Editor's Note On

TIP 44, *Substance Abuse Treatment for Adults in the Criminal Justice System*

2017

Published in 2005, Treatment Improvement Protocol (TIP) 44 contains much information that remains useful to today's reader. Noted below are several topical areas in the TIP where more current information and resources supplant or add to the content found in the TIP.

Clinical Updates

The Consensus Panel was not reconvened to review and update the clinical information in TIP 44. However, a literature search covering 2011 to mid-2017 found many changes in the field of addiction treatment for adult offenders. Some particularly noteworthy ones appear below.

Screening and Assessment

- Since TIP 44's publication, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) has been revised. The American Psychiatric Association has published several fact sheets[1] explaining changes in the new edition, DSM-5.[2]
- The Substance Abuse and Mental Health Services Administration's (SAMHSA's) 2015 publication *Screening and Assessment of Co-Occurring Disorders in the Justice System* extensively covers screening and assessment for substance use disorders in offender populations.[3]

Treatment Matching

TIP 44's discussion of treatment matching includes a description of the American Society of Addiction Medicine's (ASAM's) *Patient Placement Criteria for the Treatment of Substance-Related Disorders,* along with suggestions on modifications for offender populations. ASAM's updated 2013 volume, *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*, now contains a separate section on offender populations.[4]

Since 2005, researchers have devoted much study to the use of the **Risk-Needs-Responsivity (RNR)** model as a framework for matching criminal justice-involved individuals to appropriate rehabilitation or control and treatment, including substance use treatment.[3,5,6] A Congressional Research Service report describes this model as follows:[7]

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> The risk principle states that high-risk offenders need to be placed in programs that provide more intensive treatment and services while low-risk offenders should receive minimal or even no intervention. The need principle states that effective treatment should focus on addressing needs that contribute to criminal behavior. The responsivity principle states that rehabilitative programming should be delivered in a style and mode that is consistent with the ability and learning style of the offender.

The RNR approach is considered evidence based and a best practice for corrections professionals.[6] The RNR Simulation Tool, developed in part with support from SAMHSA, is designed to help justice and treatment agencies determine what programs may be most effective in reducing recidivism and improving outcomes at the offender, program, and system levels.[8]

The Sequential Intercept Model is a conceptual tool that communities can use to organize strategies to guide offenders or potential offenders with mental and substance use disorders into appropriate treatment before they enter or go further into the criminal justice system.[9] The goal is to make sure that there are community alternatives to incarceration available for such individuals at various stages of the criminal justice process and to promote the use of these alternatives by criminal justice and behavioral health service agencies, working together and with other service providers. For individuals who are incarcerated, the model seeks to ensure that they receive appropriate behavioral health services as needed.[10]

Nonpharmacological Treatment Approaches

In 2013, SAMHSA's GAINS Center for Behavioral Health and Justice Transformation published *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison*.[11] Appendix A provides in table format a list of many evidence-based practices and programs (EBPs) for use in the criminal justice setting in the treatment of mental disorders, substance use disorders, and co-occurring disorders. The table further indicates when there is a significant research base associated with a particular EBP in one of those treatment domains. Three of the nonpharmacological EBPs with a significant research base in the context of substance use treatment in the criminal justice setting are briefly discussed below.

- **Contingency management** was referenced in TIP 44 in connection with treatment for prisoners with borderline personality disorder and inmates in jails. More recently, a 2009 study found that contingency management improves parolees' use of substance use treatment services and attendance at integrated community parole and addiction treatment sessions.[12,13] A 2012 study demonstrated contingency management's efficacy in reducing cannabis use among participants with current cannabis dependence who had been referred for treatment by a probation office.[14]

- **Cognitive–behavioral therapy (CBT)** targeting criminogenic needs has continued to evolve since TIP 44 was published. The 2007 National Institute of Corrections publication *Cognitive-Behavioral Treatment: A Review and Discussion for Corrections Professionals* discusses a number of such CBT approaches in depth.[15]

- **Motivational interviewing,** which is widely referenced in the TIP, has changed considerably since the TIP's publication. For a current overview of motivational interviewing, see the 2016 slide presentation *Motivational Interviewing with Criminal Justice Populations*.[16]

Medications for Opioid Use Disorder

The pharmacological treatment of opioid use disorder (OUD) among justice-involved individuals has garnered greater endorsement from researchers and corrections officials since TIP 44's publication. Some notable developments are discussed below.

- A 2017 randomized clinical trial conducted on prerelease versus postrelease **buprenorphine** treatment found no statistically significant difference in postrelease heroin use or crime between those participants who began buprenorphine treatment while in prison and those who began treatment after release.[17]
- A randomized controlled trial that examined how continued versus interrupted **methadone maintenance** treatment during incarceration affects reengagement with treatment postrelease found that continued-methadone participants were more than twice as likely as forced-withdrawal participants to go back to a community methadone clinic within a month of release.[18] Moreover, in the month after release, opioid use was higher among forced-withdrawal participants than among continued-methadone participants.
- Since the Food and Drug Administration's 2010 approval of **extended-release injectable naltrexone** to treat OUD, the medication has been introduced in criminal justice settings in many states. Extended-release injectable naltrexone has demonstrated short-term positive outcomes among offender populations.[19,20] However, a 2017 study found that the medication's high cost may be a significant barrier to its use in the justice system.[21]
- Correctional facilities in a number of states have begun offering **naloxone** training and kits to inmates around the time of their release to reduce their risk of dying from opioid overdose when they are back in the community.[22]
- **Levo-alpha-acetyl-methadol,** which is mentioned in TIP 44, is no longer used to treat OUD.[23]

Justice-Involved Individuals With Co-Occurring Disorders

A prebooking alternative to incarceration not discussed in TIP 44 is the use of **mobile crisis teams** with one or more behavioral health professionals to deescalate incidents involving individuals with co-occurring disorders and to link them to behavioral health services as appropriate.[24,25]

Modified therapeutic communities (MTCs) are considered an EBP for justice-involved individuals with co-occurring disorders.[26] Studies comparing outcomes of participation by prisoners with co-occurring disorders in MTCs versus traditional therapeutic communities (TCs) have found that the MTC participants have reduced substance use, less severe psychiatric symptoms, and less criminal activity.[24] Two ways in which MTCs differ from TCs are MTCs' greater focus on positive reinforcement and deemphasis of confrontation.[24]

Problem-Solving Courts

TIP 44 discusses the use of drug courts, driving under the influence courts, and mental health courts as diversionary programs for substance-involved offenders. A 2011 Government Accountability Office report found that **adult drug courts** have positive effects on recidivism,[27] and a 2011 multisite drug court evaluation funded by the National Institute of Justice reported that drug courts "produce significant reductions in drug relapse."[28] A 2013 meta-analysis that looked at the effect of drug courts on incarceration concluded that they reduce incarceration rates.[29] Recently, the National Association of Drug Court Professionals published best practice standards for adult drug courts.[30]

Since TIP 44's publication, a new type of problem-solving court, the **veterans treatment court,** has begun to spread across the country. Modeled after drug courts and mental health courts, veterans treatment courts divert certain justice-involved veterans with substance use or mental disorders from the traditional justice system.[31] Participants typically receive treatment through the Veterans Health Administration, veterans' service organizations, state departments of veterans' affairs, and veterans' family support organizations.[32]

Three other types of problem-solving courts not discussed in TIP 44 are **co-occurring disorders courts, tribal healing to wellness courts,** and **reentry drug courts**. Co-occurring disorders courts serve participants with substance use disorders and serious mental illness and typically feature less formal status hearings and dually credentialed staff. Some jurisdictions incorporate co-occurring dockets into drug courts or mental health courts instead of having separate co-occurring disorders courts.[24,32] Tribal healing to wellness courts work within tribal judicial systems and serve individuals who commit substance-related offenses under tribal law. Tribal elders and traditional healers participate on the court team.[32] Reentry drug courts follow the drug court model but serve drug-involved parolees or individuals conditionally released from correctional facilities.[32]

Legislative Updates

Legislative developments of particular relevance to TIP 44 include the following:

2007: The Second Chance Act of 2007 authorized awarding federal grants to state, local, and tribal government agencies and nonprofits to provide substance use treatment and other services to individuals leaving prison or jail.[33]

2016: The Comprehensive Addiction and Recovery Act of 2016 established the Comprehensive Opioid Abuse Grant Program within the U.S. Department of Justice (DOJ) to provide grants to states, local governments, and tribes for purposes that include developing or expanding a treatment alternative to incarceration and creating or expanding a medication-assisted treatment program used by a criminal justice agency.[34]

2016: The 21st Century Cures Act expanded the scope of several DOJ grant programs to make individuals with co-occurring disorders, in addition to individuals with substance use disorders only or mental disorders only, eligible for services or programs provided with grant funding.[35]

Resources

Some tools and resources in TIP 44 have been updated with newer content, replaced by other resources, or moved to new web addresses. Some of the most pertinent updates are listed below.

TIP 44 Resource	Current Resource
Federal Bureau of Prisons Clinical Practice Guidelines: Detoxification of Chemically Dependent Inmates (December 2000)	*Federal Bureau of Prisons Clinical Practice Guidance: Detoxification of Chemically Dependent Inmates (February 2014)*
Millon Clinical Multiaxial Inventory-III (MCMI-III)	*MCMI-IV (proprietary)*
Thinking for a Change	*Thinking for a Change 4.0*

Additional Resources

Potentially useful resources not listed in TIP 44 or mentioned above include the following:

A Checklist for Implementing Evidence-Based Practices and Programs for Justice-Involved Adults with Behavioral Health Disorders
https://csgjusticecenter.org/wp-content/uploads/2013/04/SAMHSA-GAINS.pdf

Critical Connections: Getting People Leaving Prison and Jail the Mental Health Care and Substance Use Treatment They Need—What Policymakers Need to Know about Health Care Coverage
www.bja.gov/publications/Critical-Connections-Full-Report.pdf

Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide
https://store.samhsa.gov/product/SMA16-4998

In Brief: Adult Drug Courts and Medication-Assisted Treatment for Opioid Dependence
https://store.samhsa.gov/product/Adult-Drug-Courts-and-Medication-Assisted-Treatment-for-Opioid-Dependence/SMA14-4852

Prison/Jail Medication Assisted Treatment Manual
www.rsat-tta.com/Files/RSAT_Prison_Med_Treat_FINAL.pdf

A Technical Assistance Guide for Drug Court Judges on Drug Court Treatment Services
www.american.edu/spa/jpo/initiatives/drug-court/upload/A-Technical-Assistance-Guide-for-Drug-Court-Judges-on-Drug-Court-Treatment-Services.pdf

Notes

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