

Research Summary

Focus on Drug Treatment in Correctional Settings

Special Issue

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Drug Use and Crime in the U.S.

Want More Information?

Further information about the studies and interventions in this summary is available at the IBR Web site: www.ibr.tcu.edu

Got Questions?

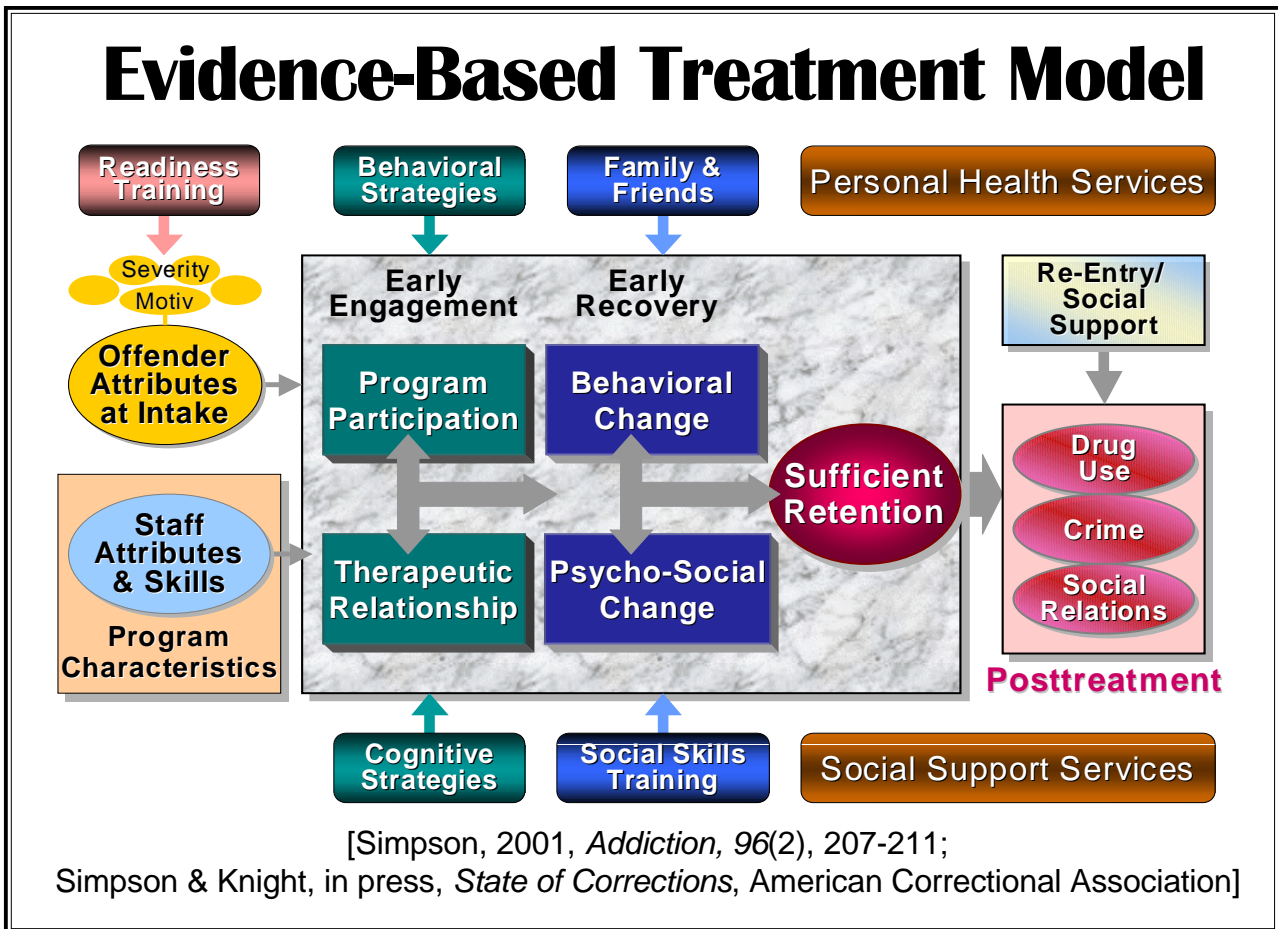
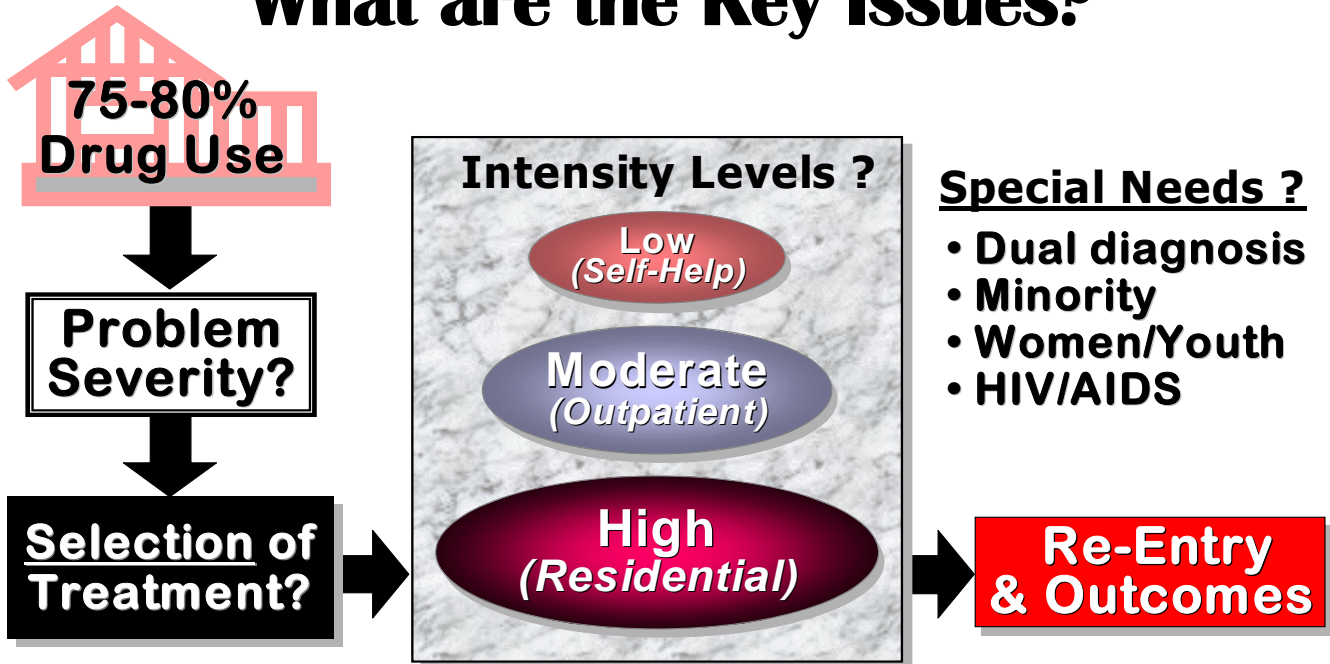
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1. Nearly 6.6 million adults in the United States were incarcerated or under community supervision in 2001. This represents —
 - ✓ *3.1% of the nation's population, or 1 in every 32 adults.*
 - ✓ *a 49% increase in the total correctional population over the past decade.*
2. Approximately 2 out of 3 arrestees have drugs in their urine.
3. Approximately 2 out of 5 probationers were placed under community supervision because of a drug law violation or DWI.
4. Approximately 8 of 10 state prisoners admit having a history of drug use, but only 1 in 10 report being treated for drug use since admission (down from 1 in 4 in 1991).

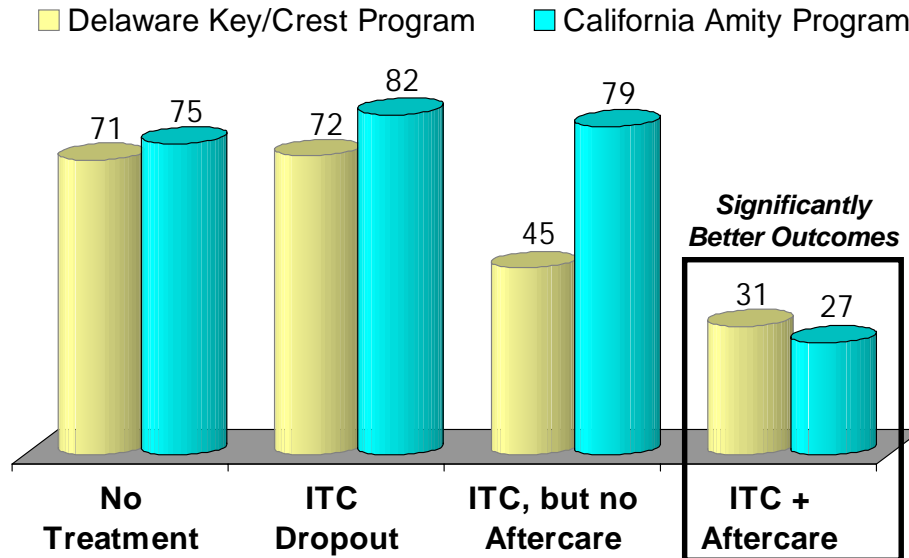
New National Research Program for Corrections-Based Treatment

IBR was recently chosen as one of seven National Research Centers created to study current drug treatment practices and outcomes in correctional populations and to examine strategies for improving treatment services for drug-involved offenders. The *Criminal Justice Drug Abuse Treatment Studies (CJ-DATS)*, a 5-year cooperative agreement project funded by the National Institute on Drug Abuse (NIDA), will investigate key elements of correctional drug treatment systems in the U.S. and make recommendations for policies to enhance outcomes and improve the overall efficiency of treatment service delivery. A key objective for this landmark study is the establishment of science-based evidence for guiding treatment of correctional populations to reduce drug use and crime-related costs to society. (See Overview chart on back page.)

What are the Key Issues?

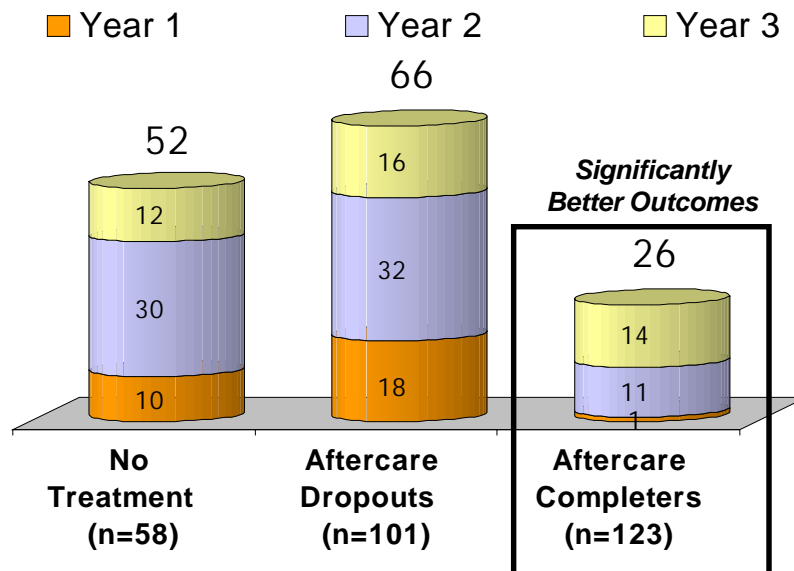


Delaware & California TC Programs: 3-Year Reincarceration Rates (%)



[Martin, Butzin, Saum, & Inciardi, 1999; Wexler, Melnick, Lowe, & Peters, 1999, Sept/Dec issue of *The Prison Journal*]

Texas/High Severity Group: 3-Year Reincarceration Rates (%)

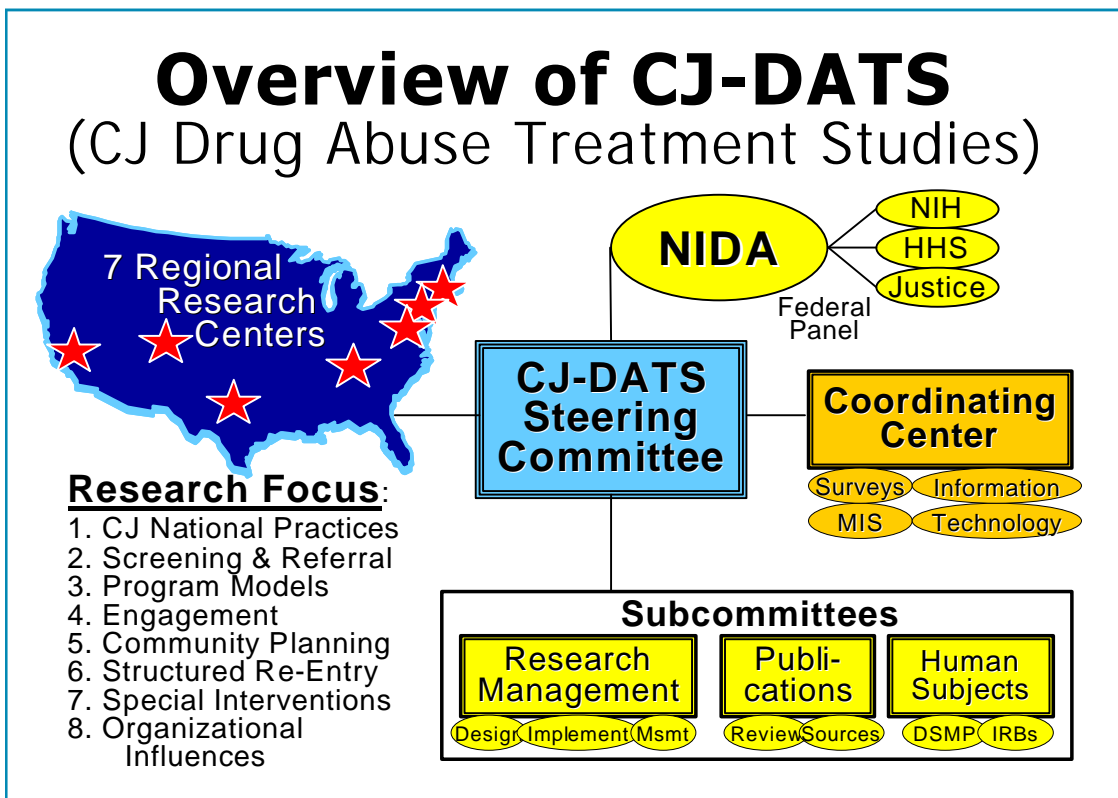


[Knight, Simpson, & Hiller, 1999, Sept/Dec issue of *The Prison Journal*]

General Findings and Recommendations*

1. Setting, duration, and training are important in establishing *Intensive Treatment*.
 - ✓ *Intensive Treatment is defined as 6-12 months in a residential (isolated) treatment unit.*
 - ✓ *On-going monitoring and evaluation serves management and accountability needs.*
2. Risk assessments are needed to guide referrals to treatment (Knight et al., 1999).
3. Several therapeutic approaches are effective (Pearson & Lipton, 1999).
 - ✓ *Boot camps and periodic drug-focused counseling have poor outcomes.*
 - ✓ *Programs that use agonists (such as methadone) for heroin dependence show promise.*
 - ✓ *Selective education, 12-step, and cognitive-behavioral therapies can be effective.*
4. Intensive treatment is most cost effective for high-severity cases (Griffith et al., 1999).
5. Inappropriate placements reduce treatment effectiveness and efficiency.
6. Induction strategies can raise treatment engagement (Blankenship et al., 1999).
7. Engagement is crucial for effectiveness.
 - ✓ *Participation in transitional “aftercare” is shown to be essential.*
 - ✓ *Court-mandated treatment can be effective with low motivation clients.*

* [Citations are from the Sept/Dec issue of *The Prison Journal*, 1999]



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