TRAINER NOTES

SUMMARY – Module 5 answers *"What works in Criminal Justice and Substance Abuse Treatment?* It is intended to provide research-based information on key aspects of effective correctional and treatment intervention services and to emphasize the commonalities between systems. In addition the module creates a safe, respectful way for professionals of various disciplines to:

- Explore divergent views
- Assess areas of agreement and disagreement and contributing factors
- Practice collaboration even if philosophical differences exist

***Total time: 2.5** hours*

- **Supplies needed:**
  - Overhead or multimedia projector
  - Slides 5.1 – 5.33
  - Flipchart easel, paper, colored markers, construction paper
  - Tape to hang paper on wall
  - "Principles of Effective Therapy" section (pages 3-5) of NIDA's *Principles of Drug Addiction Treatment: A Research-Based Guide.* One per participant. (*See Appendices for masters.*)
  - Complete copy of *NIDA's Principles of Drug Addiction Treatment,* one per table. (*See Appendices for ordering information or download from the Internet.*)
  - At least one copy of CSAT's TIP 17- TIP 17 *Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System* and TIP 30 Continuity of Offender Treatment for Substance Use Disorders From Institution to Community
  - Samples of common Screening and Assessment instruments (i.e. CAGE, Simple Screening Inventory, and the Michigan Alcoholism Screening Test).

- **Seating arrangement:** Have as even a mix of disciplines at each table as possible. No more than six participants per table.

DESIGN

Attainable goals: The module is a blend of activity and lecture. The focus of the module is on the many commonalities between systems as relates to changing the behavior of substance abusing offenders, and the value of working collaboratively. Deeply ingrained beliefs will not change as the result of participating in one module. However, the opportunity to verbalize these beliefs and examine them in a safe and respectful environment may open the door to change for participants. Attainable goals for this module include:

- ✓ Increasing receptivity to research-based information
- ✓ Establishing areas of agreement between disciplines
- ✓ Giving participants practice in examining differences analytically, yet respectfully

The module's success depends on the ability of trainers to communicate the advantages of collaborating and the many commonalities between systems that can facilitate collaboration. Safe, respectful interactions will help the participants be open to new perspectives as well as to having fun with the activities. The trainers, therefore, need to model these attributes during interactions with participants and especially when interacting with each other. Trainers must also be watchful and enforce respectful conduct during all group interactions. All participants are entitled to their opinions.

WHERE DO YOU STAND? ACTIVITY

This activity is intended to deepen participant awareness of their personal beliefs and those of other group members. It is also a means to focus participant attention on what will be the topic of the module presentation.

Trainers must be reasonably sure enough trust has been established during the training that this will be a rewarding experience for the participants. The trainers should make it clear that the non-negotiable rules are to be followed (See Directions and rules below).

Trainers will post two signs at opposite ends of a wall or on opposite walls leaving enough room for all participants to line up between the signs. Tables and chairs may need to be moved aside. The signs indicate levels of agreement. Number 1 = "I strongly agree with the statement ", Number 10 = "I strongly disagree with the statement " These can be flipchart paper or pre-prepared construction paper signs.

- o Read directions and rules below (also available in the Appendices)

- For each statement:
  - Read statement
  - Wait for all in group to find their positions.
  - Ask everyone to look around.
  - Ask if anyone would like to share their thoughts about their position.
  - Ask if they would like feedback.
  - If yes, ask if anyone has questions or would like to give feedback.
  - ***Make sure the rules are followed.***

- When activity is completed, have group return to tables. Check that participants are feeling OK regarding activity. If necessary, continue processing until comfort level is re-established.

- ***Directions and rules***
  "The activity you will now do as a group is designed to raise our awareness about where we stand on certain topics.

  Posted on the wall are signs representing two rating extremes. Notice they are placed far enough apart so there is room to line up between the two signs.

  Number 1 = "I strongly agree with the statement "
  Number 10 = "I strongly disagree with the statement "

  I will read five statements that represent divergent professional and personal convictions, attitudes and beliefs. Then we will talk about the results.

  Before we start, these are the non-negotiable ground rules designed to maintain the integrity of this activity:

  1. There are **no right or wrong** perspectives
  2. Keep all statements or opinions confidential
  3. Use ***"I"*** statements
  4. **Listen** to each member **without interrupting** or trying to persuade them to your way of thinking
  5. Ask questions for clarification if you don't understand someone's way of thinking or perceiving the situation
  6. Questions are asked to understand a participant's perspective, not to seek justification for a position
  7. No attacks on personal or professional dignity.

Statement 1-

It is more important for a just-released substance abusing offender to get a job than to participate in substance abuse treatment.

Statement 2-

Drug use is a voluntary behavior, not a disease, especially after long periods of abstinence,

Statement 3 –

The threat of parole revocation or brief periods of incarceration are important tools to facilitate substance abuse treatment.

Statement 4 –

By not talking with offenders about infectious disease issues we are contributing to their spread in our community.

Or

The people we put at risk by not talking about infectious disease issues with offenders are the people we are supposed to protect.

Statement 5 –

Take care of the substance abuse and you will probably have taken care of the criminal behavior, too.

Or

Criminal behavior of the substance-abusing offender is due to drugs or alcohol.

Statement 6–

Parole should be revoked at the first positive drug test. (Probe- What if it's a property offender? What if it's a sex offender?)

"WHAT WORKS" IN CRIMINAL JUSTICE AND SUBSTANCE ABUSE

- **"What works" in Criminal Justice?**

The presentation on the *Risk, Needs, Responsivity* model is predominantly lecture with a mini case study (Carlson's Case) that can either be read aloud only or provided to the participants as a hand out (see Appendices for Module 6). The case will be used in more depth in Module 6, but at this point it is used to check for comprehension of new learning. An alternative case (Sam's Case) more appropriate for juvenile justice

participants is also provided in the Appendices of Module 6 and the trainer may wish to use it in this Module.

The content presented will also form the basis for the subsequent activity regarding "What Works" in Substance Abuse Treatment.

- **"What works" in Substance Abuse Treatment?**

In this section, participants in their small groups will examine NIDA's 13 Principles of Effective Treatment from the *Principles of Drug Addiction Treatment: A Research-Based Guide*. A master copy is provided in the Appendices, and all participants will need a copy. The group will compare these principles with the material previously presented on "What works" in Criminal Justice. Groups will be asked to create a list of at least five commonalities and any marked differences. Participants are encouraged to go well beyond the five, and "incentives" in the way of small candy bars or such for the group with the longest list may be useful. These can be broad, conceptual, as well as specific, commonalities.

Participants are free to organize the material however they wish using flip chart paper to aid in reporting out. The group will also need to identify the three principles they believe are the most important for teams working with substance abusing offenders.

The activity provides for cross-discipline interaction regarding substance abuse research, synthesis of common elements in regards to previously presented Criminal Justice material, familiarity with NIDA educational materials, peer teaching, as well as and opportunity for collaboration.

- **Practical Application Of What Works – Key Components of Working with Substance-Abusing Offenders**

This section presents the key components that are common to both systems when working with substance abusing offenders: screening and assessment, case or treatment planning, case management , and integrating sanctions with treatment. The presentation is timed tightly, but cues are provided to elicit examples from participants that illustrate and explain how these components are applied in the different systems and to validate the value of sharing information.

Appendices

- *13 Principles of Effective Treatment*
- *NIDA Ordering Information*

MODULE 5 TIME BREAKDOWN				
Section	**Time**		**Section**	**Time**
Recap & Objectives	5 min		What works in Tx	
Introduction	5 min		• Intro	5 min
Where do you stand?	30 min		• Group work • Report out	20 min 20 min
What works in CJ	30 min		Common components	30 min
			Q&A's	5 min
TOTAL TIME Module 5 =150 minutes (2.5 hours)				

REFERENCES AND RESOURCES

Center for Substance Abuse Treatment (1996). Treatment Drug Courts: Integrating Substance Abuse Treatment With Legal Case Processing, *Treatment Improvement Protocol (TIP) Series* 23. Available at http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.44347

Center for Substance Abuse Treatment (1998). Continuity of Offender Treatment for Substance Use Disorders from Institution to Community, *Treatment Improvement Protocol (TIP) Series* 30. Available at http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.54166

Crime and Justice Institute (April, 2004*). Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention* - Available at http://www.nicic.org/pubs/2004/019342.pdf

Himmelman, A.T. (1994). Collaboration for a change: Definitions, models, roles, and a guide to collaborative processes. In *Resolving Conflict: Strategies for Local Government* (Ed. Margaret S. Herrman). Washington, D.C.: International City/County Management Association. p 27-47

National Institute of Corrections, (2000). *Changing Offender Behavior to Promote Public Safety.* Available at http://nicic.org/Library/016160

National Institute on Drug Abuse, *Principles of drug addiction treatment: A research-based guide*, (1999). NIH Publication NO. 99-4180. National Institute on Drug Abuse, National Institutes on Health.

National Institute on Drug Abuse. (1999). *Drug abuse and addiction: Bridging the great disconnect between myths and realities*. [Video] National Institute on Drug Abuse, National Institutes on Health. (Available from the National Clearinghouse for Alcohol and Drug Information catalog # VHS109 at 1-800-729-6686 or http://www.health.org./

Stilen, P., Card, A., Fields, R. (2000). A collaborative response: Addressing the Needs of Consumers with Co-Occurring substance use and mental health disorders. Kansas City, MO: Mid-America Addiction Technology Transfer Center.

REVIEW FROM DAY ONE AND INTRODUCTION TO MODULE 5

Review from Day One

- Open by asking participants for what issues or information from the previous day was most interesting, important, etc.
- Process very briefly

OBJECTIVES

5 minutes

Module 5 Objectives

- Provide research-based information on effective interventions for criminal behavior and substance abuse.
- Explore participant views on criminality and substance abuse in a safe, respectful way.
- Practice collaboration even if philosophical differences exist.

Show 5.2

Module 5 - Objectives

- Provide research-based information on effective interventions for criminal behavior and substance abuse.
- Explore participant views on criminality and substance abuse in a safe, respectful way.
- Practice collaboration even if philosophical differences exist.

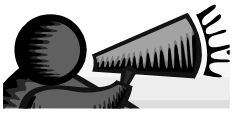
Make sure small groups are made up of a reasonable mix of Criminal Justice and Treatment. Move people around if necessary.

Introduction

We all have personal opinions regarding criminal behavior, the use and abuse of substances, and efforts to change those behaviors. These are shaped by what we've learned through academic preparation, the collective experience of our peers in the field, as well as by our own personal experiences.

Differences in where we stand on issues can become barriers to productive collaborations. But there is always common ground if we are determined to find it. That is why In establishing collaborative relationships, it's essential that we be honest and respectful with ourselves

and with each other about what we know, what we believe, and why we believe it.



Activity
Where Do You Stand?

30 minutes

Post signs at opposite ends indicating levels of agreement

Where Do You Stand?
(Refer to Trainer Notes at beginning of this module.)

This next activity is designed to raise your awareness about where you stand on certain topics. This activity will also give you a snapshot of where your other group members stand on those same issues.

Posted on the wall are signs representing two rating extremes. Notice they are placed far enough apart so there is room to line up between the two signs.

Number 1 = " I strongly agree with the statement "
Number 10 = " I strongly disagree with the statement "

I will read statements that represent divergent professional and personal convictions, attitudes and beliefs. Each of you will then move to the place between the two rating signs *(point to signs)* that best represents where you stand regarding that statement. Then we will talk about the results.

Read directions and rules

Show 5.3

Non-negotiable Rules

1. There are **no right or wrong** perspectives
2. Keep all statements or opinions confidential
3. Use ***"I"*** statements
4. **Listen** to each member **without interrupting** or trying to persuade them
5. Ask questions for clarification
6. Questions are asked to understand a participant's perspective, not to seek justification for a position
7. No attacks on personal or professional dignity.

Before we start, these are the seven ground rules designed to maintain the integrity of this activity.

1. There are no right or wrong perspectives
2. Keep all statements or opinions confidential
3. Use ***"I"*** statements
4. Listen to each member without interrupting or trying to persuade them to your way of thinking
5. Ask questions for clarification if you don't understand someone's way of thinking or perceiving the situation

6. Questions are asked to understand a participant's perspective, not to seek justification for a position
7. No attacks on personal or professional dignity.

For each statement:

- **Read statement**
- **Wait for group to find their positions.**
- **Ask everyone to look around.**
- **Ask if anyone would like to share their thoughts about their position.**
- **Ask if they would like feedback.**
- **If yes, ask if anyone has questions or would like to give feedback.**

When activity is completed, have group return to tables. Check that participants are feeling OK regarding activity. If necessary, continue processing until comfort level is re-established.

Statement 1-

It is more important for a just-released substance abusing offender to get a job than to participate in substance abuse treatment.

Statement 2-

Drug use is a voluntary behavior, not a disease, especially after long periods of abstinence,

Statement 3 –

The threat of parole revocation or brief periods of incarceration are important tools to facilitate substance abuse treatment.

Statement 4 –

By not talking with offenders about infectious disease issues we are contributing to their spread in our community.

Or

The people we put at risk by not talking about infectious disease issues with offenders are the people we are supposed to protect.

Statement 5 –

Take care of the substance abuse problem and you will probably have taken care of the criminal behavior, too.

Or

Criminal behavior of the substance-abusing offender is due to drugs or alcohol.

Statement 6–

Parole should be revoked at the first positive

drug test. (Probe- What if it's a property offender? What if it's a sex offender?)

WHAT WORKS IN CRIMINAL JUSTICE

30 minutes

WHAT WORKS IN CRIMINAL JUSTICE

Introduction

This section will examine some findings about what works in Criminal Justice.

As we've experienced, there are many perspectives on substance use and criminal behavior and how best to change those behaviors. Our personal perspective is based on our own knowledge and experience. Research tries to identify elements or patterns that hold true across the collective experience. So, we will take a look now at some findings about what works in Criminal Justice as well as what works in Substance Abuse treatment. Then we'll look at a common framework for applying these findings.

Much of the material in this section is drawn from *Changing Offender Behavior to Promote Public Safety* published by the National Institute of Corrections. For those who have been in the field a while, the content will be familiar, but research has created a framework that makes the material easier to understand, document, and use when making decisions about interventions and treatment.

Show 5.4

When attempting to change offender behavior, there are three principles that are important to consider:

What Works in Criminal Justice

- Risk principle
- Needs principle
- Receptivity principle

1. Risk principle
2. Needs principle
3. Responsivity principle

Show 5.5

Risk principle

- The intensity of the intervention should match the level of risk of recidivism
  i.e., the higher the risk of future criminal behavior, the more intense the intervention

Risk Principle-

The Risk Principle holds that the intensity of the intervention should match the individual's risk of recidivism. In other words, the higher the risk of future criminal behavior, the more intensive the intervention needed to be effective.

The term risk, as in "high risk" or "low risk" does not refer to the seriousness of the crime but to the likelihood of reoffending and is typically determined through the use of structured risk assessment instruments.

Show 5.6

Criminogenic Risk Factors

- *Criminogenic risk factors are characteristics of the offender or his situation that predict future criminal behavior.*
- *These characteristics are static and do not change (history of criminal activity, parental criminal history)*

- ***Criminogenic Risk Factors***

Criminogenic risk factors are characteristics of the offender or his situation that predict future criminal behavior.

For example, we know that people with a history of previous convictions and who have their first offense at an earlier age are more likely to reoffend. There is a greater likelihood of criminal behavior if the person's father has a criminal history. We have good data and measures for this.

These characteristics are static, they cannot change—your history is static, your father's history is static. But what about risk factors that can change?

Need Principle

Show 5.7

Criminogenic needs

- Criminogenic needs are risk factors that are dynamic, they can change.
  - They increase the likelihood of future criminal activity, but these risk factors can change, and when they change so does the likelihood of criminal activity (e.g. employment problems)

Before we talk about the Need Principle, we will first clarify what we mean by needs. We have talked previously about offenders having multiple needs. Here we are talking specifically about criminogenic needs.

- ***Criminogenic needs***

Criminogenic needs are risk factors that are dynamic, they can change.

Like the risk factors we just talked about, they have been shown to increase the likelihood of future criminal activity. The difference is that these risk factors can change, and when they change, so does the likelihood of criminal activity.

For example, data shows substance abuse, antisocial attitudes and employment problems predict recidivism, so they are risk factors, but because they can change they are referred to as criminogenic needs. If these criminogenic needs change, so does the likelihood of recidivism.

- ***Non-criminogenic needs***

Non-criminogenic needs are those that are not linked to criminal behavior, such as anxiety, self-esteem and depression.

Show 5.8

Non- criminogenic needs

- *Non-criminogenic needs* are those that are not linked to criminal behavior (anxiety, self-esteem, depression).
  - Addressing these affects general offender well being, but will not affect the likelihood of criminal behavior.

While addressing these may affect general offender well being, such changes will not affect the likelihood of criminal behavior.

(Optional example)

We can use an example in the health arena to show how all these factors work. There are many things you can do to affect your risk for diseases. To be effective, you will need to focus on the particular outcome you want. So, let's say you decide you want to reduce your chances of heart disease. You then need to focus on those risk factors that have been linked to heart disease.

Certain risk factors you cannot change, such as your family history of heart disease. However, other risk factors associated with heart disease are dynamic, such as your weight, exercise and even blood pressure. Focusing on changing these by altering your behavior and even taking medication can significantly reduce your chances of a heart disease.

- ***Need principle***

Show 5.9

Need Principle

- *The need principle states that for programs to effectively reduce recidivism, they must target offender needs that are directly liked to continued criminal activity.*
  - Offenders have multiple needs, but not all are linked to recidivism.

The Need Principle states that for programs to effectively reduce recidivism, they must target offender needs that are directly liked to continued criminal activity.

Offenders have multiple needs, but not all are linked to recidivism. Programs can't do anything about the static risk factors that predict recidivism. However, criminogenic needs are dynamic, and focusing on reducing these will make for more effective programs.

This implies that treatment will be individualized, i.e. designed to match the individual client's level of risk and the individual client's criminogenic needs.

- ***Promising targets for change***

Show 5.10

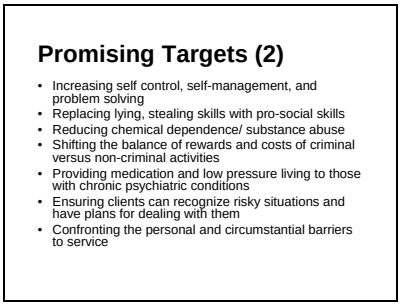
Promising Targets (1)

- Changing antisocial attitudes
- Promoting identification of and association with anti-criminal role models
- Reducing antisocial peer associations
- Changing/managing antisocial feelings
- Promoting familial affection and communication
- Promoting familial supervision
- Promoting child protection

Research has shown that some targets for change are more likely to yield reduced recidivism than others. Some of the more promising include:

- Changing antisocial attitudes/feelings
- Promoting identification of and association with anti-criminal role models
- Reducing antisocial peer associations and promoting association with anti-criminal role models
- Changing/managing antisocial feelings
- Promoting familial affection and communication

Show 5.11

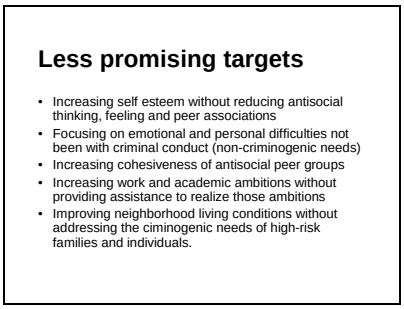


- Promoting familial supervision (for juvenile offenders)
- Promoting child protection
- Increasing self control, self-management, and problem solving skills
- Replacing skills such as lying and stealing with more pro-social skills
- Reducing chemical dependencies and substance abuse
- Shifting the balance of rewards and costs of criminal versus non-criminal activities so that the non-criminal activities are favored
- Providing effective medication and low pressure living arrangements to those with chronic psychiatric conditions
- Ensuring clients can recognize risky situations and have concrete, well-rehearsed plans for dealing with them
- Confronting the personal and circumstantial barriers to service

- ***Less promising targets***

The following targets for change show less promise in reducing recidivism:

Show 5.12



- Increasing self esteem without reducing antisocial thinking, feeling and peer associations
- Focusing on emotional and personal difficulties that have not been linked with criminal conduct (non-criminogenic needs)
- Increasing the cohesiveness of antisocial peer groups
- Increasing work and academic ambitions without providing assistance to realize those ambitions
- Improving neighborhood living conditions without addressing the criminogenic needs of high-risk families and individuals.

Mini Case Study

Show 5.13

Mini Case Study- Carlson

Jot down:
- What are Carlson's static risk factors?
- What are his criminogenic needs (dynamic risk factors)?
- What are his non-criminogenic needs?

As I read the following case study aloud, jot down:

- What are Carlson's static risk factors?
- What are his criminogenic needs/dynamic risk factors?
- What are his non-criminogenic needs?

You might want to make three columns or three rows so it is easier to plug them in when you hear them. Then we'll check on your answers.

Carlson
(Read slowly or provide copies to participants to follow along)
Carlson is a 30 year old white male, married, with one child (age 8). He was recently paroled following seven years of incarceration for attempted robbery of a convenience store and assaulting a police officer. Prior to his arrest, Carlson was drinking on a daily basis, using drugs periodically and was laid off from his job. He incurred considerable debt. He was intoxicated when apprehended at the scene of the crime.

While in prison he became infected with Tuberculosis and is on medication, as well as on medication for high-blood pressure. Carlson was also required to begin substance abuse treatment.

Carlson is intelligent and street wise. While in prison he established a strong network of criminal friends, and his attitude towards authority, while never positive, has become increasingly hostile.

Information in his files indicates Carlson has a juvenile record and was criminally active until his marriage. Records also indicate that his father had a criminal history.

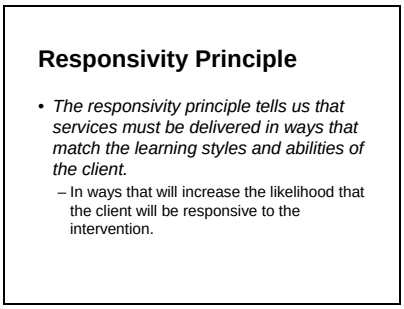
Ask participants and entertain a few responses.

Briefly solicit responses regarding Carlson's:

- *Static risk factors – history of criminality, father's history*
- *Criminogenic needs – substance abuse, antisocial attitudes, antisocial peer group, employment problems.*
- *Non-criminogenic needs – high blood pressure, TB.*

Responsivity Principle

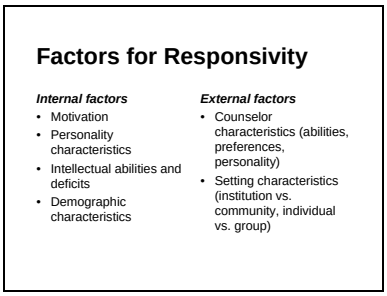
Show 5.14



The Responsivity Principle tells us that services must be delivered in ways that match the learning styles and abilities of the client. In other words, in ways that will increase the likelihood that the client will be responsive to the intervention. This holds true for all clients, not only offenders.

Responsivity is determined by internal and external factors. These are factors that either interfere or facilitate learning.

Show 5.15



- ***Internal factors***

Internal factors include individual characteristics such as:

- Motivation
- Personality characteristics
- Intellectual abilities and deficits
- Demographic characteristics

- ***External factors***

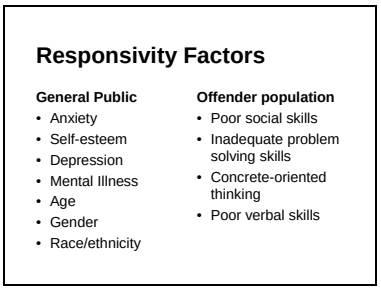
External factors include:

- Counselor characteristics (abilities, preferences, cultural competence, personality)
- Setting characteristics (institution vs. community, individual vs. group)

- ***Responsivity in General vs. Offender populations***

Factors commonly affecting responsivity, that is, that

Show 5.16



inhibit or facilitate learning in the general population include:

- Anxiety
- Self-esteem
- Depression
- Mental Illness
- Age
- Gender
- Race/ethnicity

Factors common in the offender population include:

- Poor social skills
- Inadequate problem solving skills
- Concrete-oriented thinking
- Poor verbal skills

Discussion (optional)

How do these compare with your work experience with offenders?

Ask participants and entertain a few responses.

How could information on responsivity factors help guide decisions on *how* to address offender needs programmatically?

To review:

- *the risk principle* guides decisions about intensity levels of *who* should be the focus of more intensive services (those with high risk of reoffending)

- *the need principle* guides decisions regarding *what needs* should be addressed (criminogenic needs – i.e. those related to recidivism),

- *the responsivity principle* helps answer *how* those needs should be met.

Summary- Characteristics of effective programs

Programs that effectively reducing recidivism use good

Show 5.17

Effective Programs

- Assess offender risk, needs and responsivity
- Distinguish levels of risk and needs
- Use objective and standardized tools designed for offender
- Use assessments to individualize treatment
- Target crime-producing behaviors

assessment practices to drive their program. They:

- Assess offender risk, needs and responsivity
- Distinguish levels of risk and needs
- Use objective and standardized tools designed for offender populations to asses and classify offenders
- Use assessment results to individualize treatment
- Target crime-producing behaviors

What Works in Treatment ACTIVITY

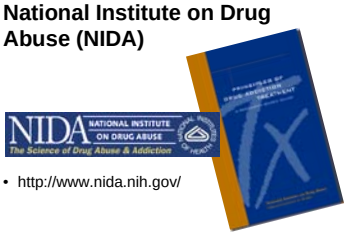
40 minutes

Distribute handouts and introduce activity

5 minutes

Show 5.18

National Institute on Drug Abuse (NIDA)



- http://www.nida.nih.gov/

WHAT WORKS IN SUBSTANCE ABUSE TREATMENT

Distribute to participants at each table the "Principles of Effective Treatment" section of NIDA's Principles of Drug Addiction Treatment: A Research-Based Guide (see Appendices for masters). Also distribute a complete copy of NIDA's Principles of Drug Addiction Treatment to each table. (See Appendices for ordering information or download from the Internet.)

NIDA's *Principles of Drug Addiction Treatment* is a free and well-written resource for anyone trying to understand or explain addiction and the nature of treatment. You can order copies or download the content at http://www.nida.nih.gov/

The National Institute on Drug Abuse prepared this guide in an effort to share what 30 years of worldwide research and clinical practice have taught us about effective drug abuse treatment. Unfortunately, not all drug abuse treatment is equally effective. Research has shown there

are certain overarching principles that characterize the most effective drug abuse and addiction treatments and their implementation. Your handout lists those 13 principles.

Show 5.19

Assignment

- Review the 13 Principles of Effective Treatment."
- Compare them to the material reviewed earlier on What Works in Criminal Justice.
- List as many commonalities (at least 5) and any significant differences.
- Decide which 3 of the 13 Principles are the most important when working with offenders

Small group work & Assignment of Principles

We spoke earlier about some of the findings regarding what works in Criminal Justice. Now we will examine what research tells us about What Works in substance abuse treatment and compare this to the earlier material. NIDA has summarized much of the substance abuse treatment findings in the 13 Principles of Effective Treatment.

So, in your small groups, read over the 13 Principles of Effective Treatment". Then, with your group, compare this information on What Works in substance abuse treatment to the material we reviewed earlier on What Works in Criminal Justice. List as many commonalities (at least five) and any significant differences you find. You may organize this comparison any way you'd like, but please use the flip chart paper so we can follow along when you report out.

Also, as a group, decide which three of the 13 Principles of Effective Treatment are the most important for teams to keep in mind when working with offenders.

Allow 20 minutes

You will have 20 minutes and then we'll report out.

Call time

Report out
20 minutes

Report Out
Have tables report out using their flipchart list.

Have participants explain or summarize any Principle they refer to in their presentation.

Listen for signs of misunderstanding or confusion regarding the Criminal Justice material or the 13 principles and clarify drawing on participants to help in clarification whenever possible.

Probe as needed to deepen commonalities and contrasts

(Principles are listed below for trainer to refer to).

"Principles of Effective Treatment"

1. **No single treatment is appropriate for all individuals.**
   Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

2. **Treatment needs to be readily available.**
   Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.

3. **Effective treatment attends to multiple needs of the individual, not just his or her drug use.**
   To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.

4. **An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the**

person's changing needs.
A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.

5. **Remaining in treatment for an adequate period of time is critical for treatment effectiveness.**
The appropriate duration for an individual depends on his or her problems and needs. Research indicates that for most patients, the threshold of significant improvement is reached at about three months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

6. **Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.**
In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding non-drug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

7. **Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.**
Methadone and levo-alpha-acetylmethadol (LAAM) are very effective in helping individuals addicted to

heroin or other opiates stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some patients 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, both behavioral treatments and medications can be critically important.

8. **Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.**
   Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.

9. **Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.**
   Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment.

10. **Treatment does not need to be voluntary to be effective.**
    Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

11. **Possible drug use during treatment must be monitored continually.**

Lapses to drug use can occur during treatment. The objective monitoring of a patient's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.

12. **Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.**
    Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.

13. **Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.**
    As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.

Common Components

30 minutes

PRACTICAL APPLICATION OF WHAT WORKS
Common Components of Working with Substance-Abusing Offenders

This section examines the fundamental commonalities in how both systems carry out their tasks. For the Criminal Justice system and the Treatment system to work effectively with offenders, coordination of these activities

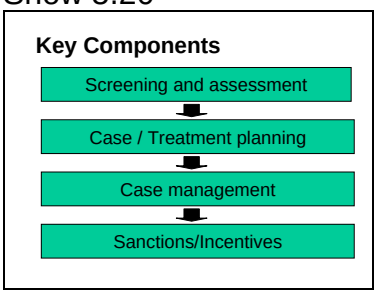
is essential.

Introduction

As we've explored, there are commonalities between What Works in Criminal Justice and What Works in Substance Abuse Treatment. There are also some fundamental commonalities in how both systems carry out their tasks that we will briefly examine.

The common components apply in both institutional (prisons/jails) and in community-based settings. For the Criminal Justice system and the Treatment system to work effectively with offenders, coordination of these activities is essential.

Show 5.20



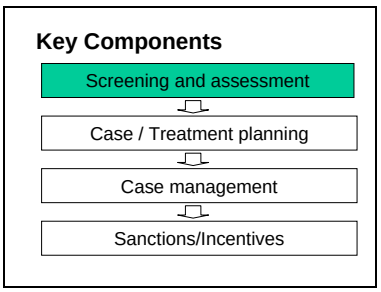
Key components

The "Key Components" to working with substance-abusing offenders are: screening and assessment, case / treatment planning, case management, and integrating criminal justice sanctions with substance abuse treatment

The key components can be divided into several broad categories:

- Screening and assessment
- Case / treatment planning
- Case management
- Integrating sanctions with incentives.

Show 5.21



The overall effectiveness of our interventions with substance-abusing offenders is dependent on how well each of these components is carried out.

SCREENING AND ASSESSMENT

The first of the four components is screening and assessment. Why is screening and assessment essential for effective interventions with substance-

abusing offenders?

Show 5.22

Screening

Brief procedure to determine:
- Likelihood that a problem exists
- Individual's eligibility for specific services

- Identifies appropriate candidates for different interventions.

- Serves as basis for case/treatment planning.

Show samples of CAGE, the Simple Screening Inventory, or the Michigan Alcoholism Screening Test

Screening
(During presentation, ask participants for a couple of examples of their instruments and procedures for screening and fill in with script as needed.)

Screening is brief procedure used to make preliminary decisions.

o *In SA Treatment* - Screening for substance abuse is used to identify offenders who appear to have a high probability of having an alcohol- or drug-related problem. Screening typically provides a "yes/no" determination without much additional information.

o *In Criminal Justice* - Screening is also carried out in a criminal justice context to look at an individual's criminal behavior and make initial determinations about eligibility for certain options. For example, being convicted of a violent crime may make an offender ineligible for many "alternative to incarceration" programs.

Show 5.23

Assessment

Comprehensively evaluates:
- History, severity, and extent of problem(s)
- Factors contributing to problem(s)
- Individual's resources and deficits

Assessment
(During presentation, ask participants for examples of their instruments and procedures and fill in with script as needed.)

In Substance Abuse Treatment - Once the screening process indicates the likelihood of a substance abuse problem, providers conduct assessment through clinical interviews and

talking to others who know the individual (spouses, employers, etc.) to develop a complete picture of:

- The history and severity of the problem
- How it affects the individual in different life areas (e.g., employment, criminal activity, health, relationships)
- Factors that may be contributing to the problem (e.g., physiological issues, such as withdrawal syndromes; social issues such as associating with other drug users; and psychological issues, such as the presence of other mental illness)
- Resources that may assist individuals in changing their behavior

o *In Criminal Justice* – Likewise, Criminal Justice professionals also conduct careful assessments of offenders. These typically include:

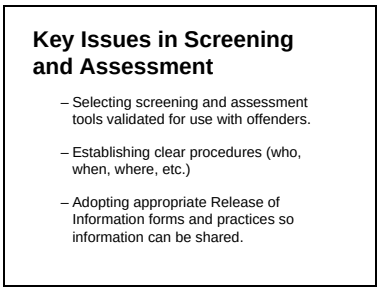
- *Risk assessment:* Results are used to determine how closely an offender will be supervised while in the community. Usually looks at static risk factors (e.g., number and type of prior offenses) as well as criminogenic needs (e.g., substance abuse, stability of employment).

- *Pre-sentence investigations* (or PSI's): Assist the court in determining the most appropriate sentence. Detailed information is collected on prior criminal record, employment history and difficulties, relationships with family, and other psychosocial functioning.

- *Classification:* Used to determine the

type of living unit and programs to which the individual may be assigned. Factors such as history of violence, escape, and prior adjustment to incarceration are considered.

Show 5.24

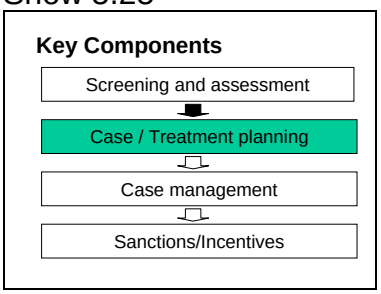


Key Issues in Screening and Assessment

There are several important factors that can enhance or diminish the effectiveness of screening and assessment in addressing substance abuse in offender populations:

- Selecting screening and assessment tools validated for use with offenders. .
- Establishing clear procedures (who, when, where, etc.)
- Adopting appropriate Release of Information forms and practices so information can be shared.

Show 5.25

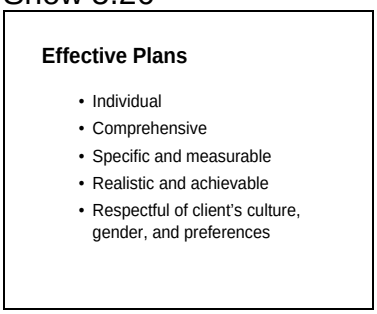


CASE OR TREATMENT PLANNING

Treatment vs. Case or Supervision Plan

When working with substance abusers who are also involved in the criminal justice system, there will actually be two plans: one developed by the treatment provider and one by the criminal justice agency. It is critical that those plans are shared so that each agency is aware of all of the expectations and activities for the client. This exchange provides a framework for collaboration.

Show 5.26



Characteristics of Effective Plans

- *Individualized:* Plans that fail to take into account individual differences are likely to be a poor fit and lead to resistance and less than optimal outcomes.

- *Comprehensive:* Good plans list all of the client's problem areas; address goals, objectives and interventions; and often use a "biopsychosocial" framework, addressing the biological, psychological, and social causes and consequences of substance abuse and criminal behavior.

- *Specific and measurable:* The expected actions and outcomes related to different goals in the plan will be written in clear, behavioral terms that can be measured in an objective way.

- *Realistic and achievable:* Plans must reflect goals that are reasonable given the client's capabilities, strengths and limitations.

- *Respectful of client's culture and personal preferences:* In either system there's more than one way to accomplish a goal. If possible, develop plans that take into account the client's cultural background and that offer the client choices about how to achieve certain goals. This reflects the Responsivity Principle described earlier.

Treatment Matching

A central component of the treatment plan for the substance-abusing offender is the selection or design of the actual treatment program. The ability to place the client in a program that most closely matches his specific clinical issues, characteristics, and criminal justice status can increase the likelihood that desired outcomes will be accomplished.

Show 5.27

Determining Best Treatment

- Type and severity of drug use
- Presence and severity of mental illness
- Need for habilitation vs. rehabilitation
- Need for supervision and/or monitoring
- Type and severity of offense
- Motivation to change

Considerations

(For each of the bulleted items below, ask participants for examples from their own practice and fill in with script as needed)

What are some of the key considerations in deciding the

most appropriate treatment for substance-abusing offenders?

- *Type and severity of drug use:* More severe levels of substance abuse or dependence typically require more intensive and extended (over time) types of interventions.

- *Presence and severity of mental illness:* Individuals with dual diagnoses or co-occurring mental health and substance abuse disorders often do poorly if interventions do not specifically address issues related to the relationship between the disorders.

- *Need for habilitation vs. rehabilitation:* Substance abusing offenders may never have mastered the developmental tasks needed for adaptive functioning in the community (e.g., problem-solving skills; coping with stress; educational/vocational skills; non-aggressive conflict management; functional interpersonal relationships). Intervention must provide opportunities to address these deficits, or to provide habilitation, in addition to addressing recovery from substance abuse.

- *Need for supervision/monitoring; and type and severity of offenses:* The nature of an individual's criminal behavior is an important consideration in assigning a setting for substance abuse treatment. For example, offenders who have committed certain violent offenses may not be eligible for treatment in certain settings due to program criteria or they may have to receive treatment in an incarcerated setting.

- *Motivation to change:* Research over the past decade has demonstrated that individuals with substance abuse and other behavior problems differ in their readiness to change. Applications of that research suggest that different interventions are most appropriate for individuals with higher versus lower levels of motivation to change.

For example, interventions aimed at building awareness that a problem exists are frustrating to those who have already acknowledged it and are ready to act. Conversely, active interventions a poor match for those who have not acknowledged there is a problem and a need to change.

Show 5.28

Problems when plans not shared

- Conflicting or inconsistent goals and expectations.
- Offender/client manipulation of both systems through misrepresentation.
- Lost opportunities for reinforcement of each other's goals, and holding client accountable.

Consequences of not collaborating

(For each of the 3 bulleted items below, ask participants for examples from their own practice and fill in with script as needed)

What are problems that can result when Substance Abuse Treatment and Criminal Justice plans are not shared across systems?

Key points to identify:

- *Conflicting or inconsistent goals and expectations.* Example A: Treatment provider specifies abstinence from both alcohol and other drugs, while Criminal Justice plan mentions only illegal drugs.

  Example B: The Criminal Justice plan requires 100% abstinence from drug use with any use resulting in a severe sanction. However, if the Treatment provider expects some drug use as part of the treatment process, significant conflicts can arise. The result may be decreased chances of success.

- *Offender/client manipulation of both systems through misrepresentation.*

  Lack of communication and lack of shared information between agencies allow the client offenders to misrepresent to one agency the expectations of the other. They can also under- or over-emphasize

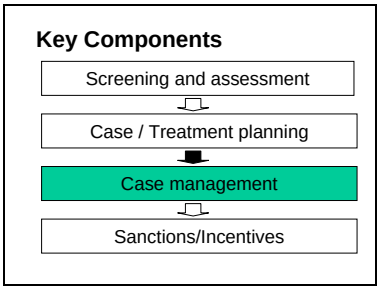
certain aspects of their involvement with each system.

Example: The offender may tell the probation officer that the substance abuse agency only requires participation in a substance abuse education program when he or she really needs more intensive treatment.

- *Lost opportunities for reinforcement of each other's goals, and holding client accountable.*

Lack of information will limit each system's ability to support and reinforce the goals of the other or hold the client accountable. (See preceding examples.)

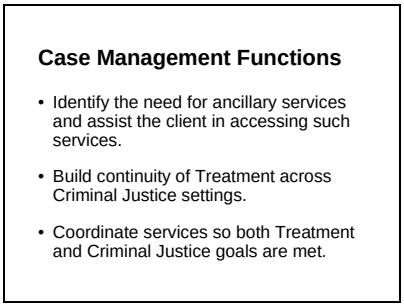
Show 5.29



CASE MANAGEMENT

Case management includes a variety of functions related to assessing, planning, linking, monitoring, and advocating in the context of working with a client in treatment. While not specifically including the core clinical Treatment services or Criminal Justice supervision, it is the "glue" that makes it possible for the client to successfully participate in those services.

Show 5.30



Critical Case Management Functions

Critical case management functions in working with substance-abusing offenders include the following:

- *Identify the need for ancillary services and assist the client in accessing such services.*

  ✓ primary health care (medical, dental)
  ✓ mental health
  ✓ child care
  ✓ parenting skills

- ✓ if appropriate, support to maintain custody of children
- ✓ housing
- ✓ transportation to treatment, education, employment
- ✓ educational and vocational training
- ✓ legal aid
- ✓ assistance in obtaining Medicaid, etc.

- *Build continuity of Treatment across Criminal Justice settings.*

  This involves ensuring that Substance Abuse Treatment is continual as the offender moves between different components of the Criminal Justice system (e.g., from jail to community probation; from community probation to jail; from prison to parole).

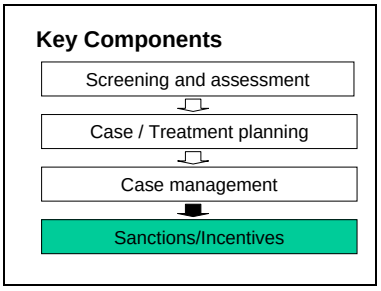
Hold up copy of TIP 17

- *Coordinate services to ensure that both Treatment and Criminal Justice goals are met.*

Models of Case Management

The scope of this training does not allow us to go into detail. However, in CSAT TIP 17, there are several case management approaches in working with substance-abusing offenders. Each of these models will work best when supported by written agreements about the roles of different agencies and cross training between staff.

Show 5.31



Each community, Substance Abuse Treatment system, and Criminal Justice system will have to examine the models and determine the best model to meet its unique circumstances.

INTEGRATING CRIMINAL JUSTICE SANCTIONS WITH SUBSTANCE ABUSE TREATMENT

The final key component in this section is the integration of public safety and public health considerations. While

the Criminal Justice and Substance Abuse Treatment systems clearly have certain goals that are unique, there is also considerable common ground such as:

- Behavior change resulting in improved functioning of the individual and reduced negative impact on others (family, community)

Show 5.32

Sanctions/Incentives

- Provides offenders with incentive to enter and complete treatment
- Increases motivation for treatment
- Gives offenders needed feedback to help them change their behavior

- External intervention and control will eventually be replaced by the internal motivation and self-governed behavior of the offender that meets individual and community values

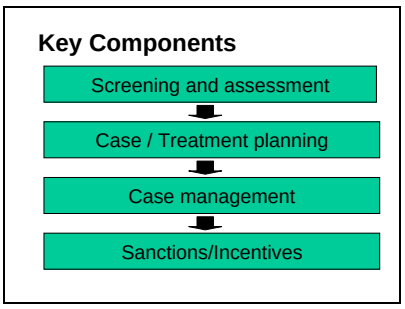
Advantages of Integrating Sanctions with Incentives

The coercive influence of the Criminal Justice system — through threatened or imposed sanctions — has been demonstrated to lead to positive outcomes for substance-abusing offenders.

- Integrating sanctions with Substance Abuse Treatment provides offenders with an incentive to enter and successfully complete Substance Abuse Treatment as an alternative to incarceration or other restrictive legal consequences.

- Sanctions increase motivation for, and retention in, treatment. A major problem for Substance Abuse Treatment is that many clients do not stay in treatment long enough to make significant change. "External motivation" via the Criminal Justice system assists with this problem.

Show 5.33



- The judicious, prompt, and consistent use of Criminal Justice sanctions gives offenders needed feedback about their behavior. Feedback also helps them modify their behavior. This approach is based on solid behavior change principles and should be carefully balanced with incentives that encourage and reward the offender for good behavior.

Q&A

5 minutes

If time permits, ask participants to think about and share how they currently address these components.

QUESTIONS AND ANSWERS

Does anyone have any questions?

Overheads

Module 5

Appendices

Module 5

- ***13 Principles of Effective Treatment***
- ***NIDA Ordering Information***

13 PRINCIPLES OF EFFECTIVE TREATMENT

1. No single treatment is appropriate for all individuals.

Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

2. Treatment needs to be readily available.

Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.

3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.

To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.

4. An individual's treatment and services plan must be assesses continually and modified as necessary to ensure that the plan meets the person's changing needs.

A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.

5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.

The appropriate duration for an individual depends on his or her problems and needs. Research indicates that for most patients, the threshold of significant improvement is reached at about three months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

6. Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.

In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding non-drug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.

Methadone and levo-alpha-acetylmethadol (LAAM) are very effective in helping individuals addicted to heroin or other opiates stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some patients 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, both behavioral treatments and medications can be critically important.

8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.

Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.

9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.

Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment.

10. Treatment does not need to be voluntary to be effective.

Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

11. Possible drug use during treatment must be monitored continually.

Lapses to drug use can occur during treatment. The objective monitoring of a patient's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.

12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.

Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.

13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.

National Institute on Drug Abuse. (1999). *Principles of drug addiction treatment: A research-based guide.* (NIH Publication No. 99-4180.)

ORDERING INFORMATION

VIDEO

Drug Abuse and Addiction: Bridging the Great Disconnect Between Myths and Realities (1999) Video, (10 min) NCADI # VHS109
Cost recovery fee: $12.50

Shatters the stereotypes of drug abuse, drug abusers, and addiction. In easy-to-understand terms, shows dramatic changes in the brain function of drug abusers and drug addicts compared to people who do not use drugs. Describes addiction as a brain disease.

TO ORDER -

URL: http://www.health.org/
Phone: 1-800-729-6686; **TDD:** 1-800-487-4889; **Fax:** 301-468-6433. *To place an order, please refer to the catalog item's unique NCADI order number. If you wish to mail or fax your order, use the **NCADI order form** listed on pages 14-15 of this Appendices.*

BOOKLETS

Principles of Drug Addiction Treatment: A Research-Based Guide (1999).
Booklet NCADI # BKD347
No charge

Provides research-based information about addiction, drug treatment, and recovery for new patients undergoing treatment for addiction and for their friends and families. Helps guide new patients in getting the most from their treatment and warns about possible difficulties during treatment and recovery.

Also available online at http://165.112.78.61/PODAT/PODATindex.html

TO ORDER -

URL: http://www.health.org/
Phone: 1-800-729-6686; **TDD:** 1-800-487-4889; **Fax:** 301-468-6433. *To place an order, please refer to the catalog item's unique NCADI order number. If you wish to mail or fax your order, use the **NCADI order form** listed on pages 14-15 of this Appendices.*

MOST FREQUENTLY ASKED QUESTIONS

1. What Is Drug Addiction Treatment?

There are many addictive drugs, and treatments for specific drugs can differ. Treatment also varies depending on the characteristics of the patient. Problems associated with an individual's drug addiction can vary significantly. People who are addicted to drugs come from all walks of life. Many suffer from mental health, occupational, health, or social problems that make their addictive disorders much more difficult to treat. Even if there are few associated problems, the severity of addiction itself ranges widely among people.

A variety of scientifically based approaches to drug addiction treatment exists. Drug addiction treatment can include behavioral therapy (such as counseling, cognitive therapy, or psychotherapy), medications, or their combination. Behavioral therapies offer people strategies for coping with their drug cravings, teach them ways to avoid drugs and prevent relapse, and help them deal with relapse if it occurs. When a person's drug-related behavior places him or her at higher risk for AIDS or other infectious diseases, behavioral therapies can help to reduce the risk of disease transmission.

Case management and referral to other medical, psychological, and social services are crucial components of treatment for many patients. The best programs provide a combination of therapies and other services to meet the needs of the individual patient, which are shaped by such issues as age, race, culture, sexual orientation, gender, pregnancy, parenting, housing, and employment, as well as physical and sexual abuse.

Drug Addiction Treatment Can Include Behavioral Therapy, Medications, or Their Combination.

Treatment medications, such as methadone, levo-alpha-acetylnethadol (LAAM), and naltrexone, are available for individuals addicted to opiates. Nicotine preparations (patches, gum, nasal spray) and bupropion are available for individuals addicted to nicotine. Medications, such as antidepressants, mood stabilizers, or neuroleptics, may be critical for treatment success when patients have co-occurring mental disorders, such as depression, anxiety disorder, bipolar disorder, or psychosis.

Treatment can occur in a variety of settings, in many different forms, and for different lengths of time. Because drug addiction is typically a chronic disorder

characterized by occasional relapses, a short-term, one-time treatment often is not sufficient. For many, treatment is a long-term process that involves multiple interventions and attempts at abstinence.

2. Why Can't Drug Addicts Quit on Their Own?

Nearly all addicted individuals believe in the beginning that they can stop using drugs on their own, and most try to stop without treatment. However, most of these attempts result in failure to achieve long-term abstinence. Research has shown that long-term drug use results in significant changes in brain function that persist long after the individual stops using drugs. These drug-induced changes in brain function may have many behavioral consequences, including the compulsion to use drugs despite adverse consequences—the defining characteristic of addiction.

Long-Term Drug Use Results in Significant Changes in Brain Function That Persist Long After the Individual Stops Using Drugs.

Understanding that addiction has such an important biological component may help explain an individual's difficulty in achieving and maintaining abstinence without treatment. Psychological stress from work or family problems, social cues (such as meeting individuals from one's drug-using past), or the environment (such as encountering streets, objects, or even smells associated with drug use) can interact with biological factors to hinder attainment of sustained abstinence and make relapse more likely. Research studies indicate that even the most severely addicted individuals can participate actively in treatment and that active participation is essential to good outcomes.

3. How Effective Is Drug Addiction Treatment?

In addition to stopping drug use, the goal of treatment is to return the individual to productive functioning in the family, workplace, and community. Measures of effectiveness typically include levels of criminal behavior, family functioning, employability, and medical condition. Overall, treatment of addiction is as successful as treatment of other chronic diseases, such as diabetes, hypertension, and asthma.

Treatment of Addiction Is as Successful as Treatment of Other Chronic Diseases Such as Diabetes, Hypertension, and Asthma.

According to several studies, drug treatment reduces drug use by 40% to 60% and significantly decreases criminal activity during and after treatment. For example, a

study of therapeutic community treatment for drug offenders demonstrated that arrests for violent and nonviolent criminal acts were reduced by 40% or more. Methadone treatment has been shown to decrease criminal behavior by as much as 50%. Research shows that drug addiction treatment reduces the risk of HIV infection and that interventions to prevent HIV are much less costly than treating HIV-related illnesses.

Treatment can improve the prospects for employment, with gains of up to 40% after treatment. Although these effectiveness rates hold in general, individual treatment outcomes depend on the extent and nature of the patient's presenting

problems, the appropriateness of the treatment components and related services used to address those problems, and the degree of active engagement of the patient in the treatment process.

4. How Long Does Drug Addiction Treatment Usually Last?

Individuals progress through drug addiction treatment at various speeds, so there is no predetermined length of treatment. However, research has shown unequivocally that good outcomes are contingent on adequate lengths of treatment. Generally, for residential or outpatient treatment, participation for less than 90 days is of limited or no effectiveness, and treatments lasting significantly longer often are indicated. For methadone maintenance, 12 months of treatment is the minimum, and some opiate-addicted individuals will continue to benefit from methadone maintenance treatment over a period of years.

Good Outcomes Are Contingent on Adequate Lengths of Treatment.

Many people who enter treatment drop out before receiving all the benefits that treatment can provide. Successful outcomes may require more than one treatment experience. Many addicted individuals have multiple episodes of treatment, often with a cumulative impact.

5. What Helps People Stay in Treatment?

Since successful outcomes often depend upon retaining the person long enough to gain the full benefits of treatment, strategies for keeping an individual in the program are critical. Whether a patient stays in treatment depends on factors associated with both the individual and the program. Individual factors related to engagement and retention include motivation to change drug-using behavior, degree of support from family and friends, and whether there is pressure to stay in

treatment from the Criminal Justice system, child protection services, employers, or the family. Within the program, successful counselors are able to establish a positive, therapeutic relationship with the patient. The counselor should ensure that a treatment plan is established and followed so that the individual knows what to expect during treatment. Medical, psychiatric, and social services should be available.

Whether a Patient Stays in Treatment Depends On Factors Associated with Both the Individual and the Program.

Since some individual problems (such as serious mental illness, severe cocaine or crack use, and criminal involvement) increase the likelihood of a patient dropping out, intensive treatment with a range of components may be required to retain patients who have these problems. The provider should ensure a transition to continuing care or "aftercare" following the patient's completion of formal treatment.

6. Is the Use of Medications Such as Methadone Simply Replacing One Drug Addiction with Another?

No. As used in maintenance treatment, methadone and LAAM are not heroin substitutes. They are safe and effective medications for opiate addiction that are administered by mouth in regular, fixed doses. Their pharmacological effects are markedly different from those of heroin.

As Used in Maintenance Treatment, Methadone and LAAM Are Not Heroin Substitutes.

Injected, snorted, or smoked heroin causes an almost immediate "rush" or brief period of euphoria that wears off very quickly, terminating in a "crash." The individual then experiences an intense craving to use more heroin to stop the crash and reinstate the euphoria. The cycle of euphoria, crash, and craving—repeated several times a day—leads to a cycle of addiction and behavioral disruption. Also, because heroin is illegal, addicted persons often become part of a volatile, drug-using street culture characterized by hustling and crimes for profit.

The characteristics of heroin use result from the drug's rapid onset of action and its short duration of action in the brain. An individual who uses heroin multiple times per day subjects his or her brain and body to marked, rapid fluctuations as the opiate effects come and go. These fluctuations can disrupt a number of important bodily functions. On the other hand, methadone and LAAM have far more gradual onsets of action than heroin, and as a result, patients stabilized on

these medications do not experience any rush. In addition, both medications wear off much more slowly than heroin, so there is no sudden crash, and the brain and body are not exposed to the marked fluctuations seen with heroin use.

Maintenance treatment with methadone or LAAM markedly reduces the desire for heroin. If an individual who maintains an adequate, regular dose of methadone (once a day) or LAAM (several times per week) tries to take heroin, the euphoric effects of heroin will be significantly blocked. According to research, patients undergoing maintenance treatment do not suffer the medical abnormalities and behavioral destabilization that rapid fluctuations in drug levels cause in heroin addicts.

7. What Role Can the Criminal Justice System Play in the Treatment of Drug Addiction?

Increasingly, research is demonstrating that treatment for drug-addicted offenders during and after incarceration can have a significant beneficial effect upon future drug use, criminal behavior, and social functioning. The case for integrating drug addiction treatment approaches with the Criminal Justice system is compelling. Combining prison- and community-based treatment for drug-addicted offenders reduces the risk of both recidivism to drug-related criminal behavior and relapse to drug use. For example, a recent study found that prisoners who participated in a therapeutic treatment program in the Delaware State Prison and continued to receive treatment in a work-release program after prison were 70% less likely than nonparticipants to return to drug use and incur rearrest.

Individuals Who Enter Treatment Under Legal Pressure Have Outcomes as Favorable as Those Who Enter Treatment Voluntarily.

The majority of offenders involved with the Criminal Justice system are not in prison but are under community supervision. For those with known drug problems, drug addiction treatment may be recommended or mandated as a condition of probation. Research has demonstrated that individuals who enter treatment under legal pressure have outcomes as favorable as those who enter treatment voluntarily. The Criminal Justice system refers drug offenders into treatment through a variety of mechanisms, such as diverting nonviolent offenders to treatment, stipulating treatment as a condition of probation or pretrial release, and convening specialized courts that handle cases for offenses involving drugs.

Drug courts, another model, are dedicated to drug offender cases. They mandate and arrange for treatment as an alternative to incarceration, actively monitor

progress in treatment, and arrange for other services to drug-involved offenders. The most effective models integrate Criminal Justice and Substance Abuse Treatment systems and services. Treatment and Criminal Justice personnel work together on plans and implementation of screening, placement, testing, monitoring, and supervision, as well as on the systematic use of sanctions and rewards for drug abusers in the Criminal Justice system. Treatment for incarcerated drug abusers must include continuing care, monitoring, and supervision after release and during parole.

8. How Does Drug Addiction Treatment Help Reduce the Spread of HIV/AIDS and Other Infectious Diseases?

Many drug addicts, such as heroin or cocaine addicts and particularly injection drug users, are at increased risk for HIV/AIDS as well as other infectious diseases such as hepatitis, tuberculosis, and sexually transmitted infections. For these individuals and the community at large, drug addiction treatment is disease prevention.

Drug Addiction Treatment Is Disease Prevention.

Drug injectors who do not enter treatment are up to six times more likely to become infected with HIV than injectors who enter and remain in treatment. Drug users who enter and continue in treatment reduce activities that can spread disease, such as sharing injection equipment and engaging in unprotected sexual activity. Participation in treatment also presents opportunities for screening, counseling, and referral for additional services. The best drug abuse treatment programs provide HIV counseling and offer HIV testing to their patients.

9. Where Do 12-Step or Self-Help Programs Fit Into Drug Addiction Treatment?

Self-help groups can complement and extend the effects of professional treatment. The most prominent self-help groups are those affiliated with Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA), all of which are based on the 12-step model, and Smart Recovery. Most drug addiction treatment programs encourage patients to participate in a self-help group during and after formal treatment.

10. How Can Families and Friends Make a Difference in the Life of Someone Who Needs Treatment?

Family and friends can play critical roles in motivating individuals with drug problems to enter and stay in treatment. Family therapy is important, especially for adolescents. Involvement of a family member in an individual's treatment program can strengthen and extend the benefits of the program.

11. Is Drug Addiction Treatment Worth Its Cost?

Drug addiction treatment is cost effective in reducing drug use and its associated health and social costs. Treatment is less expensive than alternatives, such as not treating addicts or simply incarcerating addicts. For example, the average cost for one year of methadone maintenance treatment is approximately $4,700 per patient, but one year of imprisonment costs approximately $18,400 per person.

Drug Addiction Treatment Is Cost Effective in Reducing Drug Use and Its Associated Health and Social Costs.

According to several conservative estimates, every $1 invested in addiction treatment programs yields a return of between $4 and $7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1. Major savings to the individual and society also come from significant drops in interpersonal conflicts, improvements in workplace productivity, and reductions in drug-related accidents.

National Institute on Drug Abuse. (1999). *Principles of drug addiction treatment: A research-based guide.* (NIH Publication No. 99-4180.)