Criminal Justice Reform:
Treatment and Substance Use Disorder

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Overview

- Clinical Integrity
- Range of Criminal Justice Interventions
- Intersection of Criminal Justice and SUD
- Recommendations

Clinical Integrity

- <u>Disease</u>
  - Benjamin Rush called this a disease over 200 years ago
  - What is Disease Model?
    - Chronic, Progressive, Fatal
  - What does the Disease Model not say?
    - Give up
- <u>Proper assessment</u>
  - ASAM for proper intensity and duration of treatment
  - Like penicillin, undertreatment with dose or duration causes relapse
  - Too little treatment harms outcomes, leads to overdoses, and undermines public support for treatment since it *appears* not to work.
- <u>Proper Treatment</u>
  - Individualized: Not one size fits all

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Length of Stay

Studies consistently find length of stay as the primary predictor of outcomes, along with intensity of treatment and continuum of care.
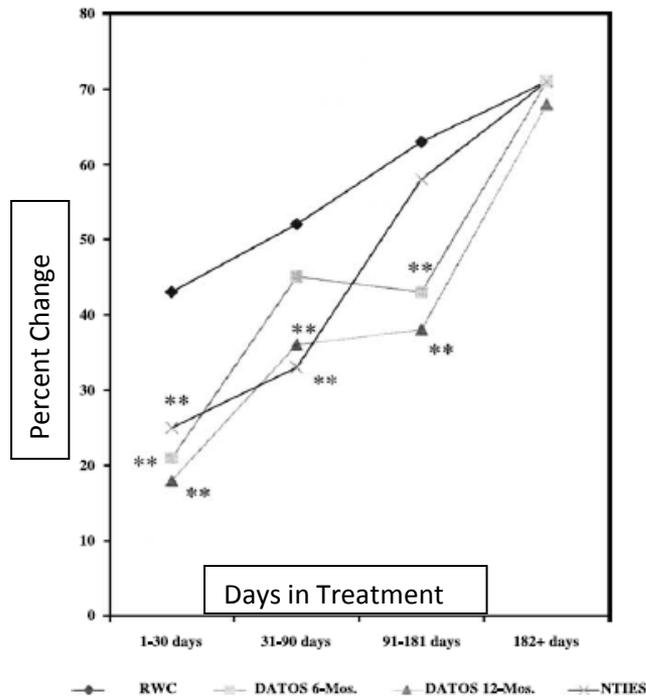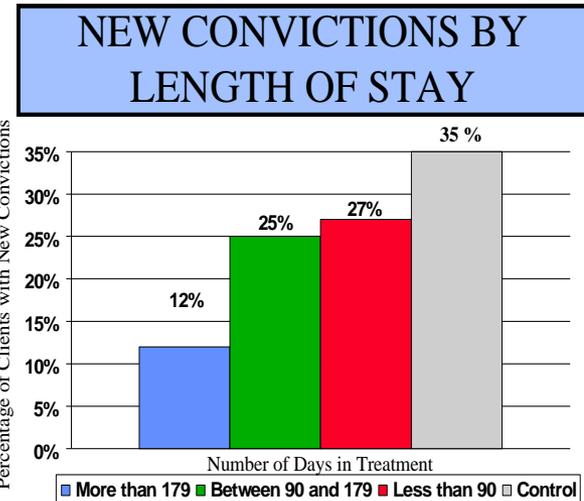

Figure 1. Percentage of abstinent post-discharge by LOS and study. Note: **Difference from RWC is statistically significant at p < .01.

Source: Greenfield et al, (2004). *Effectiveness of Long Term Residential Treatment for Women: Findings from 3 National Studies*: 6-12 months after discharge

Source: Pennsylvania Department of Corrections (1997) *Pennsylvania FIR Evaluation – 4 year outcomes*

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Criminal Justice Interventions

1. Pre-Arrest

    – LEAD Model. Police send directly to treatment (with CJ leverage).

2. Pre-Trial

- Referral to treatment as shortly after arrest as possible.
  - Clinically optimal time for treatment intervention.
  - CJ partners more willing to plead case down to non-incarceration if defendants are doing well in treatment.

3. Post-Verdict, Pre-Sentencing

    – Treatment alternatives to jail
  - Send to assessment/treatment to reduce prison crowding, improve likelihood that they will show up for sentencing, and leverage offender motivation for treatment engagement.

4. Sentencing Alternative. Court sentences to treatment, instead of the usual jail sentence for that offense. PA's Restrictive Intermediate Punishment, has positive outcomes: 79% successful completion, 13.7% recidivism at 1 year.

5. Re-Entry: Treatment After Period of Incarceration. Success in treatment as condition of parole, with jail sentence reduced due to participation.

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CJ and SUD

- Criminal risks/needs: Predict criminal recidivism
- SUD is a predictor of criminal recidivism
  - Those using drugs have already committed crimes, even if they have not yet been caught.
  - Good treatment addressing the causes of addiction including thinking errors, coping skills deficits, trauma and relationship skills is critical to reduce recidivism

- CJ and SUD treatment can work hand in hand
  - CJ system provides security/compliance
  - Treatment provides personalized reform to prevent recidivism

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Application: DUI a Pennsylvania Story

- Pennsylvania DUI laws require assessment and treatment for at risk offenders
  - Has not been fully enforced leading to a missed opportunity
  - Designated staff have been tasked with:
    - Survey of the system
    - Identification of barriers
    - Development of solutions
  - Preliminary findings suggest under-utilization of this law
  - Preliminary findings suggest treatment recommendations below clinical integrity
  - Preliminary findings suggest limits in cross-system collaboration
- Based on preliminary findings, system changes are being implemented for better coordination and success.

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Recommendations

- Clinical Integrity
  - Evidence based dose and duration of treatment

- Range of Criminal Justice Interventions
  - Diversion options at all points of intersection with the system

- Intersection of Criminal Justice and SUD
  - Collaboration among stakeholders

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Thank-You…

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