Supervising the Drug Addicted Offender

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Learning Objectives

- Learn your supervision philosophy
- Review some of the 13 NIDA Principles of Drug Abuse Treatment for the Criminal Justice Population
- Understand the basics of addiction, relapse and recovery
You Already Know…

- Major Risk/Need Factors (Aappfasasl)
- Concept of Risk, Needs and Responsivity
- R-N-R Tool (LSI/R, ORAS, Compas, etc…)
- 8 Fundamental Principles of EB Practice
Keep In Mind...

- Focus is on the drug addicted person even though we will also talk about use & abuse
- We do not have the ability to solve everything
- The “Bang for Buck” proposition is on the high risk, high need offender
Why the drug addicted offender?

- Very large part of your caseload & the CJ system
- SA is a criminogenic (dynamic) risk/need factor
This is why the drug addicted offender...

- Regular Drug Use: 69% state, 64% federal prisoners
- Drug Dependence/Abuse
  - 53% jail; 53% state prison; 45% federal prison
- Drug Use at Time of Offense
  - Violent crime: 28% state; 24% federal prison
  - Property crime: 39% state; 14% federal prison
  - Drug trafficking: 42% state; 34% federal prison
- Alcohol Use at Time of Offense
  - Violent crime: 37% state; 23% federal prison
  - Property crime: 37% state; 13% federal prison
  - Drug trafficking: 21% state; 19% federal prison
- Costs: $107 Billion for Drug-Related Crime
Why the drug addicted offender?

- Drugs and crime are linked - negatively
- Drug treatment and crime are linked – positively
- Others?
Drug Treatment & Crime - Positive Linkages

- Public Safety - Increased admissions to and completions of substance abuse treatment are associated with reduced crime rates
- Reduced Recidivism - Increased admissions to and completions of substance abuse treatment are associated with reduced incarceration
- Cost Savings - Increased (appropriate) treatment is cost effective, especially compared to prison.
- Others?
Supervision Philosophy

From what point-of-view are you starting?

What are you trying to achieve (outcomes)?
Supervision Philosophy

Risk Containment

VS

Risk Reduction
Risk Containment

- “Stay off the front page” style of supervision
- Belief in control as the prime action and reaction
- Focuses on preventing all criminal activity and violations while under supervision
- Failure is guaranteed for everybody
Risk Reduction

- “Compliance within the norms” style of supervision
- Belief in case management
- The “bread and butter” of parole and probation
- Focuses on reducing the number and severity of criminogenic (dynamic) needs
Risk Reduction

- Challenge: Offenders not on supervision long enough for sufficient treatment dosage & duration
- Challenge: Not enough treatment/services available
- Challenge: Political and administrative support
Applying the Science

What are the implications of addiction science on the supervision of the drug addicted offender?
Marijuana vs. Meth
Risk - Need
Four Words to Memorize

- Proximal
- Distal
- Chronic
- Acute
Implications for Supervision On…

How does knowing the science of addiction impact offender supervision in these areas:

- Host site investigations
- Transition Points
- Positive Drug Test Results
Implications for Supervision On...

- Work
- School
- Family and Friends
- Individual Responsibility Time (leisure?)
Implications for Supervision On...

- Violations
- Searches and Surveillance
- Arrests
Implications for Supervision On...

- Alignment with treatment
- Rewards
- Discharge
- What else?
Drug addiction is a brain disease that affects behavior.
Definition of Addiction

• A brain disease
• Expressed as a compulsive behavior
• The continued use of a drug despite negative consequences
• Often chronic with a high potential for relapse
A Brain Can Stop Doing Stuff But When Addicted...

Non-Addicted Brain

Addicted Brain

STOP

GO
NIDA Principle #2

Recovery from drug addiction requires effective treatment, followed by management of the problem over time.
Goals of effective drug treatment?

Abstinence

Functionality in Family, Work and Community

Cease Criminal Behavior
Treatments for Relapse Prevention: Behavioral

Non-Addicted Brain

- **Control**
- **Drive**
- **Memory**

**Saliency**

**Interfere with drug’s reinforcing effects**

- **Executive function/Inhibitory control**
- **Contingency Management**

**Strengthen prefrontal-striatal communication**

- **Cognitive Therapy**

**Interfere with conditioned memories**

- **Motivation Therapies**

**Teach new memories**

- **Biofeedback Desensitization**

**Counteract stress responses that lead to relapse**

- **Behavioral Therapies**

- **Relaxation Behavioral therapies**
NIDA Principle #3

Treatment must last long enough to produce stable behavioral changes.
The Likelihood of Sustaining Abstinence Another Year Grows Over Time

Over a third of people with less than a year of abstinence will sustain it another year.

After 1 to 3 years of abstinence, 2/3rds will make it another year.

After about 5 years of abstinence, 86% will make it another year.

Dennis, Foss & Scott (2007)
What does recovery look like?

**Duration of Abstinence**

- **1-12 Months**
  - More clean and sober friends
  - Less illegal activity and incarceration
  - Less homelessness, violence and victimization
  - Less use by others at home, work, and by social peers

- **1-3 Years**
  - Virtual elimination of illegal activity and illegal income
  - Better housing and living situations
  - Increasing employment and income

- **4-7 Years**
  - More social and spiritual support
  - Better mental health
  - Housing and living situations continue to improve
  - Dramatic rise in employment and income
  - Dramatic drop in people living below the poverty line
NIDA Principle #4

Assessment is the first step in treatment.
Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2010

- 20.5 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use
- 95.0% Did Not Feel They Needed Treatment and Did Not Make an Effort (19.5 Million)
- 3.3% Felt They Needed Treatment and Did Not Make an Effort (676,500)
- 1.7% Felt They Needed Treatment and Did Make an Effort (348,500)
NIDA Principle #6

Drug use during treatment should be carefully monitored.
Points on relapse: expected norms in time

1. **Criminal Behavior Compliance**: No new offenses
2. **Abstinence Compliance**: Drug free urine
3. **Behaviors that Support Abstinence**: Attend treatment, develop pro-social friends, etc.
4. **Behaviors that Support Recovery**: Attend school, look for job, etc.
What are relapse rates for drug addiction?

Relapse Rates are Similar to Other Chronic Medical Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Relapse Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Dependence</td>
<td>40 to 60%</td>
</tr>
<tr>
<td>Type I Diabetes</td>
<td>30 to 50%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>50 to 70%</td>
</tr>
<tr>
<td>Asthma</td>
<td>50 to 70%</td>
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</tbody>
</table>
Does relapse = a public safety issue?

- Individual needs more treatment
- Individual needs better treatment
- Individual needs different treatment
- Individual needs additional types of treatment
- May not mean the person is crime risk
NIDA Principle #7

Treatment should target factors that are associated with criminal behavior.
What approaches are effective with drug abusers?

<table>
<thead>
<tr>
<th>Not Effective</th>
<th>Effective</th>
<th>Promising</th>
<th>Research Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boot Camp</td>
<td>Residential TC’s</td>
<td>Diversion</td>
<td>Reentry</td>
</tr>
<tr>
<td>Intensive Supervision</td>
<td>CBT</td>
<td>Moral Reasoning</td>
<td>Triage Models</td>
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<td>Generic Case Management</td>
<td>Contingency Management</td>
<td>Motivational Interviewing</td>
<td>Technology to Promote</td>
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<tr>
<td>Lengthy Incarceration</td>
<td>Medications</td>
<td>Adaptive Treatment/Supervision</td>
<td>Adherence &amp; Recovery</td>
</tr>
<tr>
<td>Harsh Punishment</td>
<td>Drug Courts</td>
<td>Recovery Management</td>
<td>New Medications</td>
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<td>Role of Judge</td>
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</tbody>
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Ineffective Approaches with Offenders

- Programs that cannot maintain fidelity
- Programs that target non-criminogenic needs
- Drug prevention classes focused on fear and other emotional appeals
- Shaming offenders
- Drug education programs
- Non-directive, client centered approaches
- Bibliotherapy
- Freudian approaches
- Talking cures
- Self-Help programs
- Vague unstructured rehabilitation programs
- Medical model
- Fostering self-regard (self-esteem)
- “Punishing smarter” (boot camps, scared straight, etc.)

Source: Dr. Edward J. Latessa, School of Criminal Justice, University of Cincinnati
NIDA Principle #8

Criminal justice supervision should incorporate treatment planning for drug abusing offenders, and treatment providers should be aware of correctional supervision requirements.
NIDA Principle #10

A balance of rewards and sanctions encourages pro-social behavior and treatment participation.
How can rewards and sanctions be used effectively?

Rewards

- Reinforce positive behavior
  - (non-monetary) social recognition of progress
  - “Catching people “doing things right”

Sanctions

- Graduated
  - Consistent, prediction, fair
  - Treatment not a sanction!

Most likely to have desired effect the closer they follow the targeted behavior.
NIDA Principle #11

Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach.
Credits

- Dr. Doug Marlowe, NADCP
  - National Association of Drug Court Professionals
- Dr. Redonna Chanlder, NIDA
  - National Institute on Drug Abuse
- Dr. Ed Latessa, Univ. of Cincinnati.
  - Director of the School of Criminal Justice at the University of Cincinnati
- Pamela F. Rodriguez, President, TASC
  - Treatment Alternative for Safe Communities
Additional Resources

• National Institute on Drug Abuse: www.drugabuse.gov
• SAMHSA National Registry of Evidence-based Programs and Practices: www.nrepp.samhsa.gov
• SAMHSA Substance Abuse Treatment Facility Locator: www.dasis3.samhsa.gov
• TCU Institute of Behavioral Research: www.ibr.tcu.edu
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