
TREATING ADDICTED OFFENDERS

A Continuum of Effective Practices

Volume II

**Edited by
Kevin Knight, Ph.D.
David Farabee, Ph.D.**

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Foreword

by Redonna K. Chandler, Ph.D.

Approximately 6.9 million people are involved with some aspect of the criminal justice system, including 2.1 million incarcerated in prisons or jails and 4.8 million under community-based probation or parole supervision (Glaze & Palia, 2004). Drug abuse contributes significantly to this problem as evidenced by the number of individuals committing drug-related offenses including possession and/or sale of drugs; crimes committed to support drug use, or while under the influence of drugs; and crimes related to the deviant lifestyle associated with drug use. Drug use on the part of the perpetrator is estimated to be involved with over 50% of violent crimes, 75% of the drug dealing or manufacturing cases (Mumola, 1999) and 60%-80% of child abuse and neglect cases (Kropenske, et al., 1994) in the United States.

Public health problems including drug abuse are pervasive among the criminal justice population. Approximately 53% of state and 45% of federal prisoners meet the DSM-IV criteria for drug dependence or abuse (Mumola & Karberg, 2006). Among jail inmates, 52% of female and 44% of male detainees met criteria for alcohol and /or drug dependence (Karberg & James, 2005). Drug addiction is also a serious problem for adolescents involved in the juvenile justice system. An estimated 1.6 million youth are involved in the juvenile system. Of those arrested and detained, 75% report drug involvement (National Institute of Justice, 2001). Left untreated, adolescent and adult offenders with drug abuse problems are likely to continue using drugs and committing crimes.

Research has also identified high rates of mental illness among substance-abusing offenders. Surveys of jails and prisons found that 60% of jail inmates, 49% of state inmates, and 40% of federal inmates manifested symptoms of mental health problems (James & Glaze, 2006). In addition, data from this research indicates that among those with mental health problems, 76% of jail inmates and 74% of state inmates also met criteria for substance dependence or abuse. Similarly, Hiller, Knight, and Simpson (1996) found that 80% of probationers sentenced to participate in substance abuse treatment had a wide range of mental health problems. Among a large sample of detained youth in the Cook County, Illinois Juvenile Department of Corrections, psychiatric disorders were found in two-thirds of boys and almost three-quarters of girls and approximately half of boys and girls with identified substance use disorders had co-occurring mental health conditions (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002).

While treatment need is great, few addicts receive treatment while involved in the criminal justice system. Research estimates that fewer than 18% of state and federal prison inmates received treatment while incarcerated (Mumola & Karberg, 2006) and less than one-third of jail inmates received treatment while detained or under the supervision of the criminal justice system (Karberg & James, 2005).

Addressing the problem of drug use among those in the criminal justice system is challenging and requires the merger of two different cultures: public health that seeks

to treat addicts and public safety that seeks to protect the community. Criminal justice sanctions including fines, community service, probation, and incarceration often fail to identify and address the root causes of criminal behavior, including drug abuse. Drug abuse treatment seeks to assist individuals in changing perceptions, attitudes, and behaviors that support drug use. Interrupting the drug abuse-crime cycle requires an approach that blends criminal justice supervision, drug testing, and accountability for behavior with effective treatment practices and approaches. This can be accomplished in a variety of criminal justice settings including drug courts, probation, prison- or jail-based treatment, and community-based treatment following release from prison or jail.

A robust body of research spanning the last two decades provides strong evidence that drug abuse treatment can effectively reduce drug use and criminal activity while increasing pro-social behaviors (Fletcher & Chandler, 2006). Effective drug abuse treatment programs tailor interventions to address the multiple needs of drug abusers and may incorporate a variety of behavioral and pharmacological interventions intended to assist the addict in changing perceptions, attitudes, values, and behaviors associated with drug use. Juveniles bring with them a number of serious problems including substance abuse, academic failure, emotional problems, family issues, and physical or sexual abuse histories. Addressing the treatment needs of this group often requires a family-based model that seeks to increase family functioning. Finally, treatment for addicted offenders should target antisocial attitudes, beliefs, and values associated with criminal behavior (Fletcher & Chandler, 2006).

Public health and public safety systems have an extraordinary opportunity to work together and intervene in the lives of addicted offenders. *Treating Addicted Offenders, Volume 2* seeks to provide treatment and criminal justice professionals with the most recent research findings on how to effectively address drug abuse and co-occurring mental health problems among adult and juvenile offenders. Edited and written by nationally known researchers and practitioners from the drug abuse treatment and criminal justice field, this book serves as a valuable resource guide to professionals working with this population. In addition to presenting research on evidence-based approaches to screening, testing, and treatment, innovative programs and promising new practices intended to reduce drug use and criminal activity are highlighted. Finally, issues that challenge the delivery of quality drug abuse and mental health treatment including the need for multiple episodes of care, how to deal with relapse, the necessity of individualized treatment accessing a continuum of treatment options, and maintaining continuity of care as offenders move through different components of the system are presented. All those involved with this text are to be congratulated for the depth and breadth of information contained within its pages.

Author's Note

Redonna K. Chandler, Ph.D., is Chief, Services Research Branch at the National Institute on Drug Abuse. The views expressed in this text are those of the author and do not necessarily reflect the opinions of the National Institute on Drug Abuse.

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About the Editors

Kevin Knight, Ph.D. is a Research Scientist at the Institute of Behavioral Research (IBR) at Texas Christian University. In addition to co-editing *Treating Addicted Offenders: A Continuum of Effective Practices, Volume 1*, he has published several articles that center on evaluating substance abuse treatment process and outcomes, as well as on the development of evaluation systems for correctional settings. Dr. Knight currently is serving as the Southwest Research Center Principal Investigator on the Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) project, a large National Institute on Drug Abuse (NIDA)-funded cooperative agreement designed to improve correctional treatment. He has worked closely with criminal justice agencies and data systems at national, state, and regional levels in the United States. Dr. Knight also serves on journal editorial boards, including serving as co-editor of *Offender Substance Abuse Report*, and participates in advisory activities for a variety of organizations that address substance abuse and related policy issues.

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Introduction

by Kevin Knight, Ph.D., and David Farabee, Ph.D.

When we published the first volume of *Treating Addicted Offenders* in 2004, we emphasized the notion that if addiction does indeed behave like a chronic disease then treatment should be a continuous enterprise as well. We also recognized that the same rule applies to research regarding substance abuse and crime. A single snapshot of the literature cannot adequately capture such an active area of research for long. Thanks to the scholars who have contributed to this book (and to the *Offender Substance Abuse Report*, from which many of these chapters were selected), this second volume offers fresh perspectives and current empirical work that reflect the continuous growth of this literature.

The chapters in this volume are grouped into seven categories: Epidemiology, Screening & Assessment, Innovative Approaches, Drug Courts, Mental Health, Juvenile Offenders, and Challenging Perspectives. We provide some context for these themes at the outset of each section. In addition, as in the first volume, we have included a Legal Issues section as an Appendix. The latter summarizes and provides commentary on selected legal cases pertaining to the substance-abusing offender population.

As Dr. Chandler noted in the Foreword to this volume, the high prevalence of substance use disorders among adult offenders poses an enormous public health problem—and an opportunity. Moreover, the high co-occurrence of drug use, mental illness, and HIV risk among youthful offenders underscores the need to intervene early and to expand our focus to include primary and secondary prevention.

The need to effectively intervene with this population is clear. Less clear is what these interventions should be. The criminal justice system not only provides a point of access to treatment services; it also offers the threat of sanctions should offenders fail to uphold their end of the bargain. Finding the right mix of effective interventions and correctional supervision is an important goal and one that merits scrutiny and debate. We believe that *Treating Addicted Offenders, Volume 2* is an excellent source of current thinking and research that can inform our ongoing quest for effective programs and practices for substance-abusing offenders.

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