There are more than 20 million individuals with substance use disorders (SUDs) in the United States (Office of the Surgeon General, 2016), a subset of whom are involved with the criminal justice system. Seventy-eight percent of violent crimes and 77 percent of property crimes involve drugs and/or alcohol (Centers for Disease Control and Prevention, 2016). More than half of the 2.2 million individuals housed in U.S. prisons and jails meet the clinical diagnosis criteria for SUDs. The government spends an estimated $74 billion dollars on court processing, community-supervision, and imprisonment of individuals with SUDs (National Center on Addiction and Substance Abuse, 2010).

Over the past several decades, research and rigorous evaluation has provided insight on effective practices for individuals with substance use disorders (SUD) and the importance of treatment to reduce criminal justice system involvement. By integrating evidence-informed practices, criminal justice agencies and communities can save lives and decrease costs associated deep-end criminal justice system and healthcare system involvement.

This resource was developed to share evidence-informed practices for addressing SUDs and substance misuse to guide local-level assessment, planning, and implementation efforts around SUD prevention and intervention. Communities are encouraged to use this continuum to examine the gaps and needs that exist in their areas and explore the options available to address them.

For more information go to www.icjia.state.il.us.

Prepared by Lily Gleicher, Research Analyst
Center for Justice Research & Evaluation

This project was supported by Award No.13-DJ-BX-0012 awarded by the Bureau of Justice Assistance, Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice or the Illinois Criminal Justice Information Authority.
DEFINING EVIDENCE & IDENTIFYING RISK AND PROTECTIVE FACTORS

DEFINING EVIDENCE

No Effect
Little or no evidence, through use of reliable, rigorous, generalizable research, indicating programs achieve what they are intended to achieve.

Promising
Some evidence, through use of reliable, rigorous, replicable, and generalizable research, indicating programs achieve what they are set out to achieve. This is considered evidence-informed.

Effective
There is strong evidence, through use of reliable, rigorous, replicable, and generalizable research, indicating programs achieve what they intend to achieve. This is considered evidence-based.

RISK FACTORS

- Early initiation of substance use.
- Persistent/early problem behavior (adolescents).
- Rebelliousness.
- Individual and/or parental favorable attitudes towards substance use.
- Peer substance use.
- Poor family management, family conflict.
- Family history of substance misuse.
- Late elementary school academic failure.
- Lack of commitment to school.
- High availability of substances; low cost of alcohol.
- Community laws/norms favorable towards substance use.
- Low socioeconomic status (adolescents).
- Low level of neighborhood attachment (adolescents).
- Community disorganization (adolescents).
- Media portrayal of alcohol use (adolescents).
- High rates of mobility within/between communities (adolescents).

PROTECTIVE FACTORS

- Social, emotional, behavioral, cognitive, and moral competence (interpersonal skills).
- Self-efficacy.
- Spirituality.
- Resiliency.
- Opportunities for positive social involvement.
- Recognition for positive behavior (reinforcements).
- Parental and community attachment.
- Marriage or committed relationship (young adults).
- Healthy beliefs and standards for behavior.
This continuum outlines the specific intercepts of the Sequential Intercept Model developed by SAMHSA’s GAINS Center. The Sequential Intercept Model is a conceptual framework used to identify different points at which an intervention or prevention effort can be made.

**Intercept 0: Community systems and services**
This intercept involves community partnerships, prevention, and behavioral health services. The goal is to provide the earliest intervention effort to prevent criminal justice involvement.

**Intercept 1: Law Enforcement**
This intercept involves first contact with the criminal justice system, including dispatch, law enforcement, and emergency services or crisis response teams.

**Intercept 2: Initial detention/initial court hearings**
This intercept involves post-arrest, initial detention, or initial court hearings. This includes pre-trial programs and public defender or prosecution programs.

**Intercept 3: Jails/Courts**
This intercept involves the jail or court and includes specialty court dockets and jail-based services.

**Intercept 4: Institutions and Reentry**
This intercept involves prison or reentry from prison or jail. This includes prison-based services and services for reentry and coordination of community-based services.

**Intercept 5: Community Corrections**
This intercept involves probation and parole programs and services. This includes connecting individuals to appropriate community-based services.
## Prevention Programs

### Intercept 0

### Family-Based Programs
- Families are important factors in lives of youth.
- Parenting skills & modeling of prosocial behavior and attitudes can influence youths' attitudes and behavior towards substance use.
- Goals of these programs include an increase in: opportunities for family-involved activities; parental use of reinforcement & management skills; attachment & commitment to family; family resilience; and effective communication skills.

**Program Examples**
- Guiding Good Choices
- Strengthening Families Program
- Multidimensional Family Therapy
- Multisystemic Therapy
- Functional Family Therapy
- Brief Strategic Family Therapy
- Creating Lasting Family Connections

### School-Based Programs
- School-based programs target factors related to youth substance use within a school setting.
- Goals of these programs include: increase in school engagement; increase in involvement in prosocial activities; increase in positive behavior; development and maintenance of relationships with peers, teachers, & other mentors; and reduction or prevention in drug use and other antisocial behaviors.

**Program Examples**
- Project Towards No Drug Abuse
- Positive Action Good Behavior Game
- LifeSkills Training
- Brief Alcohol Screening Intervention for College Students

### Multi-Modal Programs
- Many programs incorporate more than one mode of prevention, including those that are school- or family-based.
- Multi-modal programs incorporate several components--community, school, family, individual--to target substance use prevention.
- Goals of these programs include: increase in protective factors & youth resilience; decrease in risk factors; and decrease/prevention of substance use.

**Program Examples**
- Raising Healthy Children Communities That Care
- Positive Family Support Linking the Interests of Families and Teachers
# Law Enforcement

## Intercepts 1 & 2

### Opioid Overdose Reversal

**Intercept 1**

- Carrying & administering naloxone, an opioid overdose reversal medication.
- Harm reduction strategy.
- Brand names: Narcan®, Evizio®.
- Reduces fatalities.

### Deflection Initiatives

**Intercept 1**

- Increase access to treatment for individuals with SUDs or substance related issues.
- Individuals can voluntarily ask for assistance without fear of arrest.
- Connect individuals to assessment for appropriate services.

### Community-Based Diversion

**Intercept 1 or 2**

- Police discretion to divert individuals with SUDs or substance-related issues post-arrest, pre-booking.
- Deferred prosecution to SUD treatment, consistent with proven practices.
- Connect individuals to assessment for appropriate services.

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**Research indicates these practices can:**

- **Reduce** criminal justice involvement.
- **Prevent** death from overdose.
- **Improve** public safety.
- **Increase** access to treatment.
- **Reduce** recidivism.
- **Decrease** criminal justice costs.
Drug courts can moderately reduce recidivism depending on drug court implementation.

Fidelity and quality of evidence-based services and practices are key.

Research findings indicate that, when implemented with fidelity, drug courts can reduce recidivism between 10% and 15%.

Research also indicates drug courts can:

- Reduce incarceration rates.
- Decrease frequent rearrest.
- Increase time between future arrests.
- Decrease drug use and positive drug tests.
- Increase treatment retention.
- Reunite families.
- Decrease criminal justice costs.

**DRUG COURT COMPONENTS**

- Frequent drug tests.
- Weekly and/or monthly court appearances.
- Case management & supervision.
- Participation in appropriate treatment & services based on validated clinical assessments.
- Use of graduated sanctions & incentives.
**Behavioral Therapies**
**Intercepts 3, 4, & 5**
- Use of therapeutic techniques that focus on thought processes, attitudes, & values underlying antisocial behavior (cognitive).
- Use of therapeutic techniques that focus on observable behavior (behavioral).
- Use of reinforcement & sanctions for specific behavior.
- Enhance life & coping skills, & emotional regulation skills.

**Pharmacological Therapies**
**Intercepts 3, 4, & 5**
- Use of FDA approved medication in conjunction with behavioral counseling or therapy to treat opioid or alcohol use disorders.
- Medication types: Buprenorphine, Methadone, Naltrexone, Disulfiram, & Acamprosate.
- Some medications reduce cravings and/or withdrawal symptoms.

**Therapeutic Communities**
**Intercepts 3 & 4**
- Can be used in jail or prisons.
- Peer- & staff-led residential program providing substance use treatment, mental health counseling, & other health support services.
- Separated from general population.
- Lasts between 12 & 18 months.
- Incorporates behavioral therapies & development of care coordination & support networks.

**Incarceration-Based Treatment**
**Intercepts 3 & 4**
- Includes individual & group substance use treatment based on behavioral therapies.
- Can include comprehensive residential substance use treatment programming in prison or jail.
- Two types: Residential Substance Abuse Treatment & Residential Drug Abuse Program.

**RESEARCH INDICATES THESE PRACTICES CAN:**

**REDUCE** crime & criminal behavior.

**REDUCE** relapse.

**IMPROVE** public health & social functioning.

**INCORPORATE** treatment retention.

**INCORPORATE** abstinence.

**DECREASE** substance use & risk for overdose.

**IMPROVE** physical & mental health symptoms.
**THINGS TO CONSIDER**

- **CAPACITY** and **QUALITY** of substance use treatment in communities and correctional institutions, in addition to the use of evidence-informed practices.

- Be aware of the potential for **NET WIDENING**.

- **COLLABORATION** is vital between different criminal justice professionals, treatment and service providers, policymakers, and stakeholders.

- **FORMAL TRAINING** is necessary for criminal justice professionals and appropriate formal and **CLINICAL** training for behavioral health and substance use treatment providers.

- Continuation and accumulation of further **RESEARCH & EVALUATION** is important and encouraged; many practices do not currently have enough research to be considered evidence-based.

- Participation or use of evidence-informed practices may not be adequate to address all individuals’ needs. It is important to consider a **MULTI-MODEL, INDIVIDUALIZED** treatment plan.

- Make sure that a program or practice is an appropriate **FIT** and addresses a relevant **NEED** in the community.

- **PLAN** out the initial implementation and what sustainability may necessitate (i.e. funds, programming, staff, training) for successful implementation and sustainability.

- **IMPLEMENTATION** is a process that takes time. Collect data to inform your organization about what is going on, what changes may be necessary, and assess whether there is fidelity to the practice (quality assurance processes). This is key for **SUSTAINABILITY**.

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**RESOURCES**

- Police Assisted Addiction Recovery Initiative
- Law Enforcement-Assisted Diversion
- Treatment Alternatives for Safe Communities
- University of Cincinnati Corrections Institute
- George Mason University's Center for Advancing Correctional Excellence
- National Institute of Corrections
- SAMHSA's National Registry of Evidence-based Programs and Practices
- Crimesolutions.gov
- OJJDP Model Programs Guide
- UC-Boulder's Center for the Study of Prevention of Violence: Blueprints
- National Association of Addiction Treatment Provides
- American Society on Addiction Medicine
- Council of State Governments: What Works Reentry Clearinghouse
- Campbell Collaboration
- Cochrane Collaboration
- National Institute on Drug Abuse
- Justice Research & Statistics Association
- National Association for Drug Court Professionals
- Coalition for Evidence-based Policy
References

The following references were used for each page of the continuum handout. For a more complete list of references and information, please contact cja.irc@illinois.gov or call 312-793-8550.

Defining Evidence; Risk and Protective Factors


Prevention: Intercept 0


Prevention programs listed here are detailed, but not all encompassing. For information on other evidence-informed prevention programs, use the national resources under additional resources at the bottom of this continuum.


Law Enforcement: Intercepts 1 & 2


Courts: Intercept 3


Community and Institutional Corrections: Intercepts 4 & 5


U.S DHHS; Document Citation: 81 FR 44711


