

Substance Use and Justice-Involved Individuals: Improving Practice¹

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SUBSTANCE USE AMONG individuals involved in the justice system continues to present risks to public safety and health, and ongoing substance use among this population is one of the primary factors contributing to the high recidivism rates currently found in the U.S. (Alper, Durose, & Markman, 2018). Justice-involved adults reentering the community are among the highest at-risk group for misusing opioids and for developing an opioid use disorder (OUD), as well as for experiencing adverse health-related outcomes (overdose and death; Wakeman, 2017; Binswanger et al., 2007). Research conducted by Texas Christian University and others has found that return rates within 3 years of release from prison can be as high as 64 percent among those identified as having a substance use problem but who do not complete recommended post-release treatment services (Knight et al., 1999). Yet when these individuals receive a continuum of treatment services while under the purview of the justice system, the likelihood of recidivism

decreases (Knight et al., 1999). While this research was begun over two decades ago, recent statistics suggest that over half of the prison population today enter prison with serious substance-use related problems (Bronson, Stroop, Zimmer, & Berzofsky, 2017), and most still do not receive the appropriate level of recommended services.

On a positive note, Lipsey (2019) recently conducted a meta-analysis of interventions used with this target population and found that interventions focused on rehabilitation often are effective at achieving reductions in recidivism. Perhaps as important, however, are the conclusions from the study that found that simply providing “practice as usual” without an additional focused intervention typically fails to achieve the desired recidivism reductions. The challenge for achieving continued practice improvement now focuses on identifying the factors associated with these improved outcomes (such as research pointing to the value of providing community-based programming). Studies should help inform correctional systems in search of effective practices and of alternative, innovative approaches they can implement to help address the needs of substance-involved individuals. This special issue of *Federal Probation* is devoted to this agenda by providing the field with studies of programs and approaches designed to be more innovative as well as to improve our understanding of treatment factors that can be targeted to improve outcomes.

Much has been written regarding the potential effectiveness of prison-based treatment programs and the importance of

assessing risks and needs as part of the initial treatment process, but little is known about how the targets of treatment (e.g., reductions in criminal thinking and improvements in psychosocial functioning) are related to recidivism. In the Valdés Velasco et al. article in this issue titled “An Evaluation of an In-prison Therapeutic Community: Treatment Needs and Recidivism,” the authors report on a particularly strong association they found between prerelease measures of “hostility” and “entitlement” and three-year return-to-custody rates for completers of an intensive prison-based drug treatment program in Illinois. These findings highlight the need to understand if desired changes have occurred in these factors and identify whether targeted interventions are needed to address deficits during community reentry programming.

Likewise, existing health problems among substance use treatment clients involved in the criminal justice system are not well understood. The article in this issue by Joe et al., “Health Problems: Relationships to Demographics, Problem Severity, and Services for Substance Users in Treatment with a Legal Status,” explores this issue across 96 treatment agencies in 11 U.S. cities. Among the findings, only two-thirds of agency clients reported having had at least one health service visit. Furthermore, when compared with the general population, these justice-involved individuals were in high need for health services, particularly for treatment of respiratory, digestive, heart, and gynecological problems.

Promising innovative programs and approaches to addressing substance use

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problems among justice-involved populations also are explored in this issue. Yang's article titled "Measuring Hope in Jail Inmates with Substance Use Problems" highlights the importance of promoting positive feelings, cognitions, and behaviors associated with "hope." Based on the study's sample of male and female jail inmates, the author points to the need for strengths-based interventions that integrate gender-specific risk to facilitate hope. Potential gender differences are further emphasized in Lehman et al.'s article, "Gender Differences in a Disease Risk Reduction Intervention for People in Prison-based Substance Abuse Treatment." This study examined an innovative, multi-session curriculum called *WaySafe* that was provided to incarcerated individuals prior to release and found that, although women in the program had significantly greater risk factors than did men, men and women benefited equally from the program.

Next, in "Facilitating Self-exploration and Behavioral Change Associated with HIV Risk Reduction: A Qualitative Study of Individuals on Probation and Their Experiences Using a Decision-making App," Pankow et al. examined participants in *StaySafe*, an app-based innovative intervention delivered during the high-risk period of community reentry. Feedback from participants who completed the intervention indicated that approaches like this one can be effective in improving knowledge and awareness of substance-related risk factors like HIV, and can be an invaluable tool in promoting decision-making and self-regulation skills.

Hero Help is another innovative approach, particularly focused on addressing the opioid

problem. As described by Streisel and colleagues in "Using Law Enforcement to Improve Treatment Initiation and Recovery," the New Castle County program in Delaware was able to place a *Hero Help* coordinator within their police department and improve access to care as well as outcomes for their participants.

The biggest challenge, however, might be in the successful and faithful implementation of evidence-based practices for justice-involved populations. As Walker et al. point out in their article "Fidelity in Evidence-based Practices in Jail Settings," assertive supervision and vigilant quality monitoring to actually implement evidence-based practices in criminal justice settings like jails is imperative. Needs such as extensive training and monitoring are easily overlooked or ignored and, if not addressed, can undermine the goal of delivering evidence-based practices.

Dennis et al. provide further guidance in "Operationalizing a Behavioral Health Services Cascade of Care Model: Lessons Learned from a 33-Site Implementation in Juvenile Justice Community Supervision." The authors examined records from 31,308 youth cases collected from 33 counties in 7 states. Based on study findings, this article provides a framework to help guide practice as well as describing clearly defined ways to improve service delivery.

One of the most important practices that requires careful attention involves screening and assessment. In "The Validity of TCU Drug Screen 5 for Identifying Substance Use Disorders among Justice-involved Youth," Wiese et al. discuss how the TCU screening instrument is a valid screener for substance

use disorder for juvenile populations and provide clear guidelines for how best to implement it.

Collectively, these papers help set the stage for providing a better understanding of innovative and new practices that have the potential to translate into more effective prevention, intervention, and treatment practices for justice-involved populations.

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