
ICCA Policy Position on Responding to Offenders with Substance Use Disorders

I. INTRODUCTION

The connection between drug and alcohol abuse and criminal behavior is well-documented. Drugs and drug and alcohol abusing behavior are linked to crime in many ways. Not only is it a crime to possess or sell illegal drugs, but the effects of drug-related behavior such as violence and property crimes impact communities on a daily basis.

The corrections system has a responsibility to intervene in substance abuse problems in order to reduce future criminal behavior, thus contributing to the community safety and reducing the costs associated with recidivism.

Fortunately, there are effective treatment programs. Virtually all studies conducted over the last 25 years show that substance abuse treatment is effective in reducing drug abuse, increasing employment, and decreasing crime.

II. BACKGROUND

Corrections officials estimate that between 70 and 80% of inmates need some level of substance abuse treatment. Nearly 50% of probation sentences include court-ordered drug/alcohol treatment.

The need for addiction treatment within the corrections system is great, however treatment availability is severely limited in most correctional facilities and in most jurisdictions. For example, less than 15% of those with substance abuse problems receive treatment during incarceration. Without appropriate treatment, numerous studies confirm that offenders are highly likely to recidivate. Even with treatment inside an institution, continued treatment in the community is necessary to gain the largest reductions in recidivism.

Treatment is cost-effective. For every dollar spent on treatment, seven dollars are saved due to significant reductions in criminal activity among program participants.

III. STATEMENT OF PRINCIPLES

Criminal justice sanctions alone are not as effective as drug and alcohol abuse treatment in reducing criminality and drug and alcohol abuse. Addictions treatment contributes to long-term crime control, reducing the risk of ongoing criminal behavior, and should be considered in the sentence for those with criminal risk factors associated with drug/alcohol addiction.

Alcohol and drug treatment offered within the context of corrections must be based on a coordinated response between the criminal justice and drug treatment systems. Treatment does not need to be voluntary to be effective. Furthermore, court requirements and community supervision can be used to get and keep individuals in treatment and to manage drug-abusing offenders safely and effectively in the community.

Correctional resources such as drug and alcohol treatment programs should be prioritized for those who are most likely to re-offend.

The treatment model should reduce the incidence of crime, rule violations, and drug/alcohol abuse while continuing to engage the offender in treatment. Holding offenders accountable for non-compliance is essential; however, offenders should not be discharged unsuccessfully from programs for exhibiting the problems that brought them into treatment.

IV. RECOMMENDATIONS

- For less serious crimes linked to addiction, provide treatment alternatives to incarceration and conviction such as therapeutic community treatment, deferred prosecution programs, and drug courts.
- Collaboration between corrections and treatment professionals is vital to the success of treatment delivered as part of a corrections system response.

- The community supervision agency and the community treatment provider will develop effective ways of sharing information about offenders, consistent with the federal confidentiality laws.
- Assessment which is standardized, objective, and comprehensive should be used to prioritize treatment, determine criminal risk factors, and to determine the proper level of care. Treatment should be prioritized for those with both a higher risk to re-offend and a higher level of severity in a substance abuse problem. Assessments of risk should be based on actuarial risk assessment tools.
- An individual treatment plan should be developed for each offender/client, taking into account age, gender, ethnicity and culture, problem severity, recovery stage, and level of structure needed. The treatment plan should also include criminal risk factors in addition to addiction that will be addressed in treatment.
- The supervising officer and the counselor communicate about the ongoing case plan and treatment plan so that both have input into the treatment agency's treatment plan and to the community supervision agency's case plan. The expectations and requirements placed on offenders by the treatment agency and by the community supervision agency will be coordinated so that they support and reinforce each other and there are no inconsistent expectations.
- Treatment program design should address issues of motivation. Treatment options should be available for offenders consistent with their assessed stage of change.
- Treatment should be based on cognitive and behavioral interventions and/or social learning approaches. Treatment programs should be of sufficient length and intensity to produce stable behavior changes based on replacing old patterns of thinking and behaving and learning and practicing new skills for avoiding drug use and criminal behavior.
- Incentives and sanctions should be a part of the treatment design. They are used to encourage prosocial behavior and treatment participation; reinforce positive behavior; and respond to violations of program rules or supervision requirements. The types of sanctions and incentives and the ways they will be used to affect the

behavior of the drug-involved offender will be jointly planned by the treatment agency and the community supervision agency.

- Drug and alcohol use during treatment should be monitored. There should be a consequence for this or any other rule violation, but that consequence should not automatically result in withdrawal from treatment. In fact, sanctions should be used to assure longer stays in treatment which are associated with good outcomes.
- Co-ed treatment should be avoided if possible. Women generally experience better outcomes when treated in gender-specific and gender-responsive settings.
- Programs should include relapse prevention planning and comprehensive transition planning so that participants are more likely to adjust to the next level of care or change in living situation.
- Evaluate the effect of treatment approaches and use the evaluation to adjust program delivery toward greater effectiveness.

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