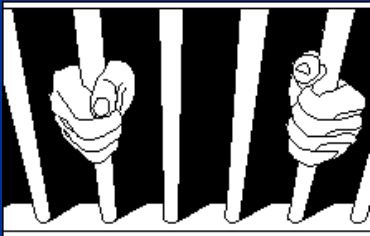


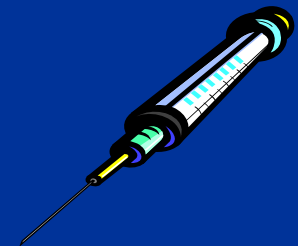
How Could Naltrexone Be Implemented as a Condition of Release?

Symposium on the Ethics of Treatment and Research in
Criminal Justice Populations

January 4, 2005



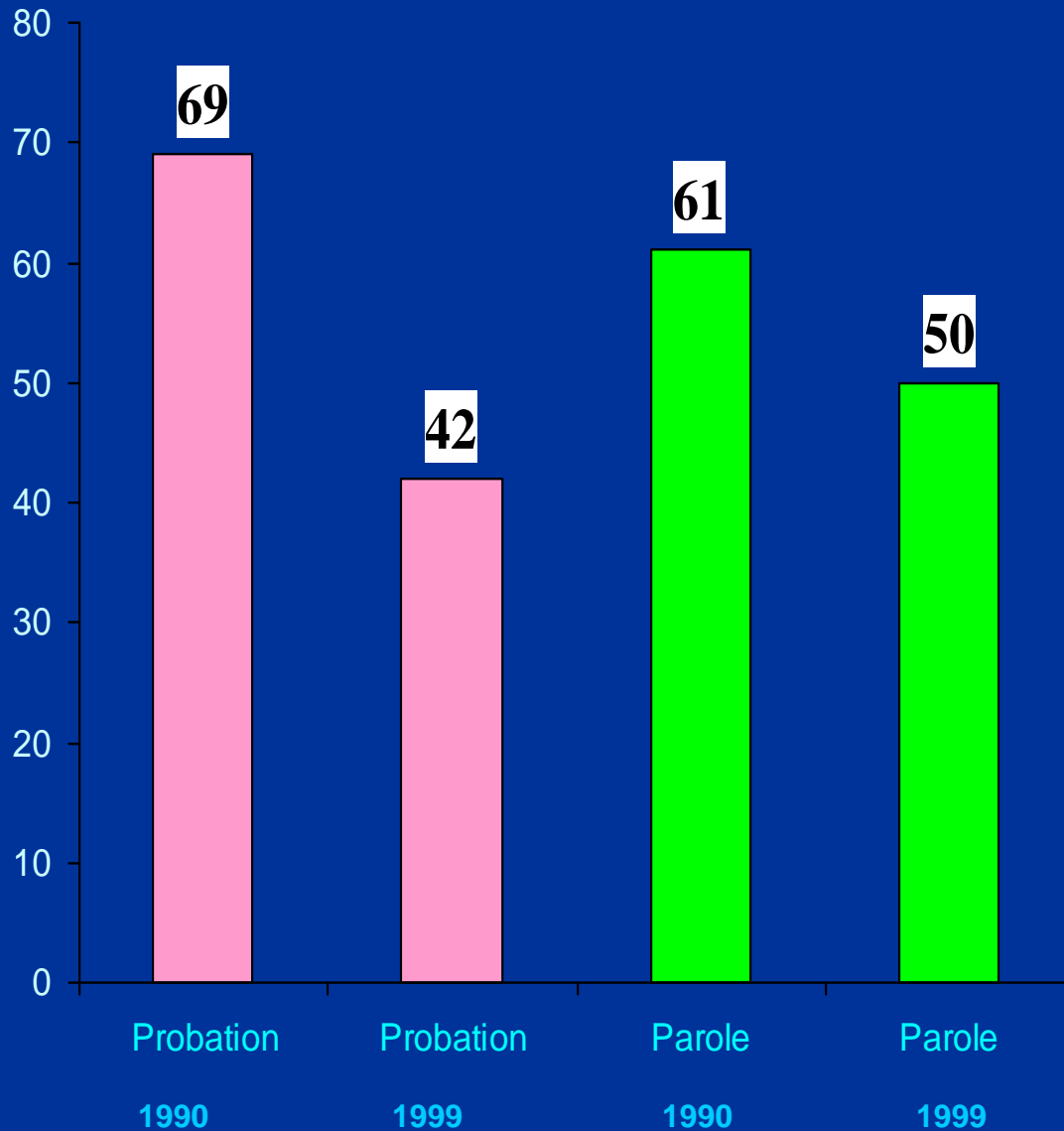
Prepared by:
Faye S. Taxman, Ph.D.
George Mason University
ftaxman@gmu.edu



Probationers/Parolees

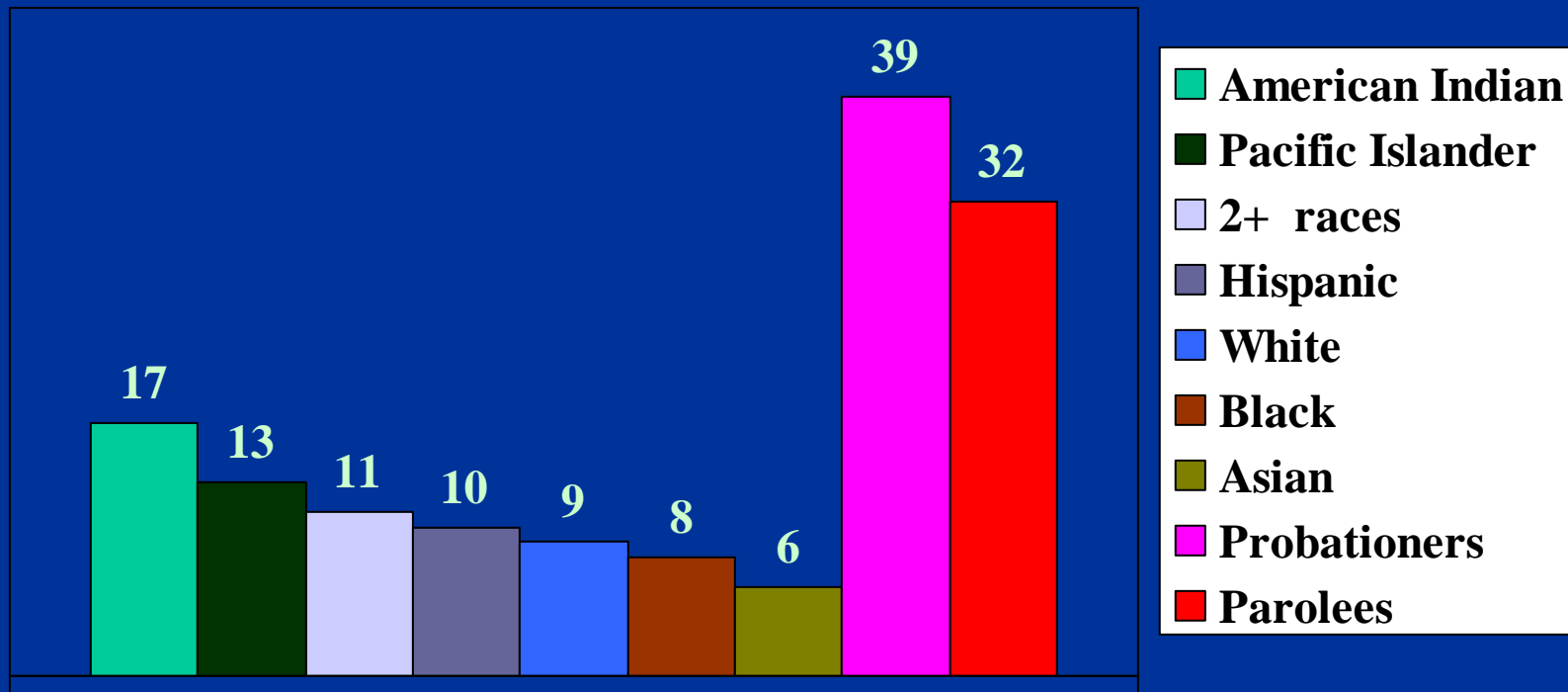
- **4.1 million adults on probation & 600K+ on parole**
- **~45% of probationers have drug tx orders, 17% receive treatment**
- **1.8 million probationers/parolees do not meet conditions and likely to be violated--violations account for 30 to 80% new prison intakes**
- **One-third are arrested while on probation/parole while on supervision**

Decline in Successful Completion



- 40% of new admissions to prison are from probation (528,307) or parole (299,339)
- 1.8 million may be violated

Substance Abusers By Type of Ethnicity/Race or CJ Status



Per Capita Rate of Abuse

- Probationers/Parolees are estimated to consumers of 50 to 60 percent of opiates

What Has Been Tried: CJ Interventions?

- Intensive Supervision
- Boot Camp
- Case Management
- TASC
- Drug Courts
- Tx with Sanctions (e.g. Break the Cycle, Seamless System, etc.)
- In-Prison Tx (TC) with Aftercare

What Have We Learned About Supervision?

- 25 Studies (some multi-site)
- No difference--caseload size or intensive services
- Implementation Issues
 - Referral/Brokerage Emphasis
 - Modify conditions with no theoretical framework of behavior change
 - Emphasize control conditions
 - Enforce conditions, not manage behavior
- Wavering Mission (law enforcement vs. social work)

The State of Supervision Services: Implementation Issues

Socio-Political Environment for Supervision

- Slap on the wrist
- “Opportunity/free ride”
- Offender is responsible for meeting conditions of release
- Supervision agencies generally have a mission to enforce the conditions

Offenders are *believed* to be able to control their own behavior, and the tools to change behavior are considered an auxiliary to punishment

State of Probation/Parole Services

- Run by Executive Agencies, often with DOCs (29 states)
- Average cost of supervision \$2,000-5,000/offender
- Ratio of Staff to Offenders, ranging from 70 to upwards of 300
- Volume drives the supervision practices
- Supervision staff are “para professionals”—not defined profession with accreditation
- Few agencies have clinical staff to provide assessments of *behavioral* issues

Limited Tools Available to Monitor Offender Behavior

- Predominately relies on Offender Self-Reporting for
 - Curfews
 - Area Restrictions
 - Contacts
 - Standard Conditions (10+)
 - Fines/Fees
 - Tx, Community Service & Other Interventions
- Infrequent Use of Objective Based Tools
 - Drug Testing (delay to obtain results, lack of sanctions)
 - Electronic Monitoring (lack of standards, privatized, fee-based)

The State of Supervision Services: Defining Conditions

Criminal Conduct is due *to...*

- **Sociological Causes**
 - Peer associations
 - Community disorder
 - Low social controls
 - Substance abuse
- **Less acceptable rationales**
 - Biopsychology conditions
 - Deficits

Moral Failings tend to dominate the perspective of criminal conduct, defines punishment options

Conditions are the result *of*...

- **Sociopolitical norms: tx, fines, fees, controls, offender “self-help” activities**
- **Legal concerns about coercion**
- **External controls to deter specific behaviors (e.g. curfews, drug testing, etc.)**
- **Self-help orientation (e.g. low cost, address moral failings, less demanding on staff, etc.)**

Limited use of pharmacological related conditions due *to...*

- Politicization of judicial appointments
- Reputation/Experience with Methadone
- Acceptance by African American community
- Issues raised with sex offenders and depo-provera

In the community, offenders are responsible for payment for services (e.g., medications, medical care, etc.)

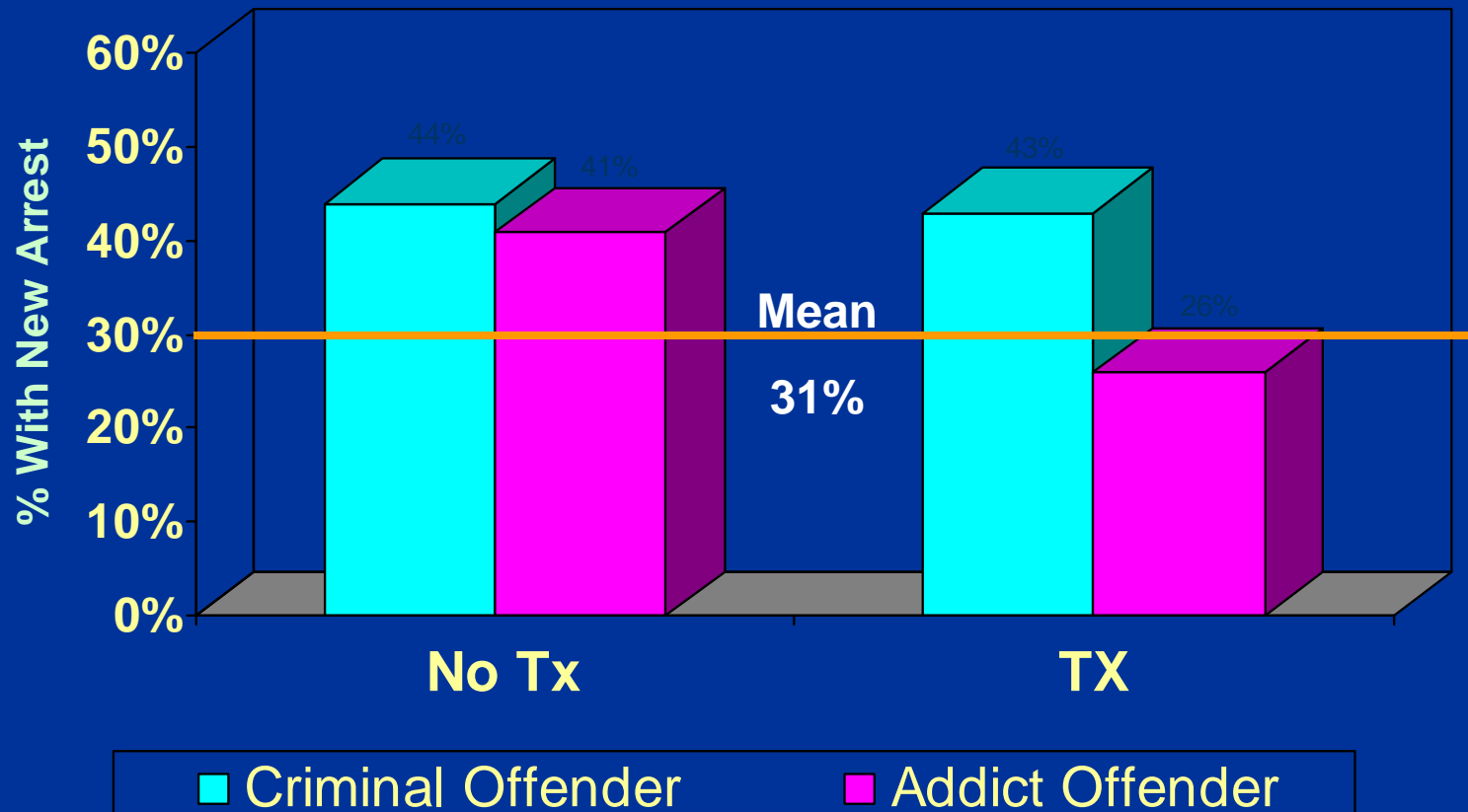
Offender-Related Issues Regarding Conditions

- Offender must agree to conditions, volunteer if it involves liberty restrictions
- If given choice, 35% prefer incarceration
- The risk of negative consequences (e.g. technical violations) outweigh benefits of tx
- Limited assistance to offenders to obtain/reinforce conditions

System-Related Issues Regarding Conditions

- **Most conditions are the result of Offense-Based approaches**
- **Judges/Parole Boards generally do not use trained clinicians to Assess BEHAVIORS**
- **Inadequate definition of “drug-involved”:
abuse vs. dependency issues**
- **Failure to use techniques to “shape”
behavior, focus on punishment only**
- **Failure to triage based on public safety risk**

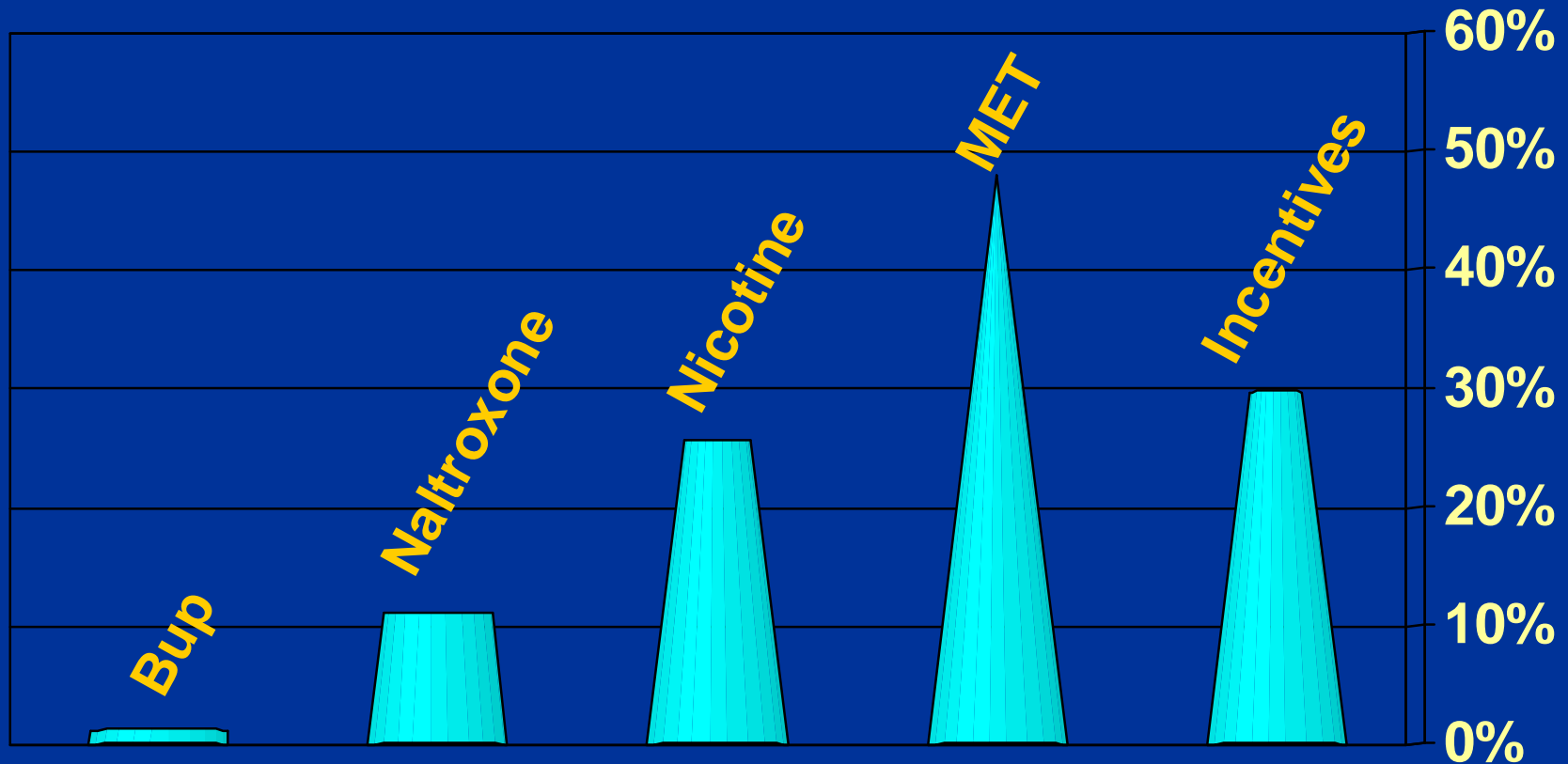
Impact of use of Improper Conditions on Offender Outcomes



Public SA Tx Use of Innovations

(N=171)

Supervision depends on TX to determine Services



Roman, et al., Treatment Innovations in Publicly
Funded Substance Abuse Treatment Centers:
A Preliminary Report from the Field: Presentation at
CTN Steering Committee Meeting, 2002.

■ % Use

Overcoming the Hurdles to Using Naltrexone in Supervision



Core Features

- **Value Clarification about Naltrexone and conditions**
- **Role Clarifications—judges/parole board, supervision staff, offender**
- **Intervention framework that emphasizes adherence to medication schedule**
- **Behavioral Management Approaches**

1: System Features

- **Select a tx provider that uses Naltrexone**
- **Recognize Naltrexone as the priority condition by the parole board/judge**
- **Emphasize CM concepts geared around compliance with incentives for use of medication**
- **Empower Supervision Staff with the authority in the CM protocol to provide swift, certain reinforcers that focus on equity and fairness**
- **Minimize negative consequences for conditions that do not involve public safety risks**

2: Programmatic Features

- **Establish medication compliance schedule that tx provider and p/p agree upon**
- **Identify high risk addicts for the experiment (triage, focus on dependent addicts)**
- **Colocate supervision staff at the tx clinic with medical staff**
- **Include CBT as a method to learn compliance management techniques**
- **Provide for offender daily attendance to acquire medication during early period**
- **Provide offender with role in self-management**