions, requiring a continuum of care over the long term.
Research has shown that treatment must last, on average, at least 3 months to produce stable behavior change. While the exact length of time will vary by individual, programs lasting at least 90 days (and preferably longer) have been shown to be much more effective in reducing drug abuse and criminal activity, compared to those lasting less than 90 days.
Drug abuse is often one part of a constellation of issues needing treatment and services. People involved in drug abuse and the criminal justice system have complex needs. A comprehensive assessment is the first step in the treatment process and includes identifying individual strengths to facilitate treatment and recovery. In addition, drug abuse cannot be treated in isolation from related issues and potential threats, such as criminal behavior, mental health status, physical health, family functioning, employment status, homelessness, and HIV/AIDS. These areas must be considered during the initial assessment and incorporated into a treatment plan.
It is critical that treatment services be matched to the needs of the individual for treatment to be successful. Components of drug abuse treatment appear in the rectangular boxes at the center of the slide and include activities such as detoxification, treatment planning, behavioral therapy, and aftercare. Other services, displayed in the ovals surrounding the treatment activities, are equally important in helping a drug abuser address issues critical to maintaining sobriety and establishing a productive life in their communities.
It is common for drug abuse to be monitored during treatment and criminal justice supervision. Providing feedback to the drug abuser as soon as results are known is important. Acknowledging negative drug screens can provide an important opportunity to reinforce a person’s sobriety. When drug screens detect drug abuse, treatment should be intensified as needed.
Drug abuse and criminal activity are often linked in complex ways—therefore, treatment should target factors associated with criminal behaviors. If drug abuse treatment is to reduce recidivism, it should also target attitudes and behaviors associated with criminal activity.
Research has revealed much about what works and what doesn’t work when it comes to interventions for drug abusing offenders. For example, interventions such as boot camps, intensive supervision, and generic case management have not been proven effective in addressing drug abuse issues. However, treatments that utilize cognitive behavioral therapies, residential treatment, contingency management, and medications have demonstrated effectiveness in reducing drug abuse and criminal behavior. Studies examining other forms of treatment, including drug courts and re-entry programs like Break the Cycle, have demonstrated promise but need more research, as do other interventions, including the Serious Violent Offender Reentry Initiative and Strengths Based Case Management.
Effectively addressing drug abuse among offenders requires an integration of public health and public safety personnel. The public health field can help ensure that effective treatment is developed and available for drug abusers; the public safety field can help ensure that offenders have access to treatment while under the supervision of the criminal justice system.
Integrated public health and safety strategies are needed. An integrated strategy involves research-based treatment under close criminal justice supervision, opportunity to avoid incarceration or a criminal record when possible, and consequences in place for noncompliance.
Again, for treatment to be successful, continuity of care is essential. Research has shown that outcomes are more favorable when treatment is begun during incarceration and continues in the community following re-entry. For example, here we see that 3 years post-treatment, those who received prison-based treatment followed by community-based treatment were more likely to be drug- and arrest-free 3 years after release compared to those who did not participate in treatment or who participated only in prison-based treatment.
**Treatment does not need to be voluntary to be effective.** Strong motivation can facilitate the treatment process. Sanctions or incentives related to family, employment, or the criminal justice system can significantly increase treatment entry and retention rates and the success of drug treatment interventions. It is important to use rewards and sanctions to encourage pro-social behavior and treatment progress. Research has shown that using rewards to recognize progress is the most effective way to change behavior. Rewards can take many forms, including certificates of achievement or verbal praise from an authority figure such as a judge. Establishing an attitude of “catching people doing things right” creates a positive environment for fostering and maintaining behavior change.

When sanctions are used, it is important for offenders to perceive them as consistent, predictable, and fair. Sanctions should increase in severity as the behavior escalates. Most importantly, treatment is not a sanction but a service designed to help the offender build a meaningful and productive life in the community.
Mental health conditions often co-exist with drug abuse. When this occurs, treatment must address drug abuse, mental health issues, and criminal behavior.
Medications are a key treatment component for drug abusers, and can stabilize the brain and help return it to normal functioning. Methadone and buprenorphine are effective in helping individuals addicted to heroin or other opiates reduce their drug abuse. Naltrexone is also an effective medication for some opiate-addicted patients and those with co-occurring alcohol dependence. For persons addicted to nicotine, a nicotine replacement product (such as patches or gum) or an oral medication (such as bupropion) can be an effective component of treatment. For patients with mental disorders, medications to treat mental health conditions can be critically important.

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<th>Medications</th>
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<td>Methadone</td>
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- Prison-based AIDS cases are 5 times as high as in the general population.
- Disproportionate impact on the poor, substance abusers, and minorities.

**Treatment should include risk assessment for HIV/AIDS and other infectious diseases.** Assessment for risk reduction and treatment needs in this regard is particularly critical for criminal justice populations, given the disproportionate rates of HIV/AIDS and other infectious diseases in prisons. Such assessment also provides an opportunity for the criminal justice system to significantly improve public health.
What Can You Do?
Continue to Educate Yourself

LEARN ABOUT:

• New advances in behavioral treatments
• New advances in medications for treatment and
• How to build collaborative relationships between criminal justice and treatment systems
Learn More About Risk and Needs Assessment Used in Your Setting

ASK

- Is it being done?
- What is being used?
- Does it measure substance abuse and other criminal risks?
Learn About What’s Available in Your Treatment Service System

ASK

• What’s available in the system?
• Does it use research-based interventions?
• Does it target multiple problem areas?
Learn About Sanctions and Rewards

ASK

• What are the policies towards sanctions/rewards?
• How are they issued?
• How are they monitored?
Learn More About Your Role in the Process

ASK

• How do you develop rapport?
• How do you create an environment of fairness?
• In what ways do you emphasize treatment importance?
If you have any questions, please do not hesitate to contact NIDA. You can visit us on the web at www.drugabuse.gov.
The National Institute on Drug Abuse wishes to thank Treatment Alternatives for Safe Communities (T.A.S.C.) of Illinois for their contribution to this presentation.
Please don’t hesitate to contact us

www.drugabuse.gov

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