

A Global Network Supporting the Development of Treatment, Care, and Accountability as Alternatives to Incarceration (ATI)



ATI Basics: SUD Treatment for Persons in the Justice System



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**INTERNATIONAL
CONSORTIUM FOR
ALTERNATIVES TO
INCARCERATION**

International
Prevalence
Rates of
SUD in the
Criminal
Justice
System

Alcohol Use Disorders

Men: 26%

Women: 20%

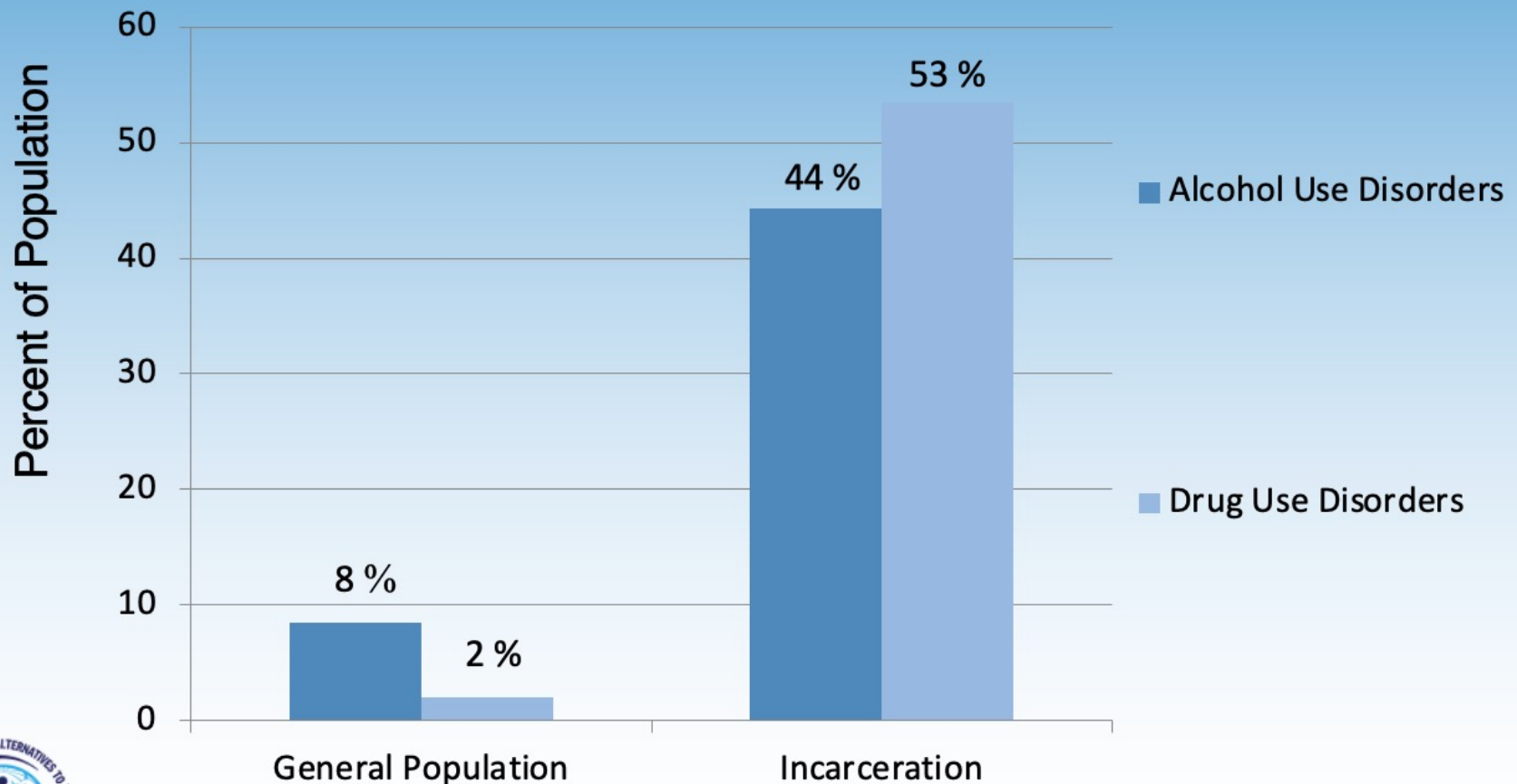
Drug Use Disorders

Men: 30%

Women: 51%

(Fazel, Yoon, & Hayes, 2017)

Rates of SUD in the U.S. Justice System



(Abrams & Teplin, 2010)

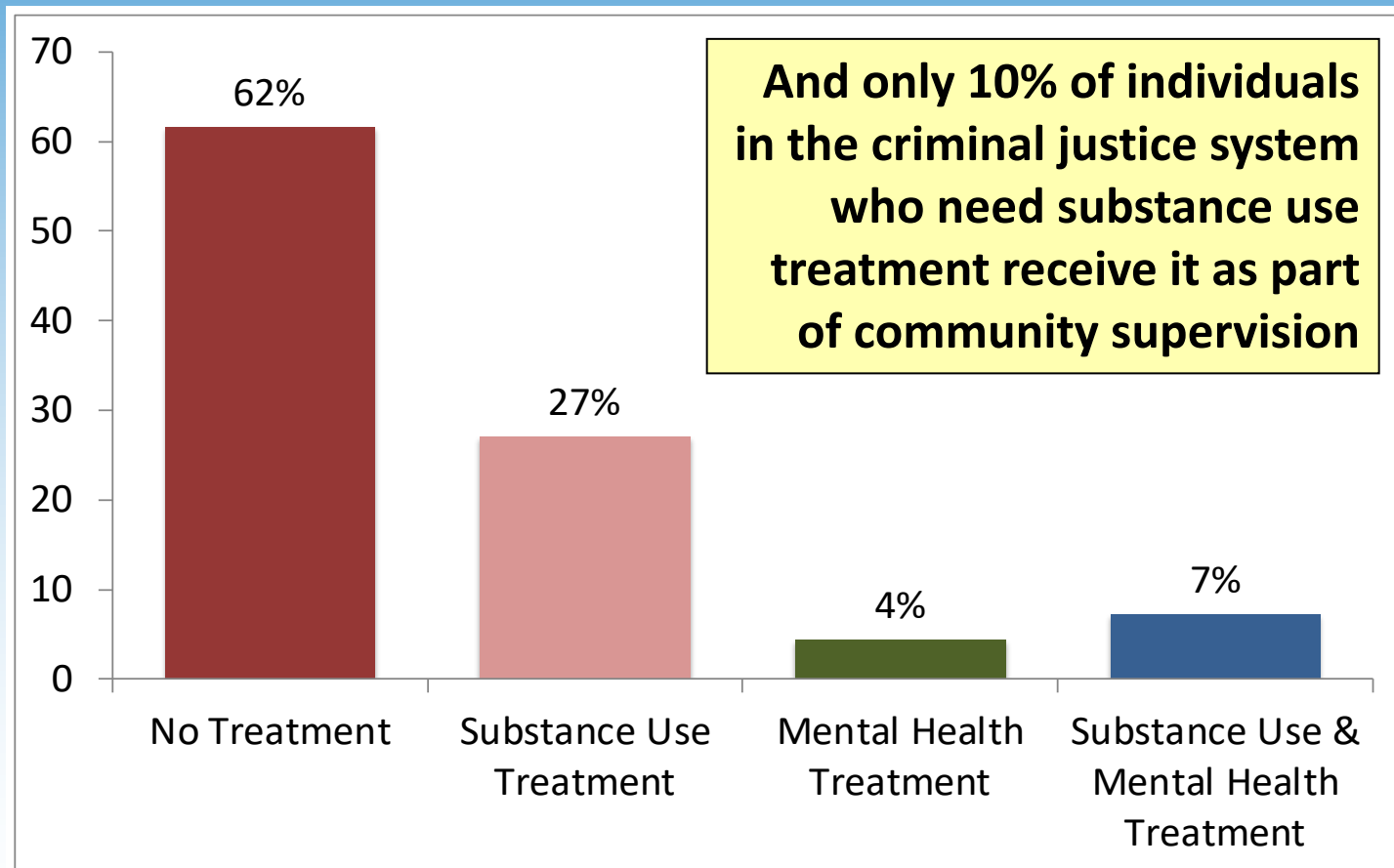


Focus on SUD Treatment to Maximize Outcomes



- The majority of persons in the justice system have used drugs and alcohol
- Not all of these persons need intensive drug treatment
- Important to prioritize who should receive scarce SUD treatment resources

Lifetime Treatment History Among Arrestees



Developing a Continuum of Treatment Services in the Justice System



- Community-based outreach
- Screening, brief intervention, and referral to treatment
- Outpatient treatment
- Short-term residential treatment
- Long-term residential treatment
- Continuing care and recovery management

Where can Treatment Occur in the Justice System?



- Law enforcement deflection programs
- Pre- and post-sentence treatment under community supervision
- Treatment-based court programs (e.g., drug courts)
- Prison reentry programs and transition treatment centers

Importance of Screening and Assessment in the Justice System

- **High prevalence** rates of behavioral health disorders
- Persons with undetected disorders are likely to **cycle back through** the justice system
- Allows for **treatment planning** and linking to appropriate treatment services
- Justice treatment programs using comprehensive assessment have **better outcomes** (Shaffer, 2011)



Goal: Universal Screening

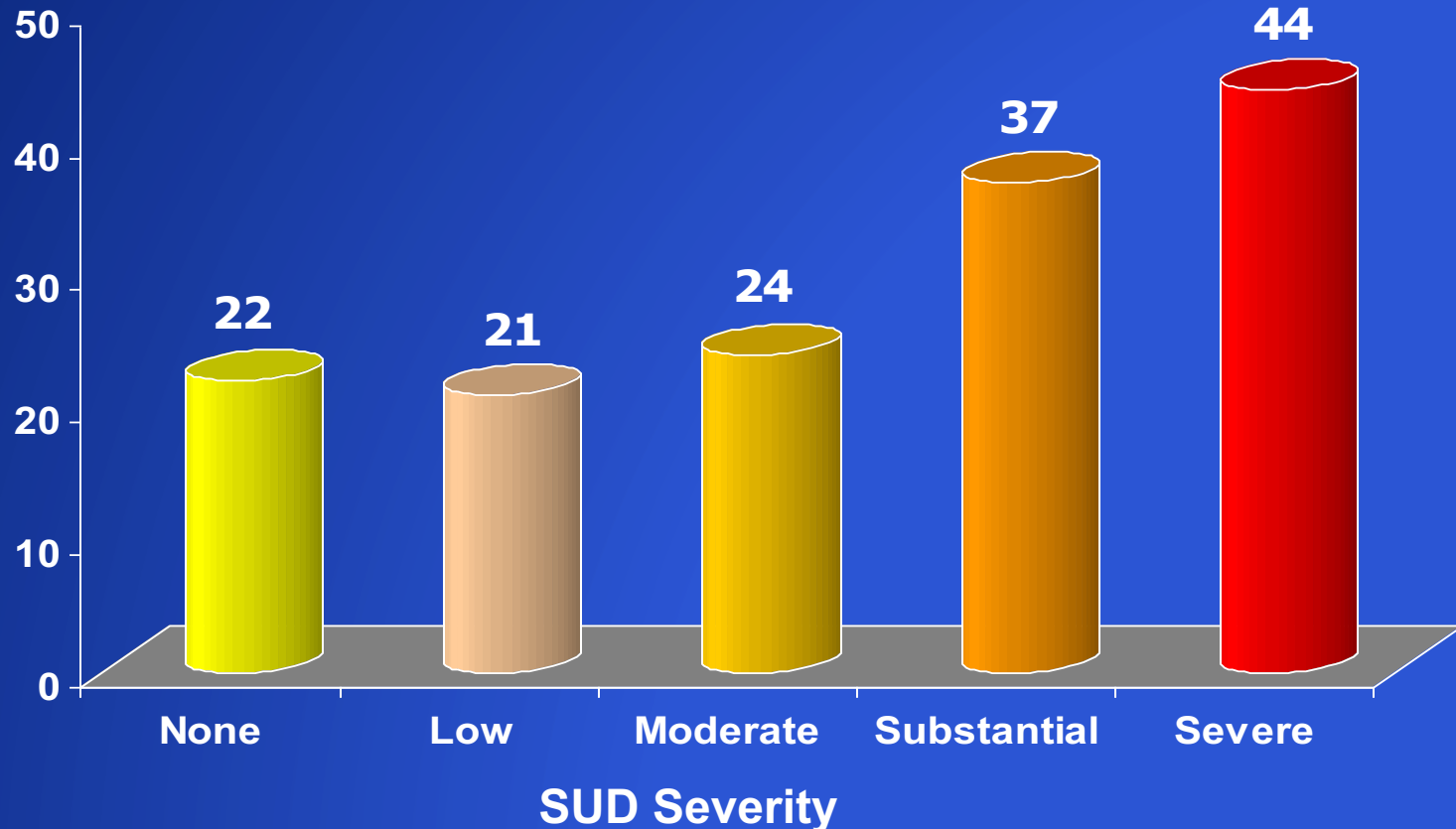
- Mental Disorders
- Substance Use Disorders
- Trauma/PTSD
- Criminal Risk

SUD Treatment Considerations

- Individuals with SUDs who do not exhibit criminal behavior should be offered treatment and recovery support
- Let's focus on the most severe subset of the population - individuals with pronounced SUD and criminality
- Don't exclude persons from SUD treatment if they are incarcerated

SUD Severity and Incarceration

% Incarceration (15 months)



What we Know from Science

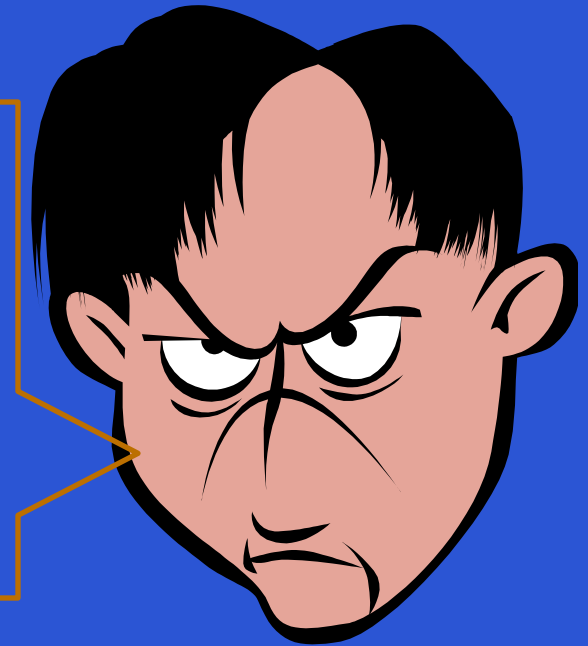
- Not a single study of the effects of punishment (custody, mandatory arrests, increased surveillance, etc.) has found consistent evidence of reduced substance relapse rates and criminal recidivism
- Multiple studies indicated that a large number of justice-involved persons actually become more criminogenic following incarceration

You can control behavior to some extent with coercion, and threat of punishment

HOWEVER

Punishment *suppress* behavior only as long as you have external control, and there will be a predictable rebound when control fades

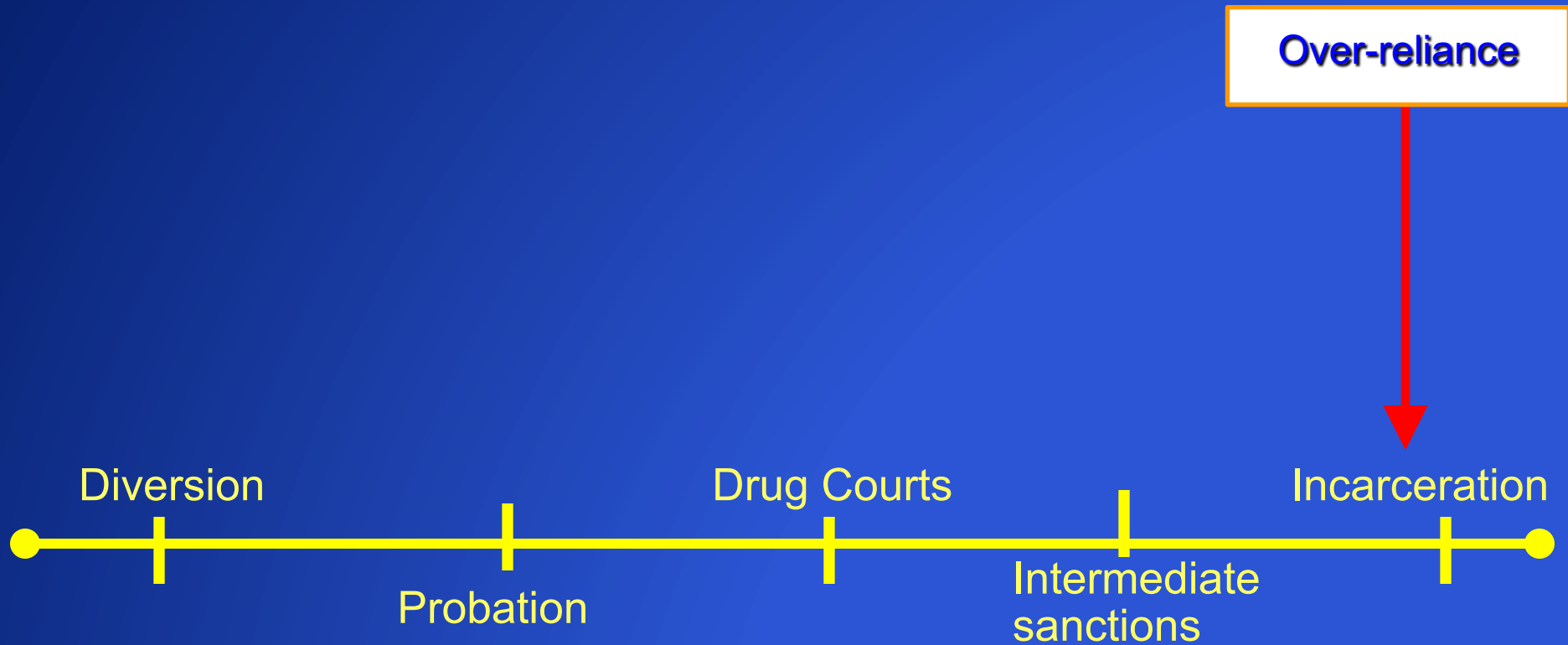
*You better!!!
Or else!!!*



What is the Goal of SUD Treatment in the Justice System?

- The goal is not just to help persons to achieve sobriety, employment, and recovery, but also to protect public safety by reducing criminal recidivism
- Creating “sober criminals” as a result of treatment intervention is NOT a good outcome.

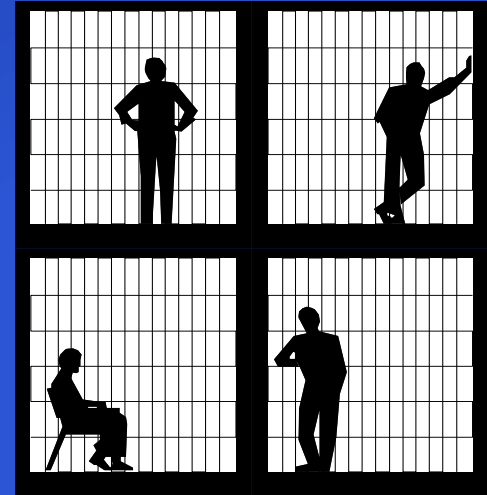
What if we put everyone in prison?



If we rely on prisons only

Criminal Recidivism in 3 Years

- 68% re-arrested
- 47% convicted
- 50% re-incarcerated



Relapse to Substance Use in 3 Years

- 95% relapse

What if we send everyone to treatment?

Over-reliance



Diversion

Drug Courts

Incarceration

Probation

Intermediate
sanctions



If we rely on treatment only

Attrition

- 50% - 67% don't show for intake
- 60% - 80% drop out in 3 months
- 70% drop out within 2 - 6 months
- 90% drop out in 12 months



Addressing SUD and Crime Separately

Public Health Approach
-disease
-treatment

High Attrition

Public Safety Approach
-illegal behavior
-punish

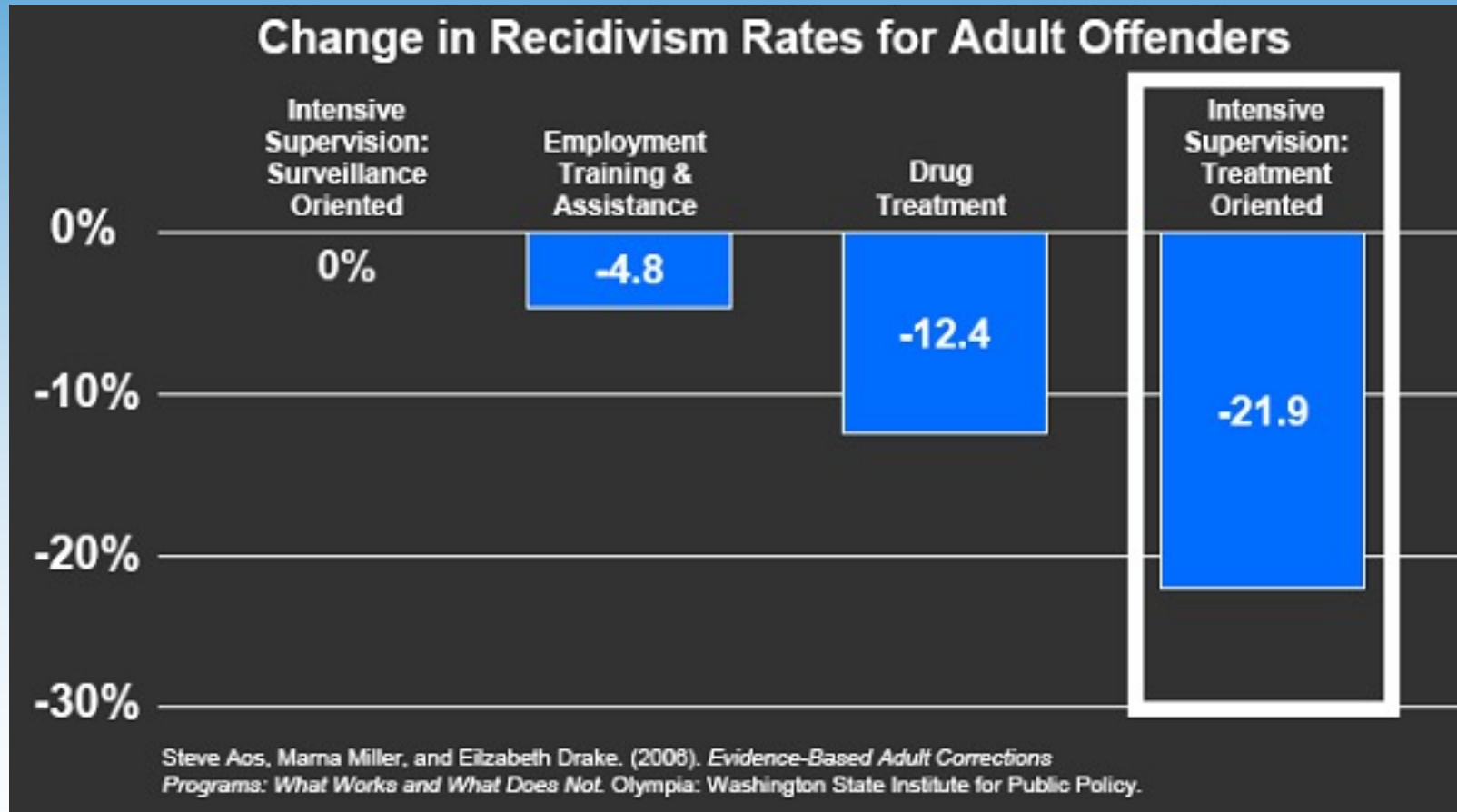
High Recidivism

Effectiveness of Sanctions and Supervision without Treatment



- Minimal effects on recidivism of **criminal sanctions without SUD treatment**
 - Few effects of using greater vs. lesser sanctions (Lipsey & Cullen, 2007)
 - Sanctions alone may increase recidivism (Andrews et al., 1990)
- **Community supervision does not reduce recidivism** without involvement in SUD treatment (Aos et al., 2006)

Combining Treatment and Justice Supervision Reduces Recidivism



Effective treatment strategies

What works?

Psychosocial treatment

- Brief intervention
- Motivational therapy
- Cognitive-behavioural therapy
- Contingency management
- Family therapy
- Self help 12 step
- Vocational training

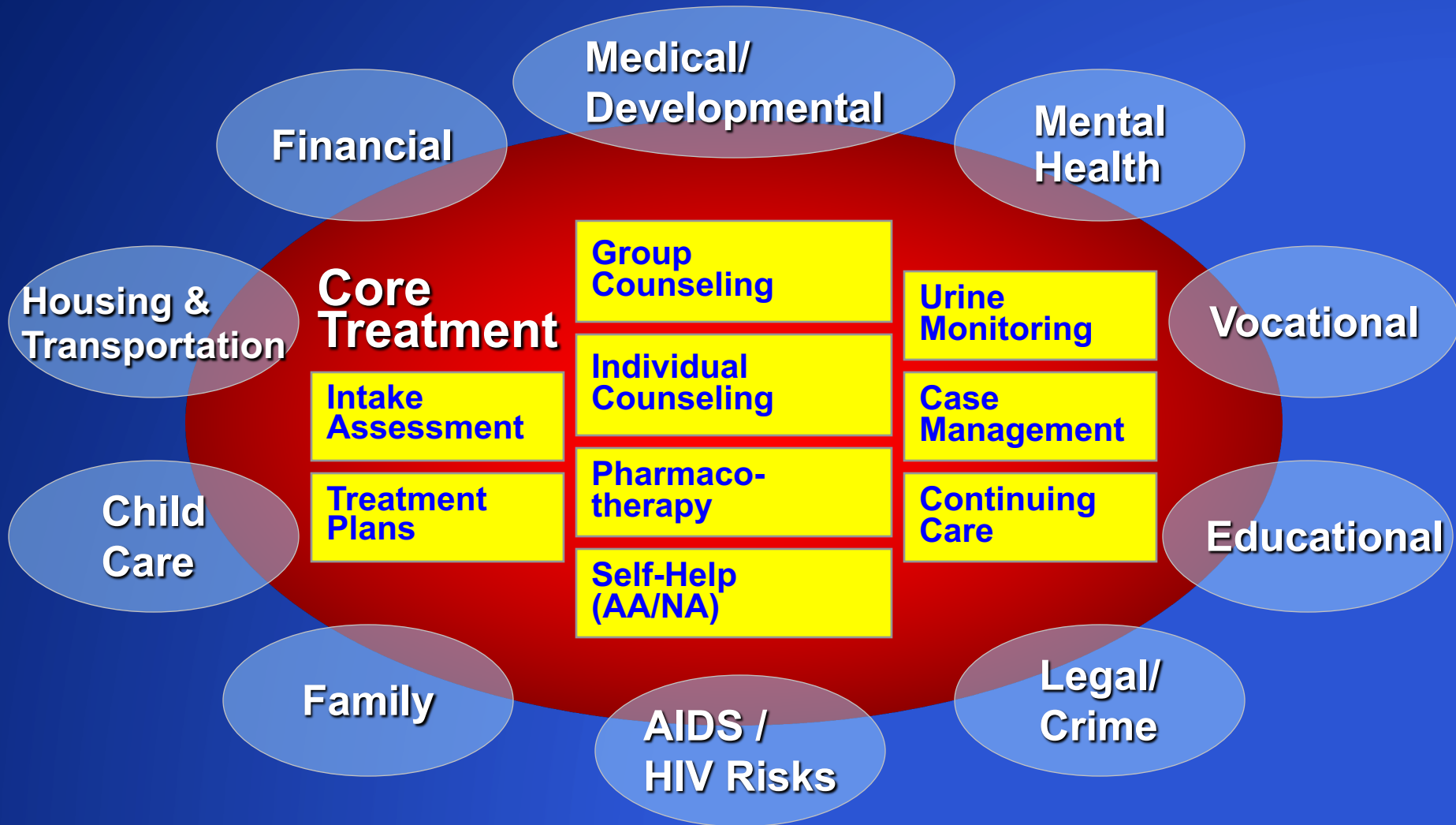
Pharmacological treatment

- Opioid-agonists
- Opioid-antagonists



Not one size fits all

Many Pieces to the Puzzle





What Doesn't Work in SUD Treatment in Justice Settings?

- Focus on **drug education or films**
- **Confrontation** without support
- **Justice supervision without intensive treatment**
- **Self-help without intensive treatment**
- **Building self-esteem** as primary focus
- Focus on persons who have **low criminal risk** or **mild substance use disorders**

Treatment Decisions
should
NOT
be Offense-Specific,
but Individual-Specific,
based on the Assessment

Treatment should Target Factors Related to Criminal Behavior



- Criminal thinking and antisocial values
- Anger, aggression, and hostility
- Substance use
- Education
- Employment
- Family support
- Barriers to receiving services (housing, transportation)



(Knight, 2017)

Prioritizing Treatment Based on Level of Criminal Risk



- **Improved outcomes** if the focus is on persons who have moderate to high risk for arrest
- Achieve the **greatest reductions in criminal behavior** if persons with higher criminal risk receive treatment
 - Maximizes cost savings
 - Low risk individuals often don't need intensive treatment
 - Providing intensive treatment for low risk individuals can increase criminality
 - Avoid mixing persons of different risk levels in treatment

Outcomes from Drug Courts

- Meta-analyses: Adult drug courts lead to **8 – 26% reductions in recidivism**

(Mitchell, et al., 2012; Wilson et al., 2006)

- High fidelity to evidence-based treatment **reduces recidivism by up to 40%**

(Kearley & Gottfredson, 2020; Shaffer, 2011; Zweig et al., 2012)

Outcomes from Drug Courts

- Reductions in recidivism can **extend to 15 years**
(Kearley & Gottfredson, 2020)
- Cost benefits of **up to 40%**
\$4,767 - \$5,680 USD per participant
(Aos et al., 2006; Rossman et al., 2011)

Outcomes of Community SUD Treatment Programs



Pre- and post-sentence community supervision with substance use treatment

- Significantly reduces recidivism for up to 4 years post-treatment

Transition treatment centers (reentry programs, work release programs, day treatment)

- Can reduce prison recommitment by 50%



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Outcomes from Case Management Services

- 62% higher rate of drug treatment completion
- 44% decrease in reincarceration during 7-year follow-up
- Twice as likely to achieve family reunification of at least one year

Substance Use Treatment in the Community is a Good Investment



- Every \$1 spent on community drug treatment = **\$18 in benefits** to society
- Costs of incarceration are **5x higher** than community drug treatment



(UNODC, 2021; Washington State Institute for Public Policy, 2006)

Thank You!



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Created as a project of the Colombo Plan and launched as a Global Coalition priority at the United Nations Commission on Narcotic Drugs (CND) in Vienna on 21 March 2024. Over 260 people representing 55 Countries participated.



Join the ICATI Network!



- Being a part of ICATI represents a commitment to treat SUD as a health condition that requires treatment and care to support recovery, instead of responding with arrest, conviction, or punishment.
- There are no fees required to join the ICATI network. Country teams, government representatives, non-governmental organizations, international agencies, implementation sites, and individuals who are interested in developing ATI initiatives are invited to participate.

Join the **ICATI**
Network here





Questions & Answers



Polling Webinar

Participants