Treatment Programs of Drug Abuse in Prisons

An Essay

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قَالُوا سُبْحَانَكَ لاَ عِلْمَ لَنَا
إِلاَّ مَا عَلَّمْتَنَا إِنَّكَ أَنتَ
الْعَلِيمُ الْحَكِيمُ

صدق الله العظيم

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List of Abbreviations

APPA : American probation and parole association

ASI : addictive severity index

ASPD : antisocial personality disorder

BJA : bureau of justice assistance

CAI : client assessment inventory

CAP : California civil addiction program

CBT : cognitive behavior therapy

CCDOC : chicago department of corrections

CDC : center for disease control and prevention

CEC : counseler evaluation of client

CET : client evaluation of treatment

CNS : central nervous system

CODSIs : co-occuring disorders screening instruments

CM : contingency management

COMPAS : correctional offender management profile for alternative sanctions

CPT : continuous performance test

CSs : composite scores

CTN : clinical trials network

DAST : drug abuse screening test

DT : delirium tremens

ECA : epidemiological catchement area

EI : enhanced intervention

FDA : food and drug adminstration

GBRI : general background risk index

IQ : intelligent quotient

IPASS : inmate prerelease assessment

ISR : interviewer severity rating

KEEP : key extended entery program

LAAM : levo alpha acetyl methadonl

LS-CMI : level of services-case management inventory

LSI-R : level of services inventory revised

MA : methanphetamine

MADCE : multisite adult drug court evaluation

MAST : michigan alcohol screening test

MET : motivational enhancement therapy

MHPCD : maternal health practices and child development

MRI : magnetic resonance intervention

MST : multisystem therapy

NACC : narcotic addiction control commision

NARA : narcotic addict rehabilitation act

NIC : national institute of corrections

NIJ : national institute of justice

NCJTPS : national criminal justice treatment practices survey

OPPS : Ottawa prenatal prospective study

PET : posetrone emission topography

PME : prenatal marijuana exposure

RNR : risk need responsivity

RRR : reducing risk relationships

RSAT : residential substance abuse treatment

SASSI : substance abuse suble sreening inventory

SAODAP : special action office of drug abuse prevention

SBSSE : skill building and social support enhancement

SCT : social cognitive theory

SPD : serious psychiatric disorders

SSI : single session intervention

START : sexually transmitted disease and AIDS risk reduction trial

SUD : substance use disorders

SVORI : serious and violent offender reentry initiative

TASC : treatment alternatives to street crimes

TC : therapeutic communities

TCUDS : texas chritian university drug screen

TCU.CTS : texas christian university criminal thinking style scale

TCU.CEST : texas christian university client evaluation of self and treatment.

TGP : theory of gender and power

TPC : transition from prison to community

WHO : world health organization

USGAO : united states government accountability office

USPHS : united states public health services

WRN : wiscinsin risk needs assesment

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INTRODUCTION

Scientific advances over the past 20 years have shown that drug addiction is a chronic, relapsing disease that results from the prolonged effects of drugs on the brain. As with many other brain diseases, addiction has embedded behavioral and social-context aspects that are important parts of the disorder itself. Therefore, the most effective treatment approaches will include biological, behavioral, and social-context components. Recognizing addiction as a chronic, relapsing brain disorder characterized by compulsive drug seeking and use can impact society's overall health and social policy strategies and help diminish the health and social costs associated with drug abuse and addiction ***(Leshner, 2003)***.

Over the last 2 decades, fundamental advances in the neurobiology of addiction have been made. Molecular and imaging studies have revealed addiction as a brain disorder with a strong genetic component, where genetic factors are believed to contribute 40% to 60% of the vulnerability, and this has galvanized research on new pharmacological treatments. The new pharmacological treatments may help us to deal with addiction which has well recognized cognitive, behavioral, and physical characteristics that contribute to continued use of drugs despite the harmful consequences. Scientists have also found that chronic drug

abuse alters the brain anatomy and chemistry and that these changes can last for months or years after the individual have stopped using the drugs. This transformation may explain why addicts are at high risk of relapse even after long periods of abstinence and why they persist in seeking drugs despite deleterious consequences ***(Butzin et al., 2005)***.

In order to study the factors affecting criminal behavior and the connection between addiction and crime some researches in the last years confirmed that the brain-and the human brain especially is characterized by a high degree of plasticity in early stages of life, but to a lesser extent also later on in the life course, the functional development of the neuronal networks as well as that of the systems of neurotransmission and neuromodulation is greatly influenced by prevailing environmental conditions and the individual's interactions with those condition. This shaping influence of experience affects in particular the prefrontal cortex which -in close interaction with the amygdala and other temporal lobe structures-controls the complex interplay of cognitive and affective determinants of social behaviour. It is worth adding that various stressful conditions subjected to early in life may entail functional disruptions in both the amygdala and prefrontal cortex

(especially if there pre-exists a genetically determined vulnerability), which may lead, in turn, to violent behaviour and other behaviour disorders in adolescence **(Teicher, et al, 2002)**.

The connection between drug abuse and crime is well known. Drug abuse is involved in at least 3 types of drug related offenses, (1) offenses defined by drug possession or sales (2) offenses directly related to drug abuse, e.g. stealing (3) offenses related to a life style that predisposes the drug abuser to engage in illegal activity **(National Institute of Justice, 2003)**.

The past 20 years have seen significant increases in the numbers of individuals incarcerated or under other forms of criminal justice supervision in the United States. These numbers are staggering—approximately 7.1 million adults in the United States are under some form of criminal justice supervision **(Glaze et al, 2006)**. The large increase in the criminal justice population reflects in part tougher laws and penalties for drug offenses. An estimated one-half of all prisoners (including some sentenced for other than drug offenses) meet the criteria for diagnosis of drug abuse or dependence **(Jensen et al, 2004)**.

The inadequacy of incarceration by itself in addressing drug abuse or addiction is evident in the statistics. A review of recidivism in 15 states found that one-quarter of individuals released returned to prison within 3 years for technical violations that included, among other things, testing positive for drug use **(Langan, et al, 2002)**.

In 1997 survey, the Bureau of justice statistics estimated that about 70 percent of state and 57 percent of federal prisoners used drugs regularly prior to incarceration **(Mumola, 1999)**.

A 2002 survey of jails founds that 52 percent of incarcerated women and 44 percent of men met criteria for alcohol or drug dependence **(Karberg & James, 2005)**.

In a 2004 survey, the Bureau of Justice Statistics (BJS) estimated that about 53 percent of State and 45 percent of Federal prisoners met Diagnostic and Statistical Manual for Mental Disorders (DSM) criteria for drug abuse or dependence **(Mumola and Karberg, 2006)**. Of those surveyed, 14.8 percent of State and 17.4 percent of Federal prisoners reported having received drug treatment since admission **(Mumola and Karberg, 2006)**. Juvenile justice systems also report high levels of drug abuse. A survey of juvenile detainees in 2000 found that about 56 percent of