Policy Breakout: Offenders with Substance Use Disorders and Evidence-Based Interventions

Background: Substance Use Disorders and Crime
The links between substance use disorders and crime are well documented. Left untreated, alcohol and drug use disorders are associated with elevated rates of failure on probation and parole, repeated contacts with the justice system, and higher rates of recidivism overall. Without appropriate assessment, treatment, and aftercare, offenders with chronic substance use problems will have little chance for success upon release. Studies also show that between 70% and 85% of state prison inmates need some level of substance use disorder treatment, yet only a fraction of these offenders receive services.

Treatment Works. Research has produced compelling evidence that substance use disorders can be treated. Treatment reduces alcohol, drug use, and crime. Moreover, research has consistently shown that offenders coerced into treatment by the criminal justice system do as well as those who enter treatment voluntarily.1

Studies that have examined the effectiveness of treatment programs in different settings have found significant reductions in substance use disorders and recidivism for every setting category of substance use disorder treatment examined. These treatment programs include prison-based programs, jail-based programs, and treatment programs delivered in the community. Therapeutic communities have been found to be particularly effective, and prison-based programs tend to be most effective when coupled with community-based aftercare.

Treatment Produces a Significant Return on Investment. Economic studies consistently find positive net economic benefits of alcohol and other drug treatment across settings and populations.2 The primary economic benefits occur from reduced crime (including incarceration and victimization costs) and post-treatment reduction in health care costs.3

Time in Treatment Matters. Research has consistently shown that program completion and longer retention times are associated with better substance use disorder and recidivism outcomes.

Aftercare Matters. Aftercare services help prevent relapse and sustain the positive treatment effects that are initiated when the offender is under correctional supervision. Studies have shown that prison-based treatment is most effective and cost-beneficial when aftercare is also provided.4

Program Integrity Matters. Programs that are well designed, properly staffed and delivered with integrity are likely to achieve positive results. Conversely, programs that are poorly implemented or delivered are likely to fail. Treatment programs that adhere to the principles of effective treatment for criminal justice populations developed by the National Institute on Drug Abuse (see below) are likely to be most effective.
The National Institute on Drug Abuse (NIDA) Principles of Drug Abuse Treatment for Criminal Justice Populations

The NIDA has identified the following 13 principles of effective treatment for criminal justice populations:

1. Drug addiction is a brain disease that affects behavior.
2. Recovery from drug addiction requires effective treatment, followed by the management of the problem over time.
3. Treatment must last long enough to produce stable behavioral changes.
4. Assessment is the first step.
5. Tailoring services to the needs of the individual is an important part of effective drug abuse treatment.
6. Drug use during treatment should be carefully monitored.
7. Treatment should target factors that are associated with criminal behavior.
8. Criminal justice supervision should incorporate treatment planning for drug abusing offenders, and treatment providers should be aware of correctional supervision requirements.
9. Continuity of care is essential for drug abusers re-entering the community.
10. A balance of rewards and sanctions encourages pro-social behavior and treatment participation.
11. Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach.
12. Medications are an important part of treatment for many drug abusing offenders.
13. Treatment planning for drug abusing offenders who are living in or re-entering the community should include strategies to prevent and treat serious, chronic medical conditions, such as HIV/AIDS, hepatitis B and C, and tuberculosis.

Evidence-Based Interventions

Several evidence-based programs and practices that target substance-abusing offenders have been identified in recent years, including, but not limited to, the following:

**24/7 Sobriety Project.** The 24/7 Sobriety Project is a court-based program designed to reduce the re-offense rates of repeat Driving Under the Influence (DUI) offenders. As a condition of their probation or parole, participants must maintain full sobriety to keep their driving privileges and stay out of jail. The program utilizes a variety of mechanisms to ensure abstinence from alcohol and other drugs, including twice-daily breath testing for alcohol, ankle bracelets that continuously monitor wearers for alcohol consumption, drug patches that collect sweat samples for laboratory drug testing, and urine testing for drugs. All sanctioning is swift and certain.

**Breaking the Cycle (BTC).** Breaking the Cycle is a pretrial supervision program for substance-abusing offenders that incorporates early intervention, judicial oversight, graduated sanctions and incentives, and collaboration among justice and treatment agencies. The BTC model includes drug testing following arrest, early clinical assessment, and timely placement in drug treatment or monitoring as indicated by the assessment. BTC offender management plans call for the consistent and immediate use of graduated sanctions in response to violations, and employing incentives for treatment progress.

**Contingency Management (CM).** Contingency Management (CM) is the systematic application of positive reinforcement principles within a treatment protocol. A large body of research has demonstrated that CM techniques are effective at reducing illicit drug use. This treatment model integrates a community reinforcement approach—where treatment addresses lifestyle changes in multiple domains, such as family relationships, social networks and work—with an incentive program in which treatment clients can earn vouchers exchangeable for retail items by remaining abstinent.
**Drug Courts.** Drug courts have been the focus of extensive evaluation since their inception in 1989. Evaluations have examined drug courts both at the individual program and state levels. The costs and benefits of drug courts also have been studied, perhaps more so than any other criminal justice program. Overall, drug courts have been found to reduce recidivism and provide a sound return on investment.

**Drug Treatment Alternative to Prison (DTAP).** DTAP is a prosecutor-led diversion initiative involving residential drug abuse treatment. Drug-addicted, nonviolent repeat felony offenders are diverted from prison to community-based residential treatment. Offenders accepted into the program plead guilty to a felony but the prison sentence is deferred while participants enter intensive residential drug treatment, followed by optional aftercare services. Those participants who successfully complete DTAP treatment are permitted to withdraw their guilty plea and have the case dismissed.

**Medication-Assisted Treatment (MAT).** Medication-assisted Treatment (MAT) is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose, tailored to meet each patient’s needs. Research shows that a combination of medication and therapy can successfully treat these disorders and can help sustain recovery. MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates.

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