The Impact of Drug Treatment on Public Safety & Public Health

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Institute of Behavioral Research
Texas Christian University

2014 Texas Corrections Association
2014 Annual Training Conference & Services Display
June 10, 2014

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CJ Stats for US and Texas

TX has 4th highest adult incarceration rate (tied with AL 648/100,000) [1st 867-LA, 2nd 686-MS, 3rd 654-OK]
22% from Harris County
15% from Dallas County

Good News: TX incarceration rate has fallen nearly 20% since 2007 compared with national decline of 5%

Regular Drug Abuse

Approximate Cost of Drug Abuse in the U.S. in 2002

- 70% Prisoners
- 9% General Population

$181 Billion
$187 Billion Associated with Drug-Related Crime

The Sagamore Journal, 4/13/2010

National Institute of Corrections, TX Public Policy Foundation, National Research Council

Approximately 2.3 million in US prison or jail, another 7 million under supervision (about 3% of US population)
Kevin Knight, Ph.D., Associate Director

Impact of Drug Treatment

Texas Corrections Association
June 10, 2014  Sugar Land, TX

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**Drug Use Severity and Reincarceration**

<table>
<thead>
<tr>
<th>Drug Use Severity</th>
<th>% Reincarceration (15 Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>22</td>
</tr>
<tr>
<td>Low</td>
<td>23</td>
</tr>
<tr>
<td>Moderate</td>
<td>24</td>
</tr>
<tr>
<td>Substantial</td>
<td>37</td>
</tr>
<tr>
<td>Severe</td>
<td>44</td>
</tr>
</tbody>
</table>

N=324; Weekes, Millson, & Lightfoot, http://198.103.98.138/crd/forum/e073/e073c.htm

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**Recidivism and Relapse**

- Criminal Recidivism in 3 Years
  - 68% Re-arrested
  - 47% Convicted
  - 50% Re-incarcerated

- Relapse to Drug Abuse in 3 Years
  - 95% Relapse

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**Chronic Medical Conditions (HIV/Al DS, Hep B/C, & TB)**

In a Given Year . . .

About 14% of all people in the US with HIV, & 33% of those with Hep C, & 40% of those with TB -- will pass through a correctional facility.

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**Death Among Recent Inmates of the Washington State Corrections Compared to Other State Residents**

- Suicide
- Homeocide
- Liver Disease
- MVA
- Suicide
- CVD
- Cancer

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**Treatment Can Work! (review of 154 studies)**

- % Reduction in Recidivism
  - Sanctions: -7
  - Inappropriate Treatment: -6
  - Appropriate Treatment: 30


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**California/Amity Program**

3-Year Return-to-Custody Rates (%)

- No Treatment (n=189)
- ITC Dropout (n=73)
- ITC, but no Aftercare (n=154)
- ITC + Aftercare* (n=162)

* p<.001

Wexler, Melnick, Lowe, & Peters, 1999 (The Prison Journal)
**Recidivism—More Recent #s**

80,000 adults, 5,000 juveniles were released in FY2012
355,000 adults, 30,000 juveniles under active supervision

Rearrested/Reincarcerated within 3 Years (FY08)
- Prison-47%/22%; State Jail-63%/31%
- IPTC-45%/23%; SAFPF-41%/39%
- TJJD (Secure Residential)-78%/46%; Juvenile Probation Depts (Secure Residential)-67%/30%

Revocation Rates (FY08)
- Adult System 10-15%; Juvenile System 4-14%

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**How do I know if someone is a good candidate for drug treatment?**

- History of drug use may indicate a need for treatment
- Screening for history of drug use first step (short, quick, can be done by C professionals)
- Comprehensive assessment of drug use and related problems second step (longer, results in treatment plan, typically done by treatment professional)
  - drug use
  - other problem areas (e.g. employment, housing)
  - treatment experience
  - mental, and physical health

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**Alcohol and Drug Dependence Screens**

<table>
<thead>
<tr>
<th>Screen</th>
<th>Overall Correct Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCUDS</td>
<td>83</td>
</tr>
<tr>
<td>ASHD</td>
<td>84</td>
</tr>
<tr>
<td>SSI</td>
<td>84</td>
</tr>
<tr>
<td>SASSI2</td>
<td>70</td>
</tr>
<tr>
<td>Others</td>
<td>30</td>
</tr>
</tbody>
</table>

N=400; Peters et al., 2000 (Journal of Substance Abuse Treatment)
Eligible for Treatment?
The TCU Drug Screen

TCU Drug Screen (TCUDS):
Short assessment (2 pages) for:
- Drug problems/dependence
- Treatment history/needs

Assessment:
- N ~ 50,000

TCUDS Diagnosis
47%
1. TCUDS Diagnosis
24%
2. Existing Records

71% referred to treatment

Severity of Problem -> Level of Care

Low Severity
- Low Intensity
  (Education)

High Severity
- High Intensity
  (Residential/Therapeutic Community)
- Long-Term
  (Recovery Program)

Eligible for Treatment?

TCU Drug Screen

“Black Box” of Treatment

User

Reduced Crime and Health Problems

TCU Treatment Model

Motivational & Indications
- Personal Health Services
- Behavioral Strategies
- Family & Friends

Patient Variables
- Readiness
- Behavior

Program Variables
- Social Support Services
- Staff
- Resources

Reduction in Crime

Project Impact

Individuals Motivated to Participate in Adherence, Care and Treatment

Patrick Flynn & Kevin Knight
TCU Institute of Behavioral Research
David Wohl & Carol Golin
UNC Center for AIDS Research

A collaboration between TCU/TDCJ, UNC/NC DOC, and NIDA
Main Aim

Compare effect of standard prison test-and-treat (sTNT) with imPACT intervention on HIV viral load 24 weeks following prison release.

- 400 HIV+ inmates with HIV RNA levels <400 copies/mL on ART and who are 2 months prior to prison release in NC and TX are randomized to either:
  a) standard of care, wherein following HIV testing, infected inmates receive ART during incarceration with referral to community-based care and services by prison staff prior to release, or
  b) imPACT, which includes the sTNT plus our integrated, multi-component intervention

Viral Load Assessment

<table>
<thead>
<tr>
<th>Study Week</th>
<th>Enroll</th>
<th>Connect to Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>-12</td>
<td>85.14</td>
<td></td>
</tr>
<tr>
<td>-10</td>
<td>85.74</td>
<td></td>
</tr>
<tr>
<td>-8</td>
<td>72.61</td>
<td></td>
</tr>
<tr>
<td>-4</td>
<td>73.0%</td>
<td></td>
</tr>
</tbody>
</table>

Next Steps

- Complete enrollment by Q3 2014
- Last study visit by Q1 2015
- Primary and a secondary analyses to follow including:
  HIV RNA suppression
  Adherence to community HIV care and ART
  Risk behavior
  Modeling of transmission potential
  ART resistance

Sustainable Disease Risk Reduction Strategies for CJ Systems

PI: Wayne Lehman, PhD
Co-PI: Kevin Knight, PhD

Funded by the National Institute on Drug Abuse (NIDA)
R01 DA025885

- Developed and tested interventions that...
  - had a focus on the critical high-risk transition time between incarceration and return to the community
  - were designed to increase positive decision-making skills among offenders for healthy living
  - included teaching skills for making decisions for reducing disease risk behaviors, particularly those involving HIV and Hepatitis B & C.

  Included prison-based group curriculum (completed) and community corrections self-administered computerized tools (under development).
**WaySafe Results**

- The WaySafe curriculum was successfully implemented in 8 different prison-based substance abuse treatment programs in two different settings, varying by gender, type of program, and program length.
- The evidence supports the effectiveness of WaySafe in improving knowledge, confidence, confidence, and motivation in avoiding risky sex and drug use activities; knowledge and confidence for getting tested for HIV and skills for preventing HIV and confidence and motivation to use those skills.
- WaySafe had a positive effect in each of the 8 facilities in which it was implemented.

**WaySafe Development**

- Will adapt concepts from WaySafe including evidence-based TCU Mapping-Enhanced counseling to be developed for community corrections.
- Will be self-administered by participating probationers while waiting for meetings with their probation officers and will require minimal staff assistance.
- Twelve StaySafe sessions will be designed to take approximately 15-20 minutes each to complete during the first six months of probation.
- StaySafe will utilize touchscreen tablet computers that allow the intervention to be individualized to the needs and goals of each participant and provide an easy-to-use interface to complete guide maps and recall completed assignments from previous sessions.

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**DDR 1 WaySafe Sessions**

<table>
<thead>
<tr>
<th>WaySafe Sessions</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>1. Introduction to Mapping</td>
<td>Background about node-link mapping, a thinking and problem-solving tool that helps people explore their beliefs and decisions.</td>
</tr>
<tr>
<td>2. Risks and Reasons</td>
<td>Thinking about why people take risks and examine their own beliefs about risk-taking.</td>
</tr>
<tr>
<td>3. The Game</td>
<td>Reviewing what you know and don't know about HIV and other illnesses.</td>
</tr>
<tr>
<td>4. The Should/Want Problem</td>
<td>Distinguishing between WANTS and SHOULDs.</td>
</tr>
<tr>
<td>5. Risk Scenarios</td>
<td>Learning about and identifying risky situations.</td>
</tr>
<tr>
<td>6. Planning for Risks</td>
<td>Most people do not do a very good job planning for how they will deal with risks in life. Learn how to think ahead and enjoy the benefits.</td>
</tr>
</tbody>
</table>

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**DDR 2: StaySafe for Community Corrections**

An important goal for StaySafe is to develop a sustainable, evidence-based product to help probationers make better decisions regarding health risk behaviors and

- that can be administered by probation departments with minimal staff training and time,
- that is engaging and easy to use by probationers,
- that requires minimal maintenance,
- and is free to probation departments (other than the cost of the touchscreen computers).

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**THE TCU ADOLESCENT PROJECT**

**TREATMENT RETENTION AND INDUCTION PROGRAM (TRIP)**

**PI: Pat Flynn, PhD & PD: Danica Knight, PhD**

**FUNDED BY: NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)**

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**TRIP UNDERLYING COMPONENTS**

- **GOALS**
  - Intention & Engagement
  - Motivation
  - Self-efficacy
- **READINESS**
  - Perspective Taking
  - Social Norms
  - Self-Efficacy
- **COMPLEX SKILLS**
  - Self-Regulation
  - Planning
  - Emotion Recognition
- **BASIC PROCESSES**
  - Judgment & Decision-Making Processes
  - Reasoning
  - Working Memory
**GROUP LEADER’S TOOLS**

- Leader’s manual (Trip Sessions 1–8)
- Peer Leader Module
- Resource guide maps

**Downward Spiral Game Set**
- Game Board
- Dice and game pieces
- “Quick” Rules
- Scorecards

**Icebreakers**
- Ash Adams Magic DVD
- Decks of cards
- Candies, crayons

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**Work It** helps train clients in the process of “working through” a problem or goal. A first focus is on perspective-taking.

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**Juvenile Justice - Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS)** Cooperative Agreement

- PI: Danica Knight, PhD

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**Juvenile Justice - Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS)**

- 5-year Cooperative Agreement w/ $5m/year budget
  - 6 Research Centers, 1 Coordinating Center
  - Funding to begin July 2013
  - Official Launch: October 2013

- **Overarching philosophy:** Every adolescent in the juvenile justice system could benefit from evidence-based prevention and/or treatment interventions that target substance use and HIV risk behaviors.