



Identifying the Proper Drug-Abuse Treatment for Offenders

By Mark T. Simpson

Author's Note: *Opinions expressed in this article are those of the author and do not necessarily represent the opinions of the Federal Bureau of Prisons or the Department of Justice.*

The criminal justice system, with respect to drug abuse treatment, has come a long way since the dark old days of “nothing works.” By the late 1990s, nearly half of all adult and juvenile correctional facilities were providing some level of drug abuse treatment. By 2003, nearly three-fourths of all prisons provided such services.¹ The proliferation of drug abuse treatment for offenders extends beyond the walls of prisons and jails. It is now estimated that the criminal justice system generates nearly 50 percent of all referrals to community-based drug abuse treatment.² With state legislatures searching for cost-effective alternatives to incarceration, the growth in drug abuse treatment for offenders can only be expected to continue.

The Link Between Drugs and Crime

So why has the criminal justice system turned to drug treatment in such a big way? Certainly, a hypothesized link between drug use and crime offers one explanation. As the theory goes, if people turn to crime to support their drug use, then treatment aimed at stopping offenders' drug use will also impact their propensity to commit crime. A reduction in the demand for drugs therefore results in a reduction in crime. Viewed from this perspective, drug treatment is a win-win situation for the offender as well as for society. How could anyone argue against this public policy strategy?

The drug-crime link, however, presupposes the notion that offenders are addicts who, absent their addiction, would live a crime-free, pro-social life. This may not necessarily be the case. To illustrate this point, offenders can be categorized as belonging to one of two groups. The first group of offenders can be thought of as

living primarily a criminal lifestyle. That is, their lives are organized around criminal activity as a way of life. These offenders engage in crime as a means to obtain money, sex, material possessions and status. For these offenders, drug use is not the primary focus of their lives; rather, drugs are viewed as a means to support their criminal enterprise. The second group of offenders can be thought of as living primarily an addict lifestyle. That is, their lives are organized primarily around their use of alcohol and other psychoactive substances. Unlike offenders who manifest a criminal lifestyle, these offenders are the “true” addicts. Their crimes, whether it is simple possession, prescription drug fraud or more serious crimes such as vehicular homicide, are committed primarily as a consequence of their use of alcohol and other drugs.

Although offenders can exhibit either a criminal or addict lifestyle, it is likely that many offenders exhibit aspects of both. Although no research exists to specify the degree of overlap between these two populations, it probably depends on a variety of factors, including the type and security level of the facility in which offenders are housed (e.g., jail vs. prison, high vs. low security). Regardless, there is little evidence to suggest that illicit drug use converts nonoffenders into offenders; rather, drug use appears to intensify criminal activity among those who are already offenders.³ As a consequence, it can be expected that a large percentage of offenders who use drugs also exhibit a criminal lifestyle.

Targeting the Treatment

What happens when these two groups of offenders are separated from their drugs of choice? Consider the case of the lifestyle addict. There is a truism in addictions treatment that individuals stop growing up emotionally when they start abusing alcohol and other drugs. This is because drugs and alcohol become the means by which substance abusers cope (or actually avoid coping) with life’s problems. The earlier those individuals start relying on alcohol and other drugs as a coping mechanism, the earlier they stop developing more mature coping skills. Typically, offenders begin using drugs — particularly alcohol and marijuana — in their teen years. As a consequence, when the lifestyle addict is separated from his or her drugs of choice, what is left is an immature individual with poor coping skills for dealing with the frustrations of adult living. Drug treatment for these individuals can thus be conceptualized as a crash course in growing up. What happens when you separate the lifestyle criminal from his or her drugs of choice? You basically have a well-functioning criminal — and perhaps an even better functioning criminal, due to the fact there are no drugs in his or her system to disrupt the offender’s criminal activities.

Simply stated, if drug abuse treatment is to be effective in reducing both drug use and criminal behavior, it must address the offender’s criminality as well as his or her substance use. Drug abuse treatment with an offender population that does not target the elimination of criminal behavior as a primary goal of treatment runs the risk of returning offenders to the community who are more of a danger to public safety than they were prior to treatment.

Individuals familiar with the criminal recidivism literature will not likely be surprised by this message. Proponents of the risk-need-responsivity model have long advocated that treatment interventions focus on criminogenic needs — those factors such as anti-social behaviors, attitudes and social networks that support an offender’s propensity to engage in crime.⁴ While drug abuse is considered one such criminogenic need, psychological interventions that focus solely on offenders’ drug use and do not attempt to address their criminal behavior will likely show limited success in impacting recidivism. To put it bluntly, there is no getting around the simple fact that to impact criminality, criminality must be targeted.

The good news is that evidence-based treatments exist that are effective in reducing offenders’ propensity to commit crime. The bad news is correctional mental health providers and administrators are often poor consumers of research. All too often, correctional treatment providers rely either on the belief that “What I learned in school with nonoffenders will work with offenders” or, as an alternative, “If it’s an interest of mine in my personal life, it must be good for them.” As a consequence, counselors rely on techniques that either do not work (e.g., Rogerian client-centered therapy, self-esteem enhancement) or that target behaviors that are unrelated to criminality (e.g., pet therapy and drama therapy). Researchers Latessa, Cullen and Gendreau describe such interventions as “correctional quackery.”⁵ This is not to say programs such as pet therapy and the like have no place in a correctional setting; they serve to occupy offenders’ time, create a more human atmosphere in the institution, and may even be beneficial to the pets. However, it would be disingenuous to suggest they will impact recidivism because they will not.

Proven Techniques

Two treatment approaches receive consistent support within the research literature as having the most promise in reducing recidivism. The first, cognitive-behavioral therapy, targets offenders’ thinking and its impact on their perception of themselves and their environment. This therapy helps identify and correct the “thinking errors” they use to justify and excuse their criminal behavior. While a variety of cognitive-behavioral approaches exist to address criminal behavior, psychologists Samenow⁶ and Walters⁷ have developed particularly useful systems for understanding and targeting offenders’ faulty and criminal thinking. These treatments directly target offenders’ cognitions that support and perpetuate their criminal lifestyles.

The second treatment approach that receives consistent support in the research literature, the therapeutic community, is most commonly associated with prison-based substance abuse treatments.⁸ The therapeutic community philosophy holds that substance abuse is not the main cause of the offenders’ criminality, but is one symptom of a disorder of the “whole person.” The therapeutic community relies on peer support within the offender treatment community to encourage each participant to act in accordance with values that are associated with pro-social rather than criminal behavior (or what is called “right living”).⁹ The therapeutic community approach

emphasizes the critical importance of personal accountability and responsibility in choosing to give up a criminal lifestyle.¹⁰

While cognitive-behavioral therapy and the therapeutic community are often discussed as though they are competing treatment modalities, they are in fact complementary models that can be combined to target the behaviors most closely associated with criminal recidivism. Cognitive-behavioral approaches target offenders at a psychological level, addressing the internal cognitive mechanisms they use to justify and perpetuate their criminal behavior. In contrast, the therapeutic community approach targets offenders at a social level, targeting offenders' social networks that reinforce and support continued criminal activity. The two can be combined to address offenders' criminogenic needs at both the psychological and social level by disrupting the social networks that reinforce offenders' anti-social thinking, values and behavior. In contrast to "correctional quackery," treatment programs that combine the cognitive-behavioral and therapeutic community approaches can be expected to impact offender recidivism as well as their substance abuse.

Addressing Criminality

Two fallacies can be attributed to the lack of appreciation for the role of criminality in offenders' substance use. The first fallacy is the belief that, when it comes to drug treatment, something is always better than nothing. Unless administrators and treatment providers are prepared to offer evidence-based programs that address offender criminality, nothing may in fact be better than something. Paper programs that allow offenders to receive completion certificates without requiring that they engage in any meaningful behavioral change feed offenders' power orientation and confirm their belief that they can "beat the system." Whereas no program leaves offenders just as they are, bad programs may in fact make them worse.

A second fallacy is the often-expressed hope that drug treatment will someday replace the need for a criminal justice response to drug use. Again, this fallacy stems from the lack of understanding that criminality more often than not drives offenders' drug use, and not the other way around. It is seldom that offenders seek drug treatment out of the realization that they are "sick and tired of being sick and tired." Most often, offenders seek treatment as a means for avoiding some consequence they perceive as undesirable — such as incarceration. While under the threat of criminal justice sanction, some offenders will express motivation for treatment and offer surface compliance to program requirements. Only once the criminal justice sanctions are lifted will they reveal their true motives, as they quickly revert to their criminal lifestyle. It is often a truism in offender treatment that "People don't change because they see the light, but because they feel the heat." The criminal justice system will always play a role in providing the "heat" that motivates offenders to engage in meaningful treatment that can have a chance at impacting their propensity to commit crime. This is the rationale underlying the creation of drug courts. The question, therefore, is not whether the criminal justice system or the treat-

ment community can best address the problem of crime and drug abuse, but whether the two systems can bridge their differences and learn to understand the role each plays in responding to this very real societal problem.

It is clear from research that, unlike drug abuse treatment in the community, drug abuse treatment in corrections must target the attitudes, values and behaviors associated with criminal behavior, as well as those associated with the abuse of alcohol and other drugs. If the criminal justice system continues to be tasked with the role of "patient identifier," then it is incumbent upon treatment providers within the system to implement evidence-based programs that truly address the patients' needs. To address only the substance abuse, and not the underlying criminality, is to ignore both the needs of the offender and public safety.

ENDNOTES

¹ Taxman, F.S., M.L. Perdoni and L.D. Harrison. 2007. Drug treatment services for adult offenders: The state of the state. *Journal of Substance Abuse Treatment*, 32(3):239-254.

² Fletcher, B. and R. Chandler. 2006. *Principles of drug abuse treatment for criminal justice populations: A research-based guide*. Bethesda, Md.: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse.

³ Farabee, D., V. Joshi and M.D. Anglin. 2001. Addiction careers and criminal specialization. *Crime and Delinquency*, 47(2):196-220.

⁴ Andrews, D.A and J. Bonta. 2003. *The psychology of criminal conduct, third edition*. Cincinnati: Anderson.

⁵ Latessa, E.J., F.T. Cullen and P. Gendreau. 2002. Beyond correctional quackery — Professionalism and the possibility of effective treatment. *Federal Probation*, 66(2):43-49.

⁶ Samenow, S.E. 1984. *Inside the criminal mind*. New York: Times Books.

⁷ Walters, G.D. 1990. *The criminal lifestyle: Patterns of serious criminal conduct*. Newberry Park, Calif.: Sage Publications.

⁸ Wormith, J.S., R. Althouse, M. Simpson, L.R. Reitzel, T. Fagan and R.D. Morgan. 2007. The rehabilitation and reintegration of offenders: The current landscape and some future directions for correctional psychology. *Criminal Justice and Behavior*, 34(7):879-892.

⁹ De Leon, G. 2000. *The therapeutic community: Theory, model, and method*. New York: Springer.

¹⁰ Farabee, D. 2005. *Rethinking rehabilitation: Why can't we reform our criminals?* Washington, D.C.: American Enterprise Institute.

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