

Texas Association of Addiction Professionals

San Antonio, TX

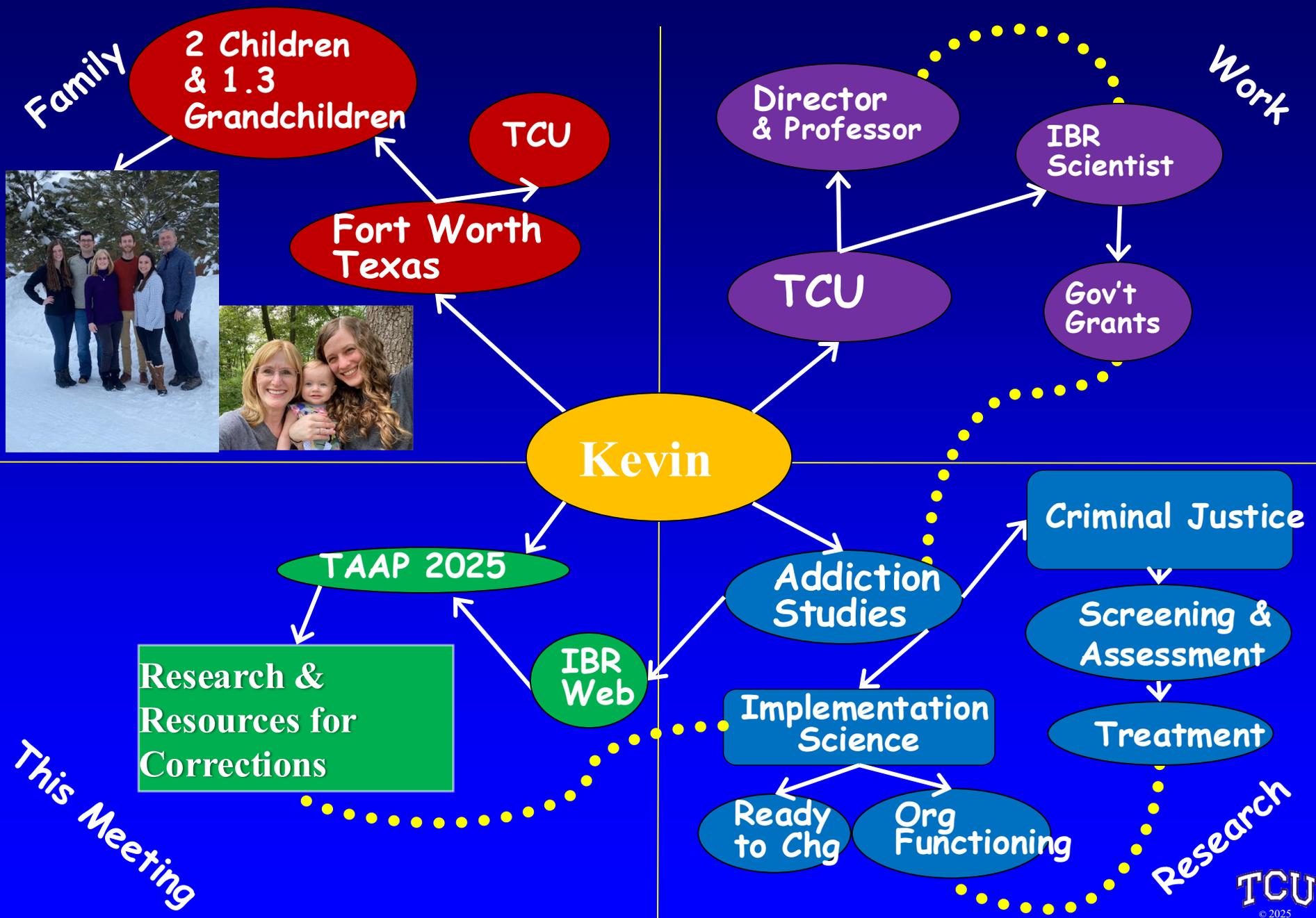
September 5, 2025

**The Noble Quest Against Addiction:
Research and Resources
for Corrections**

Kevin Knight

Institute of Behavioral Research

Texas Christian University



The Challenge

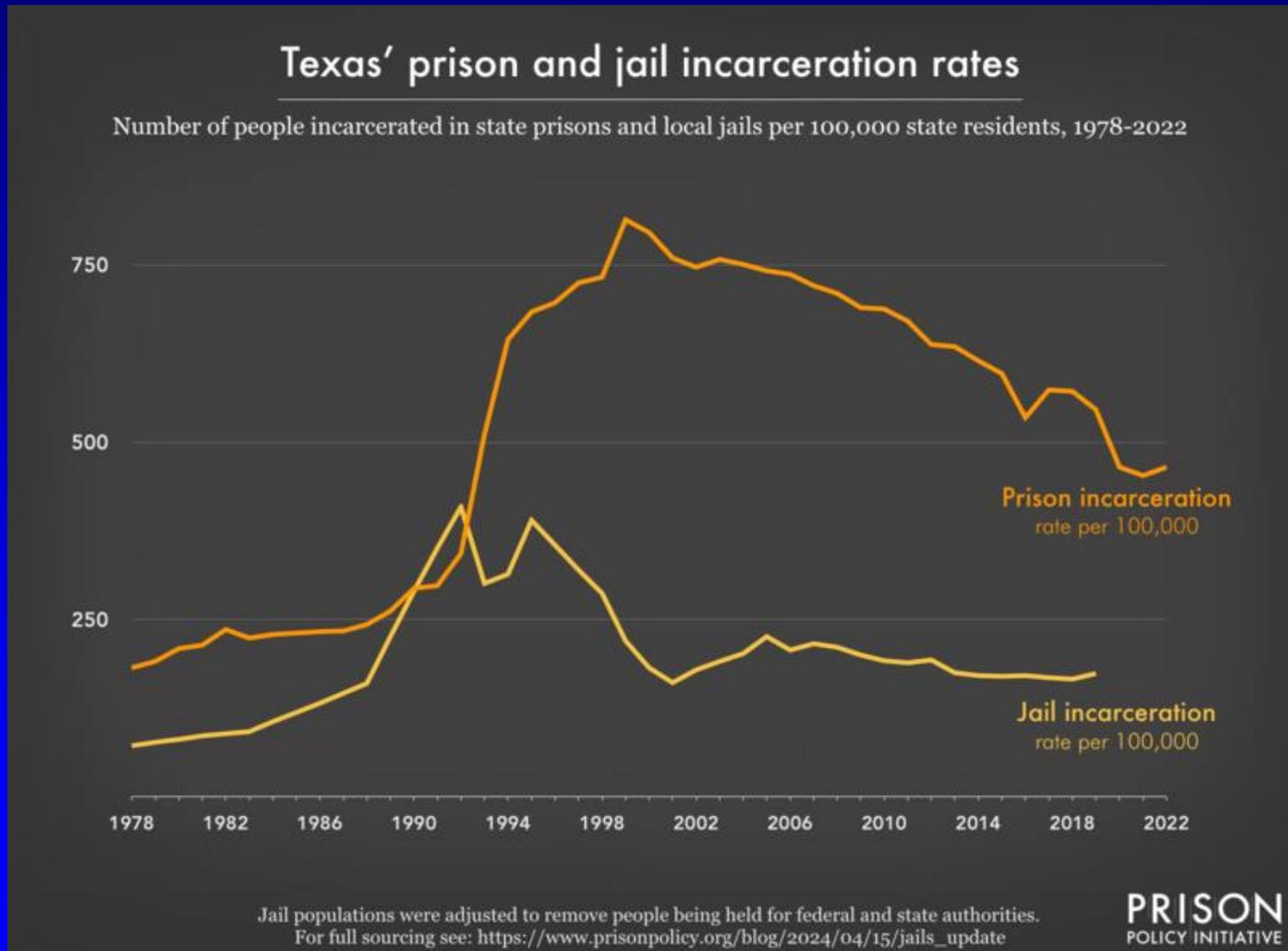
219,000 People from Texas are Behind Bars

How many Texas residents are locked up and where?

219,000 of Texas's residents are locked up in various kinds of facilities



Texas Rates of Imprisonment Have Grown Dramatically in the Past 40 Years



Reliance on Jailing in Texas

Pretrial policies have driven recent jail growth in Texas

Number of people incarcerated in local jails by conviction status, 1978-2019

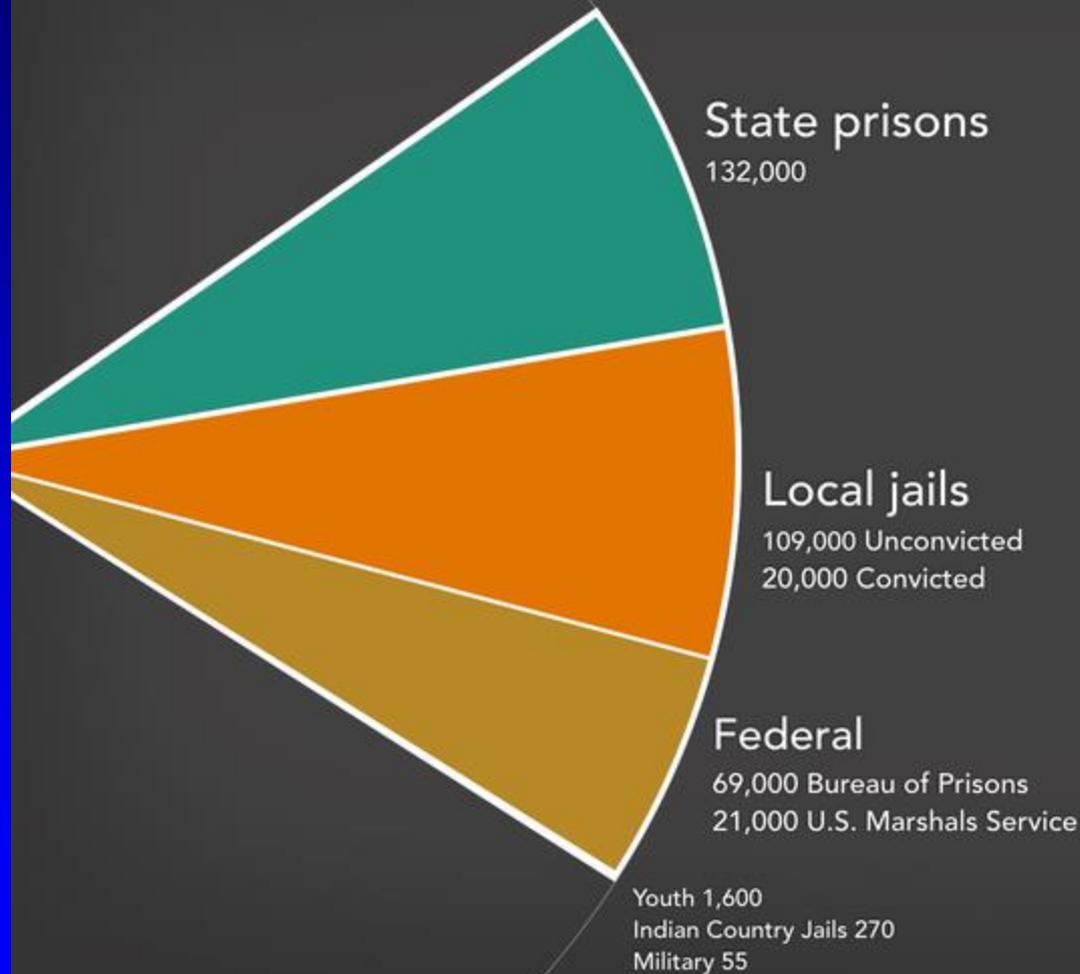


Jail populations were adjusted to remove people being held for federal and state authorities.
For full sourcing see: https://www.prisonpolicy.org/blog/2024/04/15/jails_update

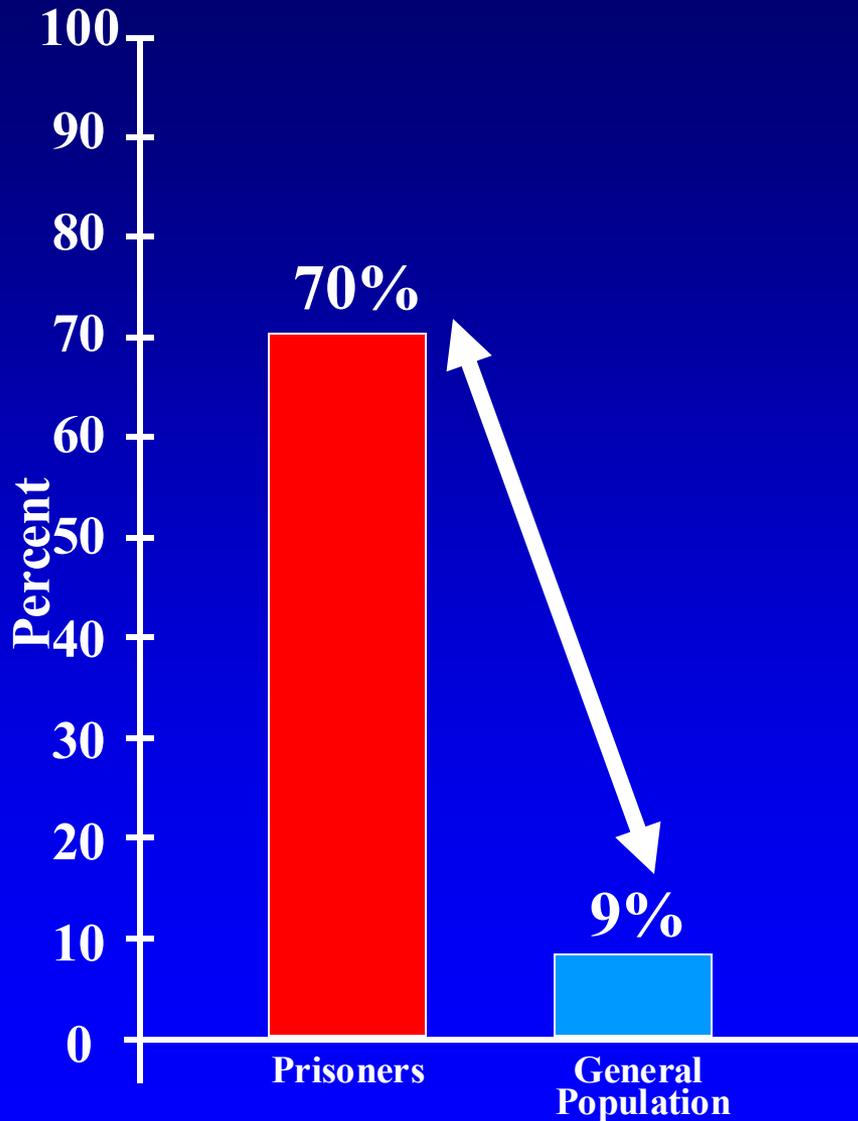
PRISON
POLICY INITIATIVE

1 in 5 incarcerated people is locked up for a drug offense

353,000 are incarcerated for drug offenses on any given day



Regular Drug Abuse



A 2025 Texas Appleseed brief estimates ~64% of people in Texas **state jails** meet criteria for a substance use disorder.

Recidivism and Drug Use Recurrence

Criminal Recidivism in 3 Years

68% Re-arrested

47% Convicted

50% Re-incarcerated

Drug Use in 3 Years

95% Recurrence



Did you know?

Crime rates during periods of narcotic addiction are
7x higher than during periods of non-addiction
(Schaffer, Nurco, & Kinlock, 1984).

What does research tell us that can we do to improve outcomes for those involved in the criminal justice/legal system AND who have a history of problematic substance use?

What we have tried.....that
didn't work!

Just Say "No" (Nancy Reagan - 1980s)



Shaming (Tent City– 1970s-90s)



Alternative Activities (2000s+)

SFGate.com www.sfgate.com [Return to regular view](#)

Gardening Conquers All How to cut your jail recidivism rates by half

Lisa Van Cleef, Special to SF Gate
Wednesday, December 18, 2002
©2003 SF Gate

URL: <http://www.sfgate.com/cgi-bin/article.cgi?f=/p/archive/2002/12/18/greeng.DTL>



In 1982, Catherine Sneed was lying in a hospital bed, so ill with kidney disease that her San Francisco County Jail co-workers were coming to say their good-byes -- prematurely, it turns out. While in the hospital, Sneed read Steinbeck's "Grapes of Wrath" and came to the pivotal realization that people feel most hopeful when they have a connection to the land, and that vital connection was missing at the county jail.

Sneed, a high school dropout who put herself through law school, became a jail counselor rather than a lawyer because, she says, she wanted to keep people out of jail rather than put them in. She attributes her recovery to that Steinbeck-inspired epiphany which then led to her determination to start [the Garden Project](#).

Today, the county jail's Garden Project has employed more than 4,300 ex-prisoners and served thousands of incarcerated men and women, teaching them essential job and life skills and providing literacy courses and computer training all while they work the jail's 12-acre organic garden in San Bruno or the project's second garden in Hunters Point.

The garden serves as a setting where the participants not only acquire horticultural skills and an awareness of the role plants play in our lives but also learn the basics required in the working world, such as adhering to a schedule, working with a group and accepting responsibility for specific tasks.

Sneed says her goal is to provide Garden Project apprentices an alternative to the cycle of crime that has more than half the parolees returning to jail within a year. Her program shows them that "getting up every day and going to work, doing the best you can while there and getting a paycheck is easier than dealing drugs, easier than prison," she adds.

And it works. According to San Francisco County Sheriff Mike Hennessy, "The Garden Project is a tremendously effective crime-prevention program. It not only helps individuals rebuild their lives, but recidivism studies we've conducted also show that while 55 percent of our prisoners are rearrested within a year, those who go through the Garden Project have a recidivism rate of 24 percent, and that's after two years.

"The participants of the Garden Project are what we call 'frequent fliers' -- those people who were in and out of jail many times," Hennessy points out. "You don't find too many other programs this successful."

Having Fun (2010s+)



Prison. More fun in the
Philippines

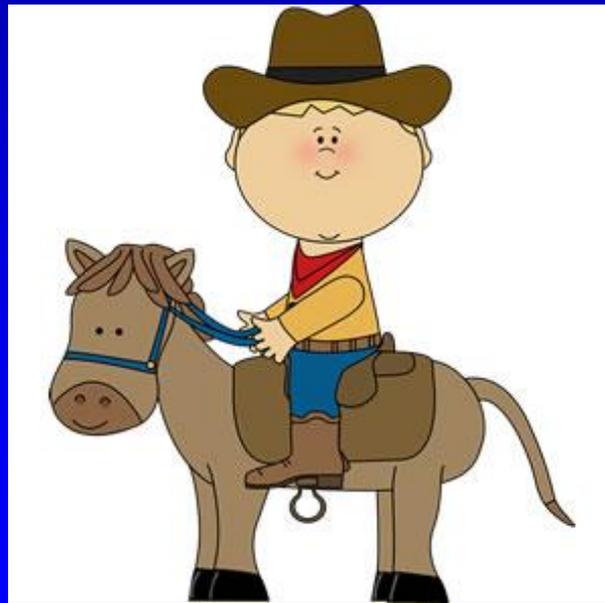
The Wisdom of the Dakota Indians:
When you discover you are riding a
dead horse, the best strategy
is to dismount.



Within the Criminal Justice System, however, a whole range of far more advanced strategies are often employed, such as:

1. Use a stronger whip to get the horse moving
 - make sentences longer
 - provide more intensive supervision
 - instill discipline through “boot camps”
2. Change riders
 - hire a different provider to provide the same failed services
 - hire outside contractors to provide the same failed services
3. Appoint a committee to study the dead horse
 - provide additional funding/training to maintain poor services
 - recommend lowering standards to expand availability
4. Promote the dead horse to a supervisory position

It's time to dismount
and try a different horse



Three Important Considerations

- How do you know if treatment is appropriate?
- How do you tailor or optimize treatment?
- How do you know if what you are doing is “working?”

Three Important Considerations

- How do you know if treatment is appropriate?
- How do you tailor or optimize treatment?
- How do you know if what you are doing is achieving the desired outcomes?

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

Client ID#	Today's Date	Facility ID#	Zip Code	Administration
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TCU DRUG SCREEN 5

During the last 12 months (before being locked up, if applicable) –

	Yes	No
1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?	<input type="radio"/>	<input type="radio"/>
2. Did you try to control or cut down on your drug use but were unable to do it?	<input type="radio"/>	<input type="radio"/>
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?	<input type="radio"/>	<input type="radio"/>
4. Did you have a strong desire or urge to use drugs?	<input type="radio"/>	<input type="radio"/>
5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children?	<input type="radio"/>	<input type="radio"/>
6. Did you continue using drugs even when it led to social or interpersonal problems? ...	<input type="radio"/>	<input type="radio"/>
7. Did you spend less time at work, school, or with friends because of your drug use?	<input type="radio"/>	<input type="radio"/>
8. Did you use drugs that put you or others in physical danger?	<input type="radio"/>	<input type="radio"/>
9. Did you continue using drugs even when it was causing you physical or psychological problems?	<input type="radio"/>	<input type="radio"/>
10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before?	<input type="radio"/>	<input type="radio"/>
10b. Did using the same amount of a drug lead to it having less of an effect as it did before?	<input type="radio"/>	<input type="radio"/>
11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	<input type="radio"/>	<input type="radio"/>
11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms?	<input type="radio"/>	<input type="radio"/>
12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE]		
<input type="radio"/> None	<input type="radio"/> Stimulants – Methamphetamine (<i>meth</i>)	
<input type="radio"/> Alcohol	<input type="radio"/> Synthetic Cathinones (<i>Bath Salts</i>)	
<input type="radio"/> Cannaboids – Marijuana (<i>weed</i>)	<input type="radio"/> Club Drugs – MDMA/GHB/Rohypnol (<i>Ecstasy</i>)	
<input type="radio"/> Cannaboids – Hashish (<i>hash</i>)	<input type="radio"/> Dissociative Drugs – Ketamine/PCP (<i>Special K</i>)	
<input type="radio"/> Synthetic Marijuana (<i>K2/Spice</i>)	<input type="radio"/> Hallucinogens – LSD/Mushrooms (<i>acid</i>)	
<input type="radio"/> Opioids – Heroin (<i>smack</i>)	<input type="radio"/> Inhalants – Solvents (<i>paint thinner</i>)	
<input type="radio"/> Opioids – Opium (<i>tar</i>)	<input type="radio"/> Prescription Medications – Depressants	
<input type="radio"/> Stimulants – Powder Cocaine (<i>coke</i>)	<input type="radio"/> Prescription Medications – Stimulants	
<input type="radio"/> Stimulants – Crack Cocaine (<i>rock</i>)	<input type="radio"/> Prescription Medications – Opioid Pain Relievers	
<input type="radio"/> Stimulants – Amphetamines (<i>speed</i>)	<input type="radio"/> Other (specify) _____	

TCU Drug Screen 5

1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?
2. Did you try to control or cut down on your drug use but were unable to do it?
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?
4. Did you have a strong desire or urge to use drugs?
5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children?
6. Did you continue using drugs even when it led to social or interpersonal problems?

7. Did you spend less time at work, school, or with friends because of your drug use?
8. Did you use drugs that put you or others in physical danger?
9. Did you continue using drugs even when it was causing you physical or psychological problems?
10. Did...
 - a. you need to increase the amount of a drug you were taking so that you could get the same effects as before?
 - b. using the same amount of a drug lead to it having less of an effect as it did before?
11. Did...
 - a. you get sick or have withdrawal symptoms when you quit or missed taking a drug?
 - b. you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms?
12. Which drug caused the most serious problem during the last 12 months?

Mild disorder: Score of 2-3:

No treatment needed (e.g., Drug Education)

Moderate disorder: Score of 4-5:

Less intensive option (e.g., Drug Court)

Severe disorder: Score of 6+:

Most intensive options (e.g., RSAT Diversion Program)

Eligible for Treatment?

The TCU Drug Screen

TCU Drug Screen (TCUDS):

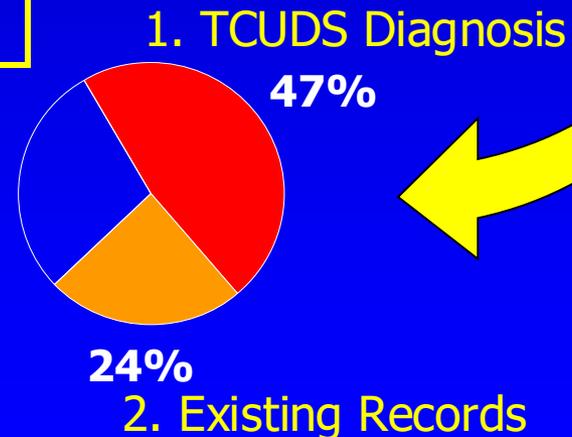
Short assessment (2 pages) for --

- Drug problems/dependence
- Treatment history/needs



Assessments:
N ~ 50,000
per Year

71% referred to treatment



Client ID#	Today's Date	Facility ID#	Zip Code	Administration
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TCU DRUG SCREEN 5 – Opioid Supplement

***If the response to TCU Drug Screen 5, page 2, Q13e, Q13f, or Q13r regarding opioid use is more than “Never,” then complete the following questions.**

In the LAST 12 MONTHS –

1. **What types of opioids have you used?**
 - a. Heroin No Yes
 - b. Oxycodone (Oxycontin, Percodan, Percocet) No Yes
 - c. Hydrocodone (Vicodin, Lortab, Lorcet, Norco, Zohydro) No Yes
 - d. Morphine (Kadian, Avinza, MS Contin) No Yes
 - e. Fentanyl (Duragesic, Fentora) No Yes
 - f. Hydromorphone (Dilaudid, Exalgo) No Yes
 - g. Methadone (Dolophine) No Yes
 - h. Oxymorphone (Opana) No Yes
 - i. Codeine (Tylenol/cough syrup with codeine) No Yes

2. **How many times did you inject an opioid?**
 - Never A few times 1-3 times/month 1-5 times per week Daily

3. **How many times did you take an opioid in another way (e.g., ground pills and sniffed it, put a film in your mouth)?**
 - Never A few times 1-3 times/month 1-5 times per week Daily

4. **How many times did you take an opioid prescribed for you?**
 - Never A few times 1-3 times/month 1-5 times per week Daily

5. **How many times did you take an opioid prescribed for someone else?**
 - Never A few times 1-3 times/month 1-5 times per week Daily

6. **From whom did you get the opioids you took?**
 - a. Medical doctor/pharmacy? No Yes
 - b. Family member? No Yes
 - c. Friend? No Yes
 - d. Someone else (e.g., “on the street”)? No Yes

7. **Have you taken opioids for medical reasons?** No Yes*

*IF YES, briefly describe the reasons:

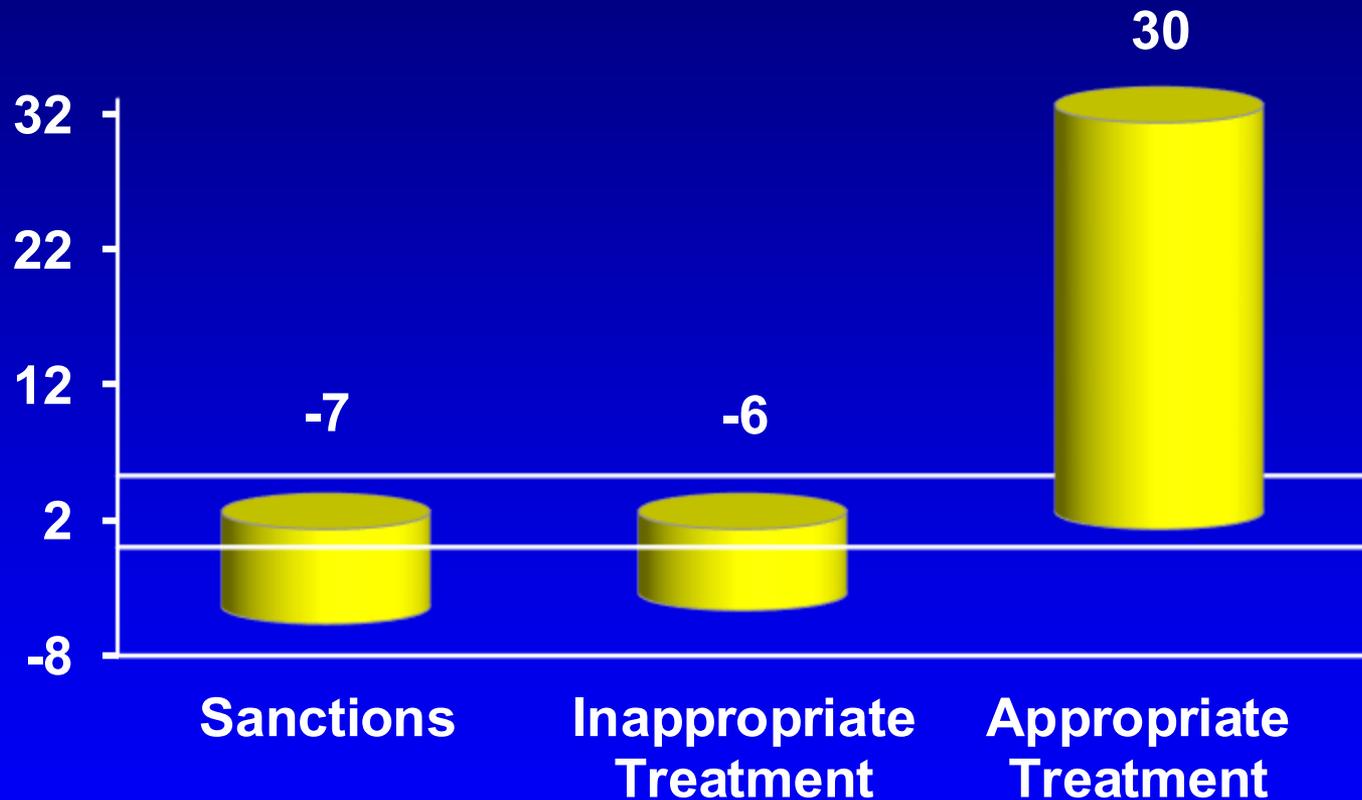


Three Important Considerations

- How do you know if treatment is appropriate?
- How do you tailor or optimize treatment?
- How do you know if what you are doing is “working?”

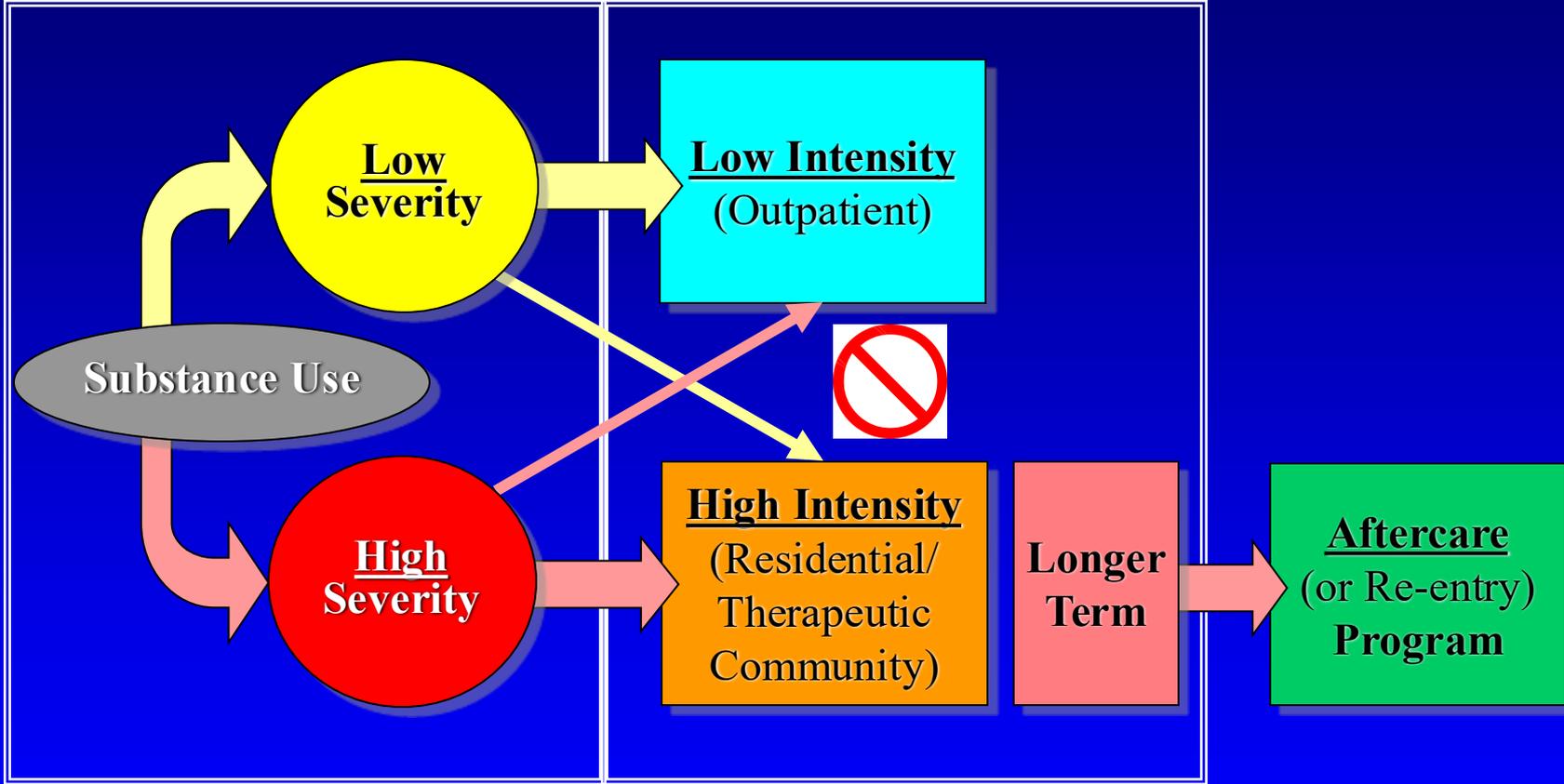
Treatment & Incarceration

% Reduction in Recidivism



Andrews, D.A. 1994. An Overview of Treatment Effectiveness. Research and Clinical Principles, Department of Psychology, Carleton University.

Substance Use Severity->Level of Care



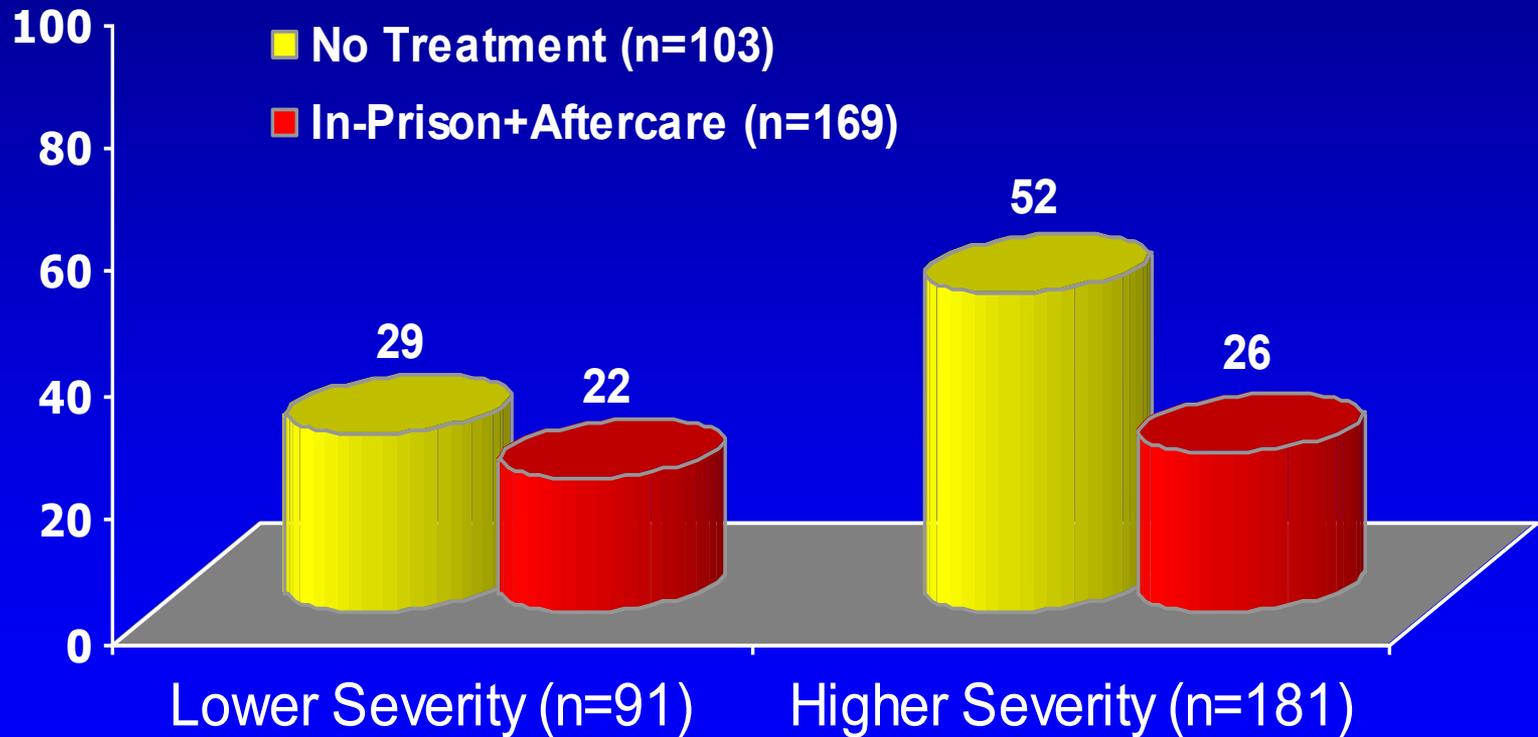
Need for Longer-term Treatment

Planned longer-term treatment or support increases one's chances of abstaining or consuming moderately by almost 25%

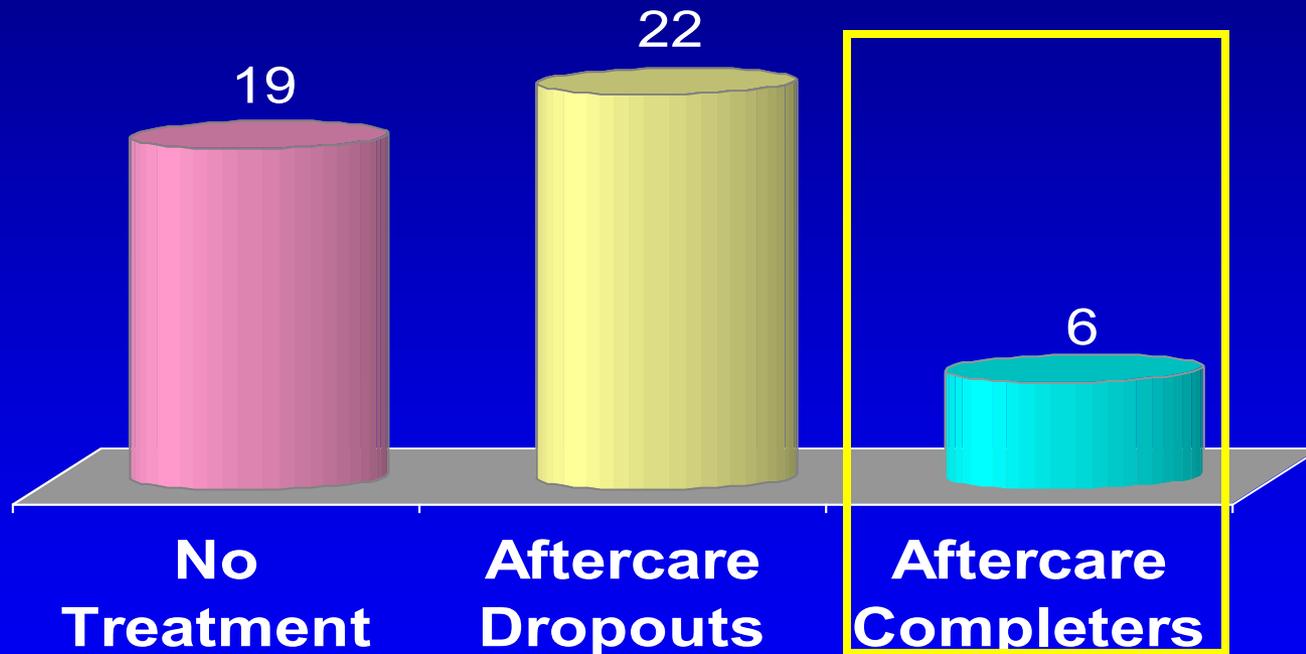
Beaulieu, M., Tremblay, J., Baudry, C., Pearson, J. & Bertrand, K. (2021). A systemic and meta-analysis of the efficacy of the long-term treatment and support of substance use disorders. *Social Science & Medicine*, 285, 114289.

Problem Severity and Intensive Treatment

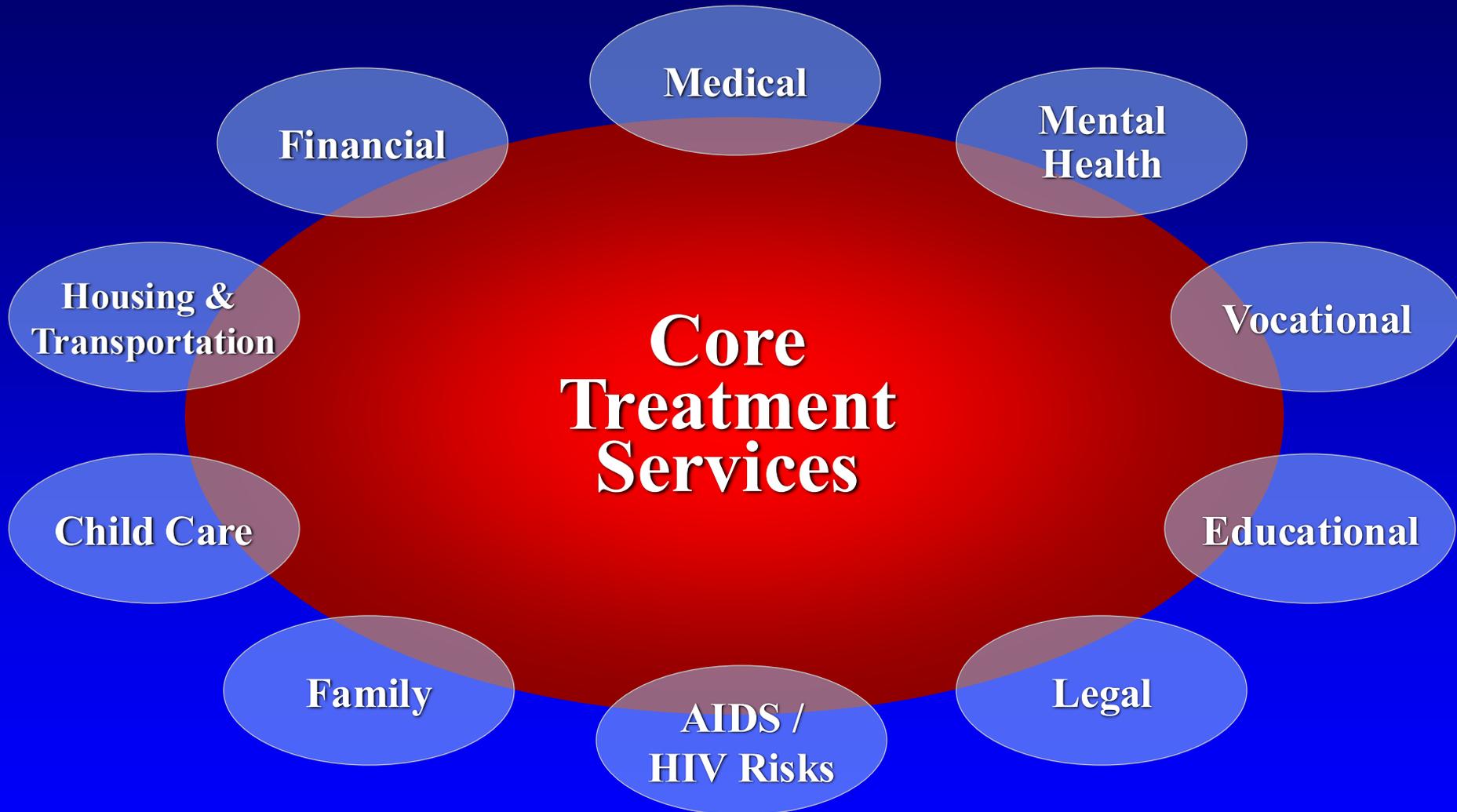
% 3-Year Recidivism



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



Other Considerations



Etheridge, Hubbard, Anderson, Craddock, & Flynn, 1997 ([PAB](#))

Other Considerations?

Criminal Thinking

TCU Criminal Thinking Scales (TCU CTS)

Examples

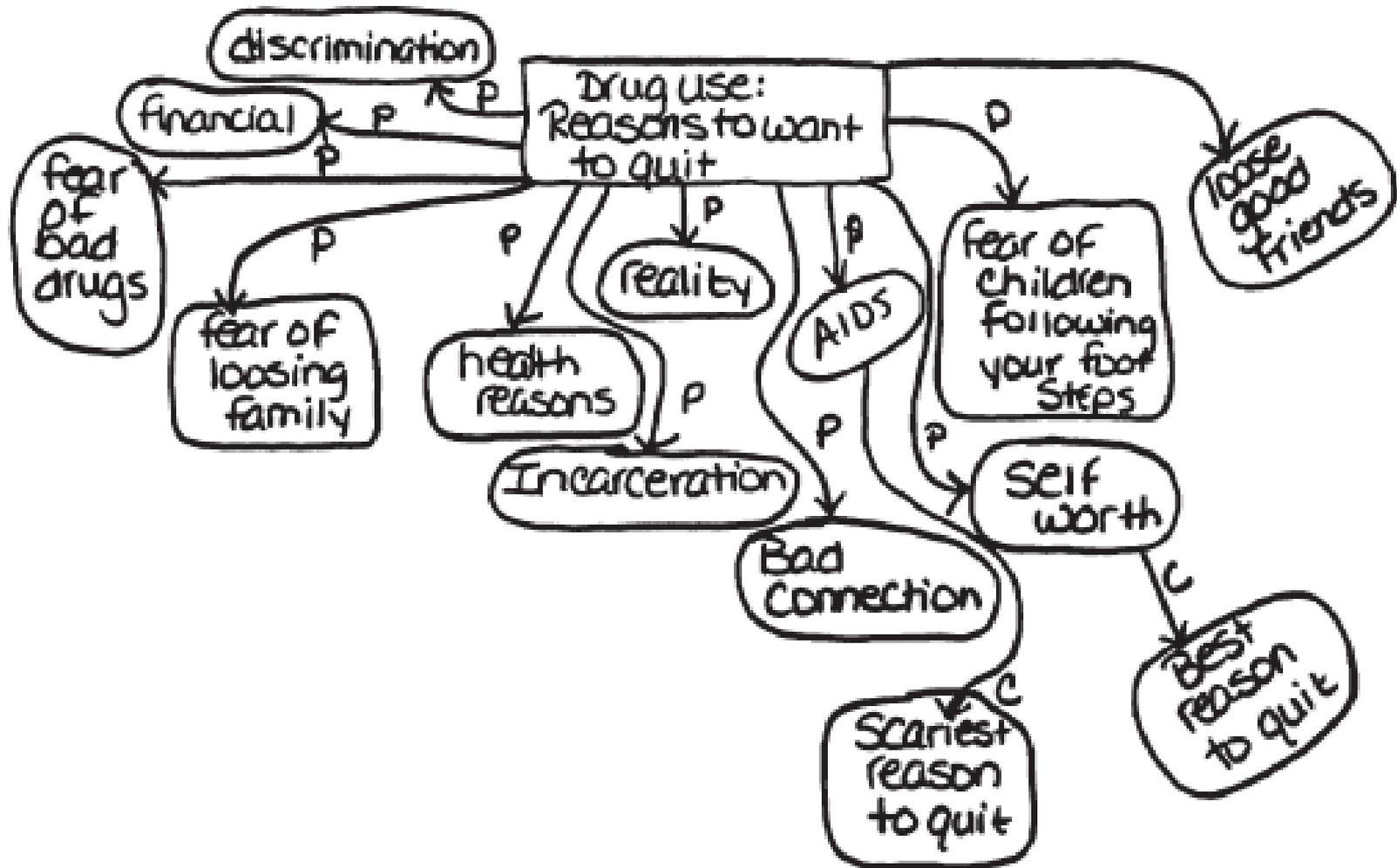
Justification – justify actions based on external circumstances or actions of others.

Power Orientation – need for power, control, and retribution.

Engaging?



A Client Drawn Map



DOWNWARD SPIRAL GAME

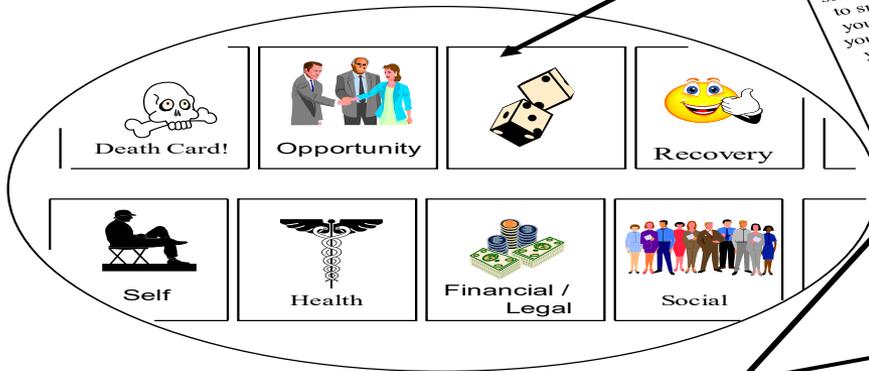
The Downward Spiral "Game"

Downward Spiral Personal Assets Score Card

HEALTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Emotions															
Physical															
Thinking/Judgment															
SOCIAL SUPPORT															
Significant Other															
Family															
Friends															
SELF CONCEPT															
Self-esteem															
Personal Accomplishment															
Self-Confidence															
FINANCIAL ASSETS															
Car															
Equipment															
Jewelry															

JAIL

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Land on a square and draw a card. You might draw one of these!

You find yourself in a scary situation after leaving the mall to smoke pot with some guys to smoke pot. They try to rob you just met. They beat you up because you, then beat you up because you don't have any money.

Lose 3 thinking/ judgment points
Lose 3 physical health points

Quote: You live and learn or you don't live long.
 R. Heinlein

You finally get a date with someone you have been wanting to go out with for a long time. You are happy, but then your date calls to cancel saying they heard from a friend that you use drugs.

Lose 5 self-esteem points and 5 emotional health points

Saying
 A good reputation is more valuable than money.

Three Important Considerations

- How do you know if treatment is appropriate?
- How do you tailor or optimize treatment?
- How do you know if what you are doing is “working?”

Effective Interventions

Not
Effective

Boot Camp

Intensive
Supervision

Generic Case
Management

Effective

Therapeutic
Communities

Cognitive
Behavioral
Treatment

Contingency
Management

Medications

Promising

Moral
Reasoning

Motivational
Interviewing

Drug Courts

Diversion

Substance Use Treatment Goals

Substance Use Disorder (Addiction)

Triggered binge pattern
Cravings or compulsions
Withdrawal symptoms



Abstinence is distal goal

Substance Use (no SUD)



Abstinence is a proximal goal

TCU Treatment Model



More Resources

Topic-focused TCU Manuals Using Mapping

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment
NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices
http://nrepp.samhsa.gov



USING CLIENT ASSESSMENTS TO PLAN AND MONITOR TREATMENT (USING CEST GUIDE)

A guide for using the TCU Client Evaluations of Self and Treatment (CEST) in individual or group counseling settings

D. D. Simpson and N. G. Bartholomew
Texas Institute of Behavioral Research at TCU
(August 2005)

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment
NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices
http://nrepp.samhsa.gov



Mapping Your Treatment Plan: A Collaborative Approach

A mapping-focused guide for working with clients to establish meaningful and useful treatment goals

N. G. Bartholomew, D. F. Dansereau, and D. D. Simpson
TCU Institute of Behavioral Research
(May 2007)

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment
NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices
http://nrepp.samhsa.gov



Mapping-Enhanced Counseling: An Introduction

An overview with case examples of ways to incorporate mapping-enhanced counseling into your practice

N. G. Bartholomew and D. F. Dansereau
Texas Institute of Behavioral Research at TCU
(September 2005)

PART 2: The Mapper's Dozen



TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment
NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices
http://nrepp.samhsa.gov



Getting Motivated To Change

A collection of materials for leading counseling sessions that address motivation and readiness for change.

N. G. Bartholomew, D. F. Dansereau, and D. D. Simpson
TCU Institute of Behavioral Research
(September 2006)

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment
NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices
http://nrepp.samhsa.gov



UNDERSTANDING AND REDUCING ANGRY FEELINGS

A collection of materials for leading counseling sessions that encourage new ways of thinking about and responding to anger

N. G. Bartholomew & D. D. Simpson
Texas Institute of Behavioral Research at TCU
(August 2005)

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment
NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices
http://nrepp.samhsa.gov



UNLOCK YOUR THINKING OPEN YOUR MIND

A collection of materials for leading counseling sessions that address thinking patterns that can hamper behavior change.

N. G. Bartholomew and D. D. Simpson
TCU Institute of Behavioral Research
(August 2005)

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment
NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices
http://nrepp.samhsa.gov



IDEAS FOR BETTER COMMUNICATION

A collection of materials for leading counseling sessions on ways to improve relationships through communication

N. G. Bartholomew & D. D. Simpson
Texas Institute of Behavioral Research at TCU
(August 2005)

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment
NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices
http://nrepp.samhsa.gov



BUILDING SOCIAL NETWORKS

A collection of materials for leading counseling sessions on ways to build and strengthen social support in recovery

N. G. Bartholomew & D. D. Simpson
Texas Institute of Behavioral Research at TCU
(August 2005)

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment
NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices
http://nrepp.samhsa.gov



COMMON SENSE IDEAS FOR HIV PREVENTION AND SEXUAL HEALTH

A collection of materials for leading counseling sessions that address knowledge and skills to reduce HIV and other STD risks

N. G. Bartholomew & D. D. Simpson
Texas Institute of Behavioral Research at TCU
(August 2005)

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment
NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices
http://nrepp.samhsa.gov



CONTINGENCY MANAGEMENT STRATEGIES AND IDEAS

A planning guide for using rewards and star charts to reinforce goal setting, early engagement, and retention in treatment settings.

N. G. Bartholomew, G. A. Rowan-Szal, & D. D. Simpson
Texas Institute of Behavioral Research at TCU
(December 2005)

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment
NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices
http://nrepp.samhsa.gov



MAPPING YOUR REENTRY PLAN: HEADING HOME

A collaborative, mapping-based intervention for helping clients identify goals for reentry and aftercare

N. G. Bartholomew, D. F. Dansereau, K. Knight, and D. D. Simpson
TCU Institute of Behavioral Research

SPECIAL VERSION FOR CRIMINAL JUSTICE (CJ) POPULATIONS

Longer Manuals (6-10 Sessions)

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment
NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices
http://nrepp.samhsa.gov



PARTNERS IN PARENTING

A manual with materials for an 8-session structured workshop that allows recovering participants to practice parenting strategies and discuss their experiences with others

N. G. Bartholomew, D. K. Knight, L. R. Chatham, & D. D. Simpson
Texas Institute of Behavioral Research at TCU
(October 2005)

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment
NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices
http://nrepp.samhsa.gov



STRAIGHT AHEAD: TRANSITION SKILLS FOR RECOVERY

A step-by-step curriculum for leading a 16-part workshop designed to reinforce key recovery concepts

N. G. Bartholomew & D. D. Simpson
Texas Institute of Behavioral Research at TCU
(December 1995)

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment
NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices
http://nrepp.samhsa.gov



TIME OUT! FOR ME: AN ASSERTIVENESS AND SEXUALITY WORKSHOP FOR WOMEN

A curriculum for leading a 6-session workshop for women in substance abuse treatment programs

N. G. Bartholomew, L. R. Chatham, & D. D. Simpson
Texas Institute of Behavioral Research at TCU
(December 1995)

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment
NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices
http://nrepp.samhsa.gov

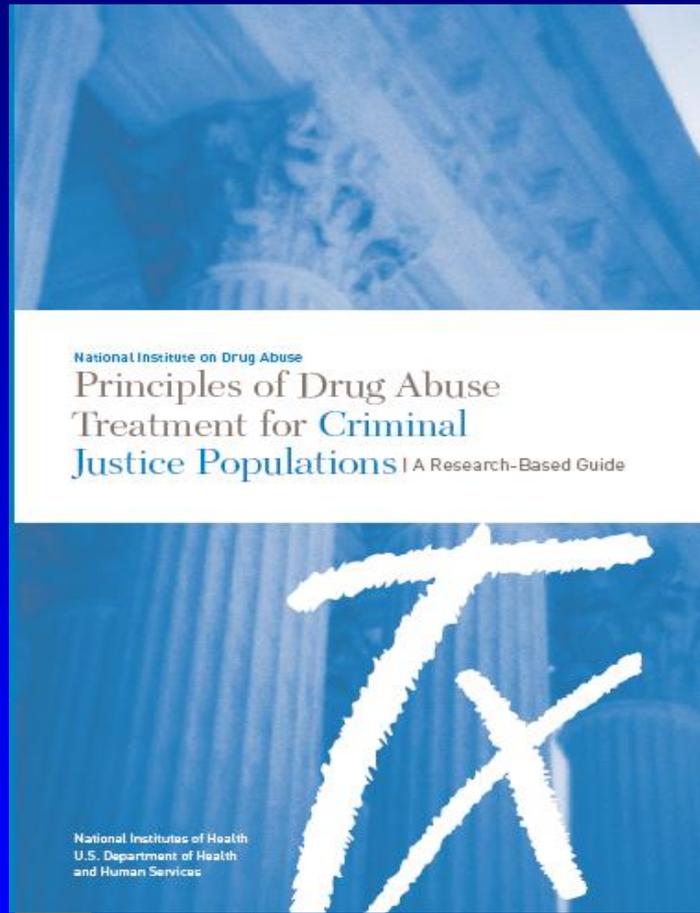


TIME OUT! FOR MEN: A COMMUNICATION SKILLS AND SEXUALITY WORKSHOP FOR MEN

provides guidelines for leading an 8-session workshop for men who are interested in improving their intimate relationships

N. G. Bartholomew & D. D. Simpson
Texas Institute of Behavioral Research at TCU
(December 1995)

NIDA Research-Based Guide



For Criminal Justice Populations

Principles of Drug Addiction Treatment: A Research Based Guide (NIDA, 2000)

Institute of Behavioral Research

A national research center for evaluating and improving treatment strategies that target reductions in drug abuse, related mental health and social problems, as well as other significant public health risks—especially HIV/AIDS and other infections among at-risk populations.



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Featured

While effective assessments and interventions exist for youth with substance ...

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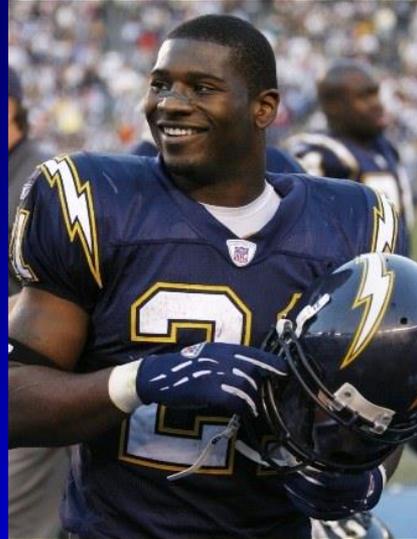
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Texas Christian University
3034 Sandage Avenue
Fort Worth, TX 76119

www.ibr.tcu.edu

What Do They Have In Common?



The Professor
(Roy Hinkley)



LaDainian Tomlinson



Andy Dalton



Jake Arrieta



Bob Schieffer



Rev Lovejoy

k.knight@tcu.edu

Go Frogs!



Extra slides (for Q&A only)

Need to Decide On What We Are Comparing Treatment To

- “Real” medical disorders?
- No treatment?
- Supervision & Incarceration?

Hypertension

Adherence to medication regime: < 60%

Adherence to diet and exercise: < 30%

Retreated in 12 months: 50 - 60%*
(by Physician, ER, or Hospital)

Heritability Estimates - Twin Studies

EYE COLOR 1.00

ASTHMA (adult only) .35 - .70
DIABETES Type I .70 - .95 (males)
 Type II .30 - .50 (males)
HYPERTENSION .25 - .50 (males)

ALCOHOL (dependence) .40 - .60
OPIATE (dependence) .35 - .50 (males)

Treatment Factors

Role of :

- Adherence to prescribed medications
- Adherence to recommended behavioral changes (e.g. diet, exercise, etc.)
- Addressing factors associated with recurrence (e.g., SDoH)

Recurrence

Factors Associated with Recurrence

Hypertension, Diabetes & Asthma

- #1 - Lack of adherence to diet, medications, or behavior change
- #2 - Low Socioeconomic status
- #3 - Low family supports
- #4 - Psychiatric co-morbidity

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

Return to an Opioid Use Disorder Following Prison Release

Vaillant n=447	91%
Maddux & Desmond n=594	98%
Nurco & Hanlon n=355	88%
Hanlon & Nurco n=237	70%

Many Other Studies Including:
(Knight, Wexler, Inciardi, Hubbard, Anglin)

Re-Incarceration Following Prison

Nurco & Hanlon 355 opiate addicts 58%
Beck & Shipley 100,000 addicts, 11 states 41%

Many Other Studies Including:
(Knight, Wexler, Inciardi, Hubbard, Anglin)

Key-Crest Study

- **Inciardi** Study of Addiction Treatment in Corrections Setting
- 600 Felons, Drug-Related Sentences **Three Groups:**
 - **Standard Incarceration - No Tx.**
 - **Drug Tx In Prison - No Aftercare**
 - **Drug Tx in Prison + Aftercare**