

Prisoners need drug and alcohol treatments but AA programs aren't the answer

7 September 2018, by Jarryd Bartle And Nicole Lee



Around half of prisoners have a substance dependence. Credit: [Karanik yimpat/Shutterstock](#)

Prisons and drug use are closely linked. Two-thirds of Australian prisoners report [using illicit drugs](#) in the 12 months before they entered prison, compared with [12% of the general](#) population in the previous 12 months. Around half of prisoners are likely to meet the criteria for substance dependence.

Some 18% of detainees reported alcohol and 32% reported illicit drugs directly [contributed to their crime](#). The relationship is complex but there's no doubt untreated alcohol and other [drug](#) problems are a key factor for reoffending.

Our report, [What works in alcohol and other drug treatment in prison settings](#), published today, shows some interventions currently used in prisons have little evidence to support them.

Why is drug use so high among prisoners?

A causal link between alcohol and other drugs and offending has not been established.

It may be that people who are [risky drinkers](#) or who use illicit drugs are more likely to commit crimes.

Or people who are at risk of criminal behaviour are more likely to be risky drinkers or use illicit drugs. Or there might be common underlying causal factors that make both more likely.

But there is a clear [relationship](#) between drug use and involvement in criminal activity, particularly:

- offences related to illicit drug markets, such as illicit use, possession, selling or manufacturing
- offences committed to acquire drugs, such as [theft](#)
- offences related to being intoxicated on alcohol or other drugs, such as [violent crimes](#).

Reducing harms

Harm reduction is one of the key strategies of [Australia's official drug policy](#). We know from history there will always be a small percentage of the population who use illicit drugs. Most do so for a short period and either stop on their own or go into [treatment](#). Harm reduction aims to reduce harms to the person using and the community.

[Surveys indicate](#) around 10% of prisoners use [illicit drugs](#) while in prison, and 6% use drugs by injection while in prison.

[Harm-reduction measures](#), including prison needle and syringe programs and peer support, are effective in reducing overdoses. They also reduce the spread of blood-borne viruses, which in turn protects the public when prisoners are released.

Effective treatment

Individual or group cognitive behaviour therapy (CBT) that addresses both offending and substance use has had the most success in reducing reoffending. [CBT programs](#) can reduce the risk of recidivism among prison participants by around

25%.

Other [well-supported interventions](#) include:

- therapeutic communities, which are live-in treatment settings
- opioid substitution therapy such as methadone and buprenorphine
- exit preparation programs such as pre-release centres, which gradually reintegrate offenders back into the community by helping them develop life skills and find work.

learned in prison translate to the outside world, with its a broader range of temptations and stresses.

Many ex-[prisoners](#) experience periods of [unemployment or homelessness](#) after release, which drastically increases their risk of relapse. Post-release therapeutic support is therefore essential.

It's in the community's best interest to support people with alcohol and other drug problems in prison to reduce their substance use problems and their reoffending.

What's less likely to work?

Twelve-step groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are often used in prisons but they do not have much evidence to support their use.

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In the community, the success rate is [as low as 8%](#).

Contingency management, a behaviour therapy that focuses on the use of rewards for meeting treatment goals (the same principle behind star charts for kids), are used in some parts of the criminal justice system, such as drug courts.

Contingency management is effective in promoting abstinence in community settings, but there has been little evaluation of its success in prisons.

Other interventions with [limited evidence](#) for prison populations include mindfulness-based relapse prevention, and specialist treatment programs for alcohol-related offending.

The difficulty with treatment in prisons

Prisoners typically have many risk factors and therefore complex needs, making treatment more complex. Custodial sentences themselves [increase an offender's risk of recidivism](#). And prisoners have [rates of mental health problems and personality disorders](#), and poor education levels.

Prison is a highly monitored and controlled setting. This creates an artificial environment during treatment and it's difficult to know whether the skills

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