

REDUCING SUBSTANCE USE AND RELATED OFFENDING

Evidence-Informed Practices in the Criminal Justice System

There are more than 20 million individuals with substance use disorders (SUDs) in the United States (Office of the Surgeon General, 2016), a subset of whom are involved with the criminal justice system. Seventy-eight percent of violent crimes and 77 percent of property crimes involve drugs and/or alcohol (Centers for Disease Control and Prevention, 2016). More than half of the 2.2 million individuals housed in U.S. prisons and jails meet the clinical diagnosis criteria for SUDs. The government spends an estimated \$74 billion dollars on court processing, community-supervision, and imprisonment of individuals with SUDs (National Center on Addiction and Substance Abuse, 2010).

Over the past several decades, research and rigorous evaluation has provided insight on effective practices for individuals with substance use disorders (SUD) and the importance of treatment to reduce criminal justice system involvement. By integrating evidence-informed practices, criminal justice agencies and communities can save lives and decrease costs associated deep-end criminal justice system and healthcare system involvement.

This resource was developed to share evidence-informed practices for addressing SUDs and substance misuse to guide local-level assessment, planning, and implementation efforts around SUD prevention and intervention. Communities are encouraged to use this continuum to examine the gaps and needs that exist in their areas and explore the options available to address them.

For more information go to www.icjia.state.il.us.



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DEFINING EVIDENCE & IDENTIFYING RISK AND PROTECTIVE FACTORS

DEFINING EVIDENCE

No Effect

Little or no evidence, through use of reliable, rigorous, generalizable research, indicating programs achieve what they are intended to achieve.

Promising

Some evidence, through use of reliable, rigorous, replicable, and generalizable research, indicating programs achieve what they are set out to achieve. This is considered evidence-informed.

Effective

There is strong evidence, through use of reliable, rigorous, replicable, and generalizable research, indicating programs achieve what they intend to achieve. This is considered evidence-based.

RISK FACTORS

- Early initiation of substance use.
- Persistent/early problem behavior (adolescents).
- Rebelliousness.
- Individual and/or parental favorable attitudes towards substance use.
- Peer substance use.
- Poor family management, family conflict.
- Family history of substance misuse.
- Late elementary school academic failure.
- Lack of commitment to school.
- High availability of substances; low cost of alcohol.
- Community laws/norms favorable towards substance use.
- Low socioeconomic status (adolescents).
- Low level of neighborhood attachment (adolescents).
- Community disorganization (adolescents).
- Media portrayal of alcohol use (adolescents).
- High rates of mobility within/between communities (adolescents).

PROTECTIVE FACTORS

- Social, emotional, behavioral, cognitive, and moral competence (interpersonal skills).
- Self-efficacy.
- Spirituality.
- Resiliency.
- Opportunities for positive social involvement
- Recognition for positive behavior (reinforcements).
- Parental and community attachment.
- Marriage or committed relationship (young adults).
- Healthy beliefs and standards for behavior.

SEQUENTIAL INTERCEPT MODEL

This continuum outlines the specific intercepts of the Sequential Intercept Model developed by SAMHSA's GAINS Center. The Sequential Intercept Model is a conceptual framework used to identify different points at which an intervention or prevention effort can be made.

Intercept 0: Community systems and services

This intercept involves community partnerships, prevention, and behavioral health services. The goal is to provide the earliest intervention effort to prevent criminal justice involvement.

Intercept 1: Law Enforcement

This intercept involves first contact with the criminal justice system, including dispatch, law enforcement, and emergency services or crisis response teams.

Intercept 2: Initial detention/initial court hearings

This intercept involves post-arrest, initial detention, or initial court hearings. This includes pre-trial programs and public defender or prosecution programs.

Intercept 3: Jails/Courts

This intercept involves the jail or court and includes specialty court dockets and jail-based services.

Intercept 4: Institutions and Reentry

This intercept involves prison or reentry from prison or jail. This includes prison-based services and services for reentry and coordination of community-based services.

Intercept 5: Community Corrections

This intercept involves probation and parole programs and services. This includes connecting individuals to appropriate community-based services.

PREVENTION PROGRAMS

Intercept 0

Family-Based Programs

- Families are important factors in lives of youth.
- Parenting skills & modeling of prosocial behavior and attitudes can influence youths' attitudes and behavior towards substance use.
- Goals of these programs include an increase in: opportunities for family-involved activities; parental use of reinforcement & management skills; attachment & commitment to family; family resilience; and effective communication skills.

Program Examples

Guiding Good Choices
Strengthening Families
Program
Multidimensional Family
Therapy
Multisystemic Therapy
Functional Family Therapy
Brief Strategic Family Therapy
Creating Lasting Family
Connections

School-Based Programs

- School-based programs target factors related to youth substance use within a school setting.
- Goals of these programs include: increase in school engagement; increase in involvement in prosocial activities; increase in positive behavior; development and maintenance of relationships with peers, teachers, & other mentors; and reduction or prevention in drug use and other antisocial behaviors.

Program Examples

Project Towards No Drug
Abuse
Positive Action
Good Behavior Game
LifeSkills Training
Brief Alcohol Screening
Intervention for College
Students

Multi-Modal Programs

- Many programs incorporate more than one mode of prevention, including those that are school- or family-based.
- Multi-modal programs incorporate several components--community, school, family, individual--to target substance use prevention.
- Goals of these programs include: increase in protective factors & youth resilience; decrease in risk factors; and decrease/prevention of substance use.

Program Examples

Raising Healthy Children
Communities That Care
Positive Family Support
Linking the Interests of
Families and Teachers

LAW ENFORCEMENT

Intercepts 1 & 2

OPIOID OVERDOSE REVERSAL

Intercept 1

- Carrying & administering naloxone, an opioid overdose reversal medication.
- Harm reduction strategy.
- Brand names: Narcan®, Evizio®.
- Reduces fatalities.

DEFLECTION INITIATIVES

Intercept 1

- Increase access to treatment for individuals with SUDs or substance related issues.
- Individuals can voluntarily ask for assistance without fear of arrest.
- Connect individuals to assessment for appropriate services.

COMMUNITY-BASED DIVERSION

Intercept 1 or 2

- Police discretion to divert individuals with SUDs or substance-related issues post-arrest, pre-booking.
- Deferred prosecution to SUD treatment, consistent with proven practices.
- Connect individuals to assessment for appropriate services.

RESEARCH INDICATES THESE PRACTICES CAN:

REDUCE criminal justice involvement. **PREVENT** death from overdose.

IMPROVE public safety. **INCREASE** access to treatment.

REDUCE recidivism. **DECREASE** criminal justice costs.

COURTS

Intercept 3

Drug courts can **moderately reduce recidivism** depending on drug court implementation.

Fidelity and **quality** of evidence-based services and practices are key.

Research findings indicate that, when implemented with fidelity, drug courts can **reduce recidivism** between **10%** and **15%**.

Research also indicates drug courts can:

- Reduce incarceration rates.
- Decrease frequent rearrest.
- Increase time between future arrests.
- Decrease drug use and positive drug tests.
- Increase treatment retention.
- Reunite families.
- Decrease criminal justice costs .



DRUG COURT COMPONENTS

- Frequent drug tests.
- Weekly and/or monthly court appearances.
- Case management & supervision.
- Participation in appropriate treatment & services based on validated clinical assessments.
- Use of graduated sanctions & incentives.

COMMUNITY & INSTITUTIONAL CORRECTIONS

Intercepts 3, 4, & 5

Behavioral Therapies Intercepts 3, 4, & 5

- Use of therapeutic techniques that focus on thought processes, attitudes, & values underlying antisocial behavior (cognitive).
- Use of therapeutic techniques that focus on observable behavior (behavioral).
- Use of reinforcement & sanctions for specific behavior.
- Enhance life & coping skills, & emotional regulation skills.

Pharmacological Therapies Intercepts 3, 4, & 5

- Use of FDA approved medication in conjunction with behavioral counseling or therapy to treat opioid or alcohol use disorders.
- Medication types: Buprenorphine, Methadone, Naltrexone, Disulfiram, & Acamprosate.
- Some medications reduce cravings and/or withdrawal symptoms.

Therapeutic Communities Intercepts 3 & 4

- Can be used in jail or prisons.
- Peer- & staff-led residential program providing substance use treatment, mental health counseling, & other health support services.
- Separated from general population.
- Lasts between 12 & 18 months.
- Incorporates behavioral therapies & development of care coordination & support networks.

Incarceration-Based Treatment Intercepts 3 & 4

- Includes individual & group substance use treatment based on behavioral therapies.
- Can include comprehensive residential substance use treatment programming in prison or jail.
- Two types: Residential Substance Abuse Treatment & Residential Drug Abuse Program.

RESEARCH INDICATES THESE PRACTICES CAN:

REDUCE crime & criminal behavior.

INCREASE treatment retention.

REDUCE relapse.

INCREASE abstinence.

IMPROVE public health & social functioning.

DECREASE substance use & risk for overdose.

IMPROVE physical & mental health symptoms.

THINGS TO CONSIDER

- **CAPACITY** and **QUALITY** of substance use treatment in communities and correctional institutions, in addition to the use of evidence-informed practices.
- Be aware of the potential for **NET WIDENING**.
- **COLLABORATION** is vital between different criminal justice professionals, treatment and service providers, policymakers, and stakeholders.
- **FORMAL TRAINING** is necessary for criminal justice professionals and appropriate formal and **CLINICAL** training for behavioral health and substance use treatment providers.
- Continuation and accumulation of further **RESEARCH & EVALUATION** is important and encouraged; many practices do not currently have enough research to be considered evidence-based.
- Participation or use of evidence-informed practices may not be adequate to address all individuals' needs. It is important to consider a **MULTI-MODEL, INDIVIDUALIZED** treatment plan.
- Make sure that a program or practice is an appropriate **FIT** and addresses a relevant **NEED** in the community.
- **PLAN** out the initial implementation and what sustainability may necessitate (i.e. funds, programming, staff, training) for successful implementation and sustainability.
- **IMPLEMENTATION** is a process that takes time. Collect data to inform your organization about what is going on, what changes may be necessary, and assess whether there is fidelity to the practice (quality assurance processes). This is key for **SUSTAINABILITY**.

RESOURCES

Police Assisted Addiction Recovery Initiative

Law Enforcement-Assisted Diversion

Treatment Alternatives for Safe Communities

University of Cincinnati Corrections Institute

George Mason University's Center for Advancing Correctional Excellence

National Institute of Corrections

SAMHSA's National Registry of Evidence-based Programs and Practices

Crimesolutions.gov

OJJDP Model Programs Guide

UC-Boulder's Center for the Study of Prevention of Violence: Blueprints

National Association of Addiction Treatment Providers

American Society on Addiction Medicine

Council of State Governments: What Works Reentry Clearinghouse

Campbell Collaboration

Cochrane Collaboration

National Institute on Drug Abuse

Justice Research & Statistics Association

National Association for Drug Court Professionals

Coalition for Evidence-based Policy

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