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National Criminal Justice Treatment Practices (NCJTP) Survey: Adult Settings

Offenders are four times more likely to have a substance abuse disorder than the general public (National Household Survey on Drug Use and Health, 2006). Overall, it is estimated that half of female offenders and one-third of male offenders have a disorder that warrants intensive treatment services. The services available to the offender population are insufficient given the nature of their substance use disorders.

Methods. In the first survey of the correctional landscape of prisons, jails, and community corrections, the goals were to: 1) describe and assess the drug treatment services currently available to offenders, and 2) estimate offenders’ access to drug treatment services. The NCJTP survey sample consisted of: 1) *Directors of state correctional agencies* in all 50 states (n=240; 71% response rate); 2) *Administrators of Prisons, Jails, and Community Correctional Agencies* in both the adult and juvenile justice system (n=663; 65% response rate).

Access to treatment services. *Findings* from the NCJTP survey show that the most frequently provided treatment service is drug and alcohol education or outpatient group counseling for under 4 hours per week (these are considered low intensity services). Though 74% of prisons, 61% jails, and 53% community correctional agencies offer drug and alcohol education services, the program capacity for these services is such that few offenders can participate on any given day (see below table).

Access to Drug Treatment Services on a Given Day

Adult Correctional Setting	% of Total Population in Drug/Alcohol Education	% of Total Population in Outpatient Group Counseling	% of Total Population in Intensive Treatment
Prison	6.1%	2.5%	8.9%
Jail	6.2%	5.8%	3.9%
Community Corrections (Probation/Parole)	3.3%	2.5%	1.1%

A small portion of the adult offender population has access to testing for **health issues** such as HIV/AIDS (26% of all adult offenders), Tuberculosis (36%), or Hepatitis C (26%), with few offenders in the community having access to these services.

Service Delivery System. Over the last two decades, correctional systems have been encouraged to put in place certain tools and structures to improve service delivery and outcomes. Below is a summary of the service delivery systems in place, and the use of evidence based practices (see NIDA, 2006) for drug-involved offenders.

Service Delivery System and Use of Evidence-Based Practices

Adult Correctional Setting	% Use Standardized SA Tool	% Use Risk Tool	% Active Referrals	% Use CBT Programming In Outpatient	Avg. # EBPs in Use (of 13)
Prison	53.5%	25.2%	10.6%	10.5%	5.6
Jail	34.5%	0.9%	5.6%	1.3%	4.6
Community Corrections	42.1%	49.4%	19.1%	3.2%	4.7

Standardized SA Screening Tool. The most commonly used substance abuse screening tools are the Substance Abuse Subtle Screening Inventory (SASSI) (26%) and Addiction Severity Index (ASI) (16%). Prisons are more likely to use the tools than other settings.

Standardized Risk Assessment Tools (to measure an offender’s likelihood to recidivate) are reported to be used in 33% of all adult facilities, with the Wisconsin Risk and Needs (WRN) being used in 22% of facilities, and the Level of Service Inventory (LSI-R) in 17% of facilities.

Referral Strategies to Community Treatment Agencies. Administrators reported that their agencies tend to refer offenders to a community treatment agency. Active referral strategies, such as scheduling an appointment for the offender, are reported in 19% of community corrections agencies, but only 11% of prisons, and 6% of jails.

Use of Evidence-Based Practices. Across all adult facilities the most frequently utilized **evidence based practices** are comprehensive treatment (92%), systems integration (68%), the use of incentives (52%), and drug testing (44%).

¹ The survey collects information on the use of different instruments. All instruments have pros and cons and depends on the needs of the organization.