The importance of optimal addiction treatment in correctional facilities

BY EARL WARREN



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or years we have been aware of a connection between substance misuse and incarceration, but understanding — and more importantly, treating — this connection has proven more difficult. Not every justice-involved individual can directly attribute their incarceration to substance use, nor would it be accurate to say those struggling with substance use disorders have all committed criminal offenses. But the fact remains that anywhere from 60-85% of all justice-involved individuals have dealt with some form of substance misuse.^{1,2,6} It's for this reason that one of the most effective tools in the effort to lower recidivism rates is quality substance misuse treatment.

Still, as recently as 2010, only 11% of incarcerated individuals with substance misuse disorders were receiving any sort of addiction treatment from their correctional facility.⁷ This percentage has risen in recent years as substance use treatment has gained support in the correctional community. But even in prisons where acceptance rates are highest, fewer than 20% of those who meet the criteria for chemical misuse or dependence are receiving treatment while incarcerated.⁸

How our views have evolved

Like our understanding of justice, our understanding of addiction continues to evolve. As the justice system is reformed and reinterpreted through the years, so too is our grasp on substance use. We no longer stand by the efficacy of corporeal punishment, just as we have moved on from our belief that solving addiction is a simple matter of will. But exactly how are these things connected, and what is the most effective way to address them together?

Obviously, it is not illegal to suffer from substance use disorders, but many of the things that come with an addiction to substances can lead to judicial repercussions such as incarceration. Annually, 1.16 million Americans are arrested for the sale, manufacturing or possession of illicit substances.² The majority of those incarcerated are in need of substance use treatment, and a 2004 study by the Bureau of Justice Statistics (BJS) states that of this population, 17% of those incarcerated in state facilities and 18% of those incarcerated in federal facilities committed their arresting offense to obtain money for drugs.⁵ Still, the act of incarcerating someone who is dealing with a substance use disorder will not effectively treat the underlying problem.

Individuals who are released with untreated substance use disorders are more likely to repeat the same cycle of behaviors that led to their incarceration. This is because their behaviors are not the source of their predicament, but a symptom of it. By treating the addiction at the root of the behavior — and more importantly, giving the individual tools to continue their recovery after their release — they have a much greater chance of success.¹

Because many incarcerated individuals with substance use issues also suffer from comorbid mental health disorders, it is critical substance abuse and mental health treatments work in conjunction, rather than independently of each other.

The holistic approach

Providing the optimal treatment experience to justice-involved individuals can be a difficult task. Many incarcerated individuals — even those convicted of drug-related offenses — have not considered the idea that substance misuse is the root cause of their situation. It is unlikely that one will be able to progress in their recovery if they are unable to accept the severity of their addiction and their own role in it. But because incarceration often comes with ample time for thought and self-reflection, evidence shows it can be a very suitable place to begin one's recovery.

Because many incarcerated individuals with substance use issues also suffer from comorbid mental health disorders, it is critical substance abuse and mental health treatments work in conjunction, rather than independently of each other. There was a time when substance misuse was treated prior to addressing an incarcerated individual's mental health, but with our advancements in diagnosing and treating these disorders, it's been shown



treating comorbid disorders in tandem is far more effective. This is due largely to the fact these disorders do not typically develop individually.³ A traumatic episode in someone's youth may later result in the surfacing of an addiction; a victim of physical abuse could be selfmedicating with substances. A critical step in stopping the cycle is acknowledging the connection.

Many justice-involved individuals regularly attend 12-step meetings and while they can be a helpful tool in one's recovery, they do not always provide the level of care an incarcerated individual needs to attain longterm recovery. To provide a more comprehensive level of treatment, individuals should seek to engage in an evidence-backed program that supports both treatment of the disease of addiction and mental health simultaneously. Cognitive behavioral therapy (CBT) in both group and individual sessions is a core pillar of this. In these therapy sessions, incarcerated individuals have the opportunity to untangle and inspect the events and behaviors that led them there, while receiving training in emotional regulation and learning to develop coping strategies. CBT helps individuals better respond to feelings and triggers, showing them how to replace maladaptive coping strategies with more adaptive ones.

Group sessions are an excellent supplement to individual treatment, as individuals have the chance to share experiences and receive feedback while learning about key aspects of recovery, such as transparency, accountability and acceptance. They also build community. Having a supportive environment where one feels safe sharing their thoughts and feelings is an asset to recovery and is something that can continue upon release.

How quality substance misuse treatment reduces recidivism

Evidence for the efficacy of quality addiction treatment in reducing recidivism continues to accumulate. In a report on one-year recidivism rates conducted by the Massachusetts Department of Correction (MADOC), researchers identified two key areas that positively impacted recidivism rates. The first was substance misuse treatment, and the second was education. To address these needs, MADOC implemented a Correctional Recovery Academy (CRA) program as well as a High School Equivalency Credential (HSE) program.

Of the justice-involved individuals with both an educational and substance use need that went untreated, the recidivism rate was 23.7%. This can be compared to an average of 16% for individuals who had one of these needs met, and 6.5% for individuals who had both needs met.⁶ Likewise, a report on evidence-based treatment by the Washington State Institute for Public Policy found cognitive behavioral therapy of various kinds reduced recidivism by an average of 6.9%.⁴ A study by the American Society of Addiction Medicine also saw not only justice-involved individuals who were provided substance use treatment while incarcerated were less likely to reoffend, but their risk of death from overdose had also been greatly reduced.⁶

There is a growing bank of reliable evidence that helping incarcerated individuals target the cause of their addiction has a measurable effect on reducing recidivism. When those who committed crimes to support an addiction no longer have an active addiction to support, evidence shows their criminal behaviors disappear too. If the goal of incarceration is to prevent future offenses, the system would benefit from adhering to this idea. And we would all benefit from a system that's designed to ensure incarcerated individuals are given the resources they need to recover.

ENDNOTES

¹ Kohl, Rhiana. One-Year Recidivism Rates of Male Releases 2013 – 2016: A Multi-Year Descriptive Analysis of Correctional Recovery Academy and High School Equivalency Credential. Massachusetts Department of Correction, Feb. 2019.

² "Drug Related Crime Statistics [2022]: Offenses Involving Drug Use." NCDAS, 16 May 2022, https://drugabusestatistics.org/drug-related-crimestatistics/.

³ "2018 NSDUH Annual National Report." *SAMHSA.gov*, https://www.samhsa.gov/data/report/2018-nsduh-annual-national-report.

⁴ Drake, Elizabeth K, et al. "Evidence-Based Public Policy Options to Reduce Crime and Criminal Justice Costs: Implications in Washington State — Full Report." Taylor & Francis Group LLC, Washington State Institution for Public Policy, 2009, https://www.wsipp.wa.gov/ReportFile/1033. ⁵ Mumola, Christopher J, and Jennifer C Karberg. "Drug Use and Dependence, State and Federal Prisoners, 2004." *Bureau of Justice Statistics*, Oct. 2006, https://bjs.ojp.gov/library/publications/drug-use-and-dependence-state-and-federal-prisoners-2004.

⁶ "Addiction Treatment: Cures for Recidivism." American Society of Addiction Medicine, Justice Programs Office, https://www.american.edu/spa/jpo/state-administering-agencies/upload/asam-cures-for-recidivism.pdf.

⁷ "Online Only: Report Finds Most U.S. Inmates Suffer from Substance Abuse or Addiction." *The Nation's Health*, American Public Health Association, 1 Apr. 2010, https://www.thenationshealth.org/content/40/3/E11.

⁸ Chandler, Redonna K, et al. "Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety." *JAMA*, U.S. National Library of Medicine, 14 Jan. 2009, https://www.ncbi.nlm.nih.gov/ pmc/articles/PMC2681083/.



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