Drug Treatment in CJ Settings: What We Know
Dr. Kevin Knight
Institute of Behavioral Research (IBR)
Texas Christian University (TCU)

"Paths to Recovery"
Invited Keynote Presentation
Utah Fall Substance Abuse Conference
September 20, 2006, St. George, UT

What We Know:
Fact #1
Offender Drug Use is a MAJOR Problem

6.9 Million in CJ System

Illicit Drug Use among State Prisoners
(Percentages in 1997; N~1,050,000)

Approximately ½ are drug dependent.

Assessing Treatment Needs

TCU Drug Screen (TCUDS):
Short assessment (2 pages) for:
- Drug use/DSM "classification"
- Treatment needs/history
- FREE & Self-Administered (5 min)

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What We Know: Fact #2
Treatment Can Work!

Public Health
- Reduction in relapse rates

Public Safety
- Reduction in recidivism rates

Delaware/Crest Program: 3-Year Re-Arrest & Drug Use Rates

California/Amity Program: 3-Year Return-to-Custody Rates (%)
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Texas/ New Offenses Only:
3-Year Return-to-Custody Rates (%)

No Treatment  Aftercare Completers
19 [13]
22 [19]
6 [21]

Fact #3
Addiction Is Similar To Other Medical Conditions

What We Know: Knight, Simpson, & Hiller, 1999, The Prison Journal

Changes in Tissue Function

Decreased Brain Metabolism in Drug Abuse Patient

Control  Cocaine Abuser

Decreased Heart Metabolism in Heart Disease

Addiction is a “Real” Medical Conditions

McLellan et al., 2000, JAMA

ADDICTION CAN BE TREATED

Normal Control  METH Abuser (1 month detox)  METH Abuser (24 months detox)

Defining Addiction
A chronic but treatable condition (“relapses” are common -- like other health problems)
**Comparative Rates for Treatment Relapse & Compliance**

- Diabetes: 40% Relapsed (Mdn) in 1 Yr, 50% Complied w Trt Plan
- Hypertension: 55% Relapsed, 30% Complied
- Asthma: 70% Relapsed, 30% Complied


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**“Failure” Rates for Addictions**

(reduction <50% in use after 6 mos.)

- Alcohol: 50% Relapsed, 70% Complied
- Opiates: 40% Relapsed, 45% Complied
- Cocaine: 45% Relapsed, 70% Complied
- Nicotine: 50% Relapsed, 45% Complied


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**Effective Treatments**

- Adherence to prescribed medications
- Adherence to recommended behavioral changes (e.g. diet, exercise, etc.)
- Relapse factors

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**Adherence**

50% of medical patients **LIE** about adherence

Sources: National Center Health Stats; Harrison, 13th Ed. (more than 30 published studies)

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**What We Know:**

**Fact #4**

There is NO Silver Bullet

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**Effective Treatment is Comprehensive**

Etheridge, Hubbard, Anderson, Craddock, & Flynn, 1997 (PAB)
**Effective Treatment is Based on Science: TCU Treatment Model**

- Patient Severity Assessment
- Program Readiness
- Supportive Networks
- Social Skills Training
- Early Engagement
- Behavioral Change
- Early Recovery
- Retention/Transition

**Effective Treatment is a Stage-Based Process**

- Screening & Referral
- Severity Assessment
- Criminal Justice System
- Corrections Programs
- Offender Re-entry

**What We Know: Fact #5**

Treatment Intensity = Problem Severity

**What works with “highest efficiency?”**

- Low Intensity (Educational in General Pop)
- High Intensity (Structured & Segregated)
- Aftercare (or Re-entry) Program

**Problem Severity and Intensive Treatment**

- % 3-Year Recidivism
- No Treatment (n=103)
- In-Prison+Aftercare (n=181)

**What We Know: Fact #6**

Good Outcomes Depend On

Good “Process”
“Process Model” for Treatment

Simpson, 2002, 2004 (J. Substance Abuse Treatment)

Predictors of Recidivism
(Univariate analysis model)

N=279; Broome, Knight, Hiller, Simpson, 1996, J. Sub Abuse Treatment

Process & Recidivism

N=279; Broome, Knight, Hiller, Simpson, 1996, J. Sub Abuse Treatment

Treatment Engagement by Motivation (Desire for Help)

Hostility by Treatment Engagement

Targeted Interventions

Get Focused!!
Selection of Targeted Interventions

Revised & Tested
in Correctional Samples

Simpson, 2002, 2004 (Substance Abuse Treatment)

NIDA List of
“Scientifically Based Approaches”

For Criminal Justice Populations