

## **GROUP 2**

### **EFFECTIVE INTERVENTIONS FOR DRUG-DEPENDENT OFFENDERS**

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#### **I. INTRODUCTION**

Group 2 started its Group Workshop on 24 May 2011. The group unanimously chose Mr. Tanaka as Chairperson, Mr. Zilaal as Co-Chairperson, Mr. Peremne as Rapporteur, and Ms. Takahashi and Mr. Urakawa as the Co-Rapporteurs. Mr. Wee participated as a member until his return to Korea on official business on 8 June 2011. The Group was tasked to formulate this report on the subject of “Effective Interventions for Drug-Dependent Offenders”.

The participants recognized that drug dependency is a continuing problem. It is also a future challenge. Although responsible actions were taken by many countries to address this issue, the search for effective intervention remains a common agenda. It is in this context that the reviewing of existing programmes is very significant in developing more comprehensive and practical countermeasures for future direction. The usefulness of this report will not only be delimited to the participating countries.

The group understands that effective intervention refers to all methods, techniques, approaches and models applied to treat drug-dependent offenders and it is adoptable and adaptable in a particular setting. In addressing the theme of Treatment of Drug Dependent Offenders (Focus on Prison, Probation and Parole), related viewpoints, current practices of selected countries, diversified and contemporary perspectives will be considered.

#### **II. TOPICAL BACKGROUND**

As prelude to the discussion, the group agreed on the premise that the drug dependency situation differs substantially among countries and regions. Therefore, treatment or intervention should be provided considering each country’s situation. It can be viewed in four different perspectives and can be treated accordingly. These are the legal, spiritual, medical, and cognitive-behaviour models. There are treatment options under different models and in order to enhance the treatment, the process must be implemented in a proper manner with a focus on the individual’s background. The Risk-Need-Responsivity (RNR) Model is perhaps the most influential model for the assessment and treatment of offenders. It has been elaborated upon and contextualized within a General Personality and Cognitive Social Learning theory of criminal conduct.

### III. SUMMARY OF THE DISCUSSION

Enumerated below is the result of group discussions, the details of which can be accessed in the attached Appendix.

The intervention programmes for the treatment of drug dependent offenders in the Maldives, the Philippines and Thailand involve the application of the therapeutic community modality. Implementation is policy-regulated and efficient. But as to the programmes' effectiveness in treating drug dependents, preventing recidivism and preventing relapse, there is no evidence or data - no proper and scientific assessment has been made for the purpose. In this regard, the group agreed that in evaluating effectiveness of the treatment programme/method, it is essential that data on relapse be presented; specifically, showing that relapse is indeed decreasing. The discussion mainly addressed the experiences of the participants. The participants also agreed that fair assessment of clients/inmates is important.

As further examined, the therapeutic community (TC) modality programme is a self-help social learning treatment model for clients with drug-abuse problems and other problems such as alcoholism, stealing, and other anti-social tendencies. The TC model is also used in working with special groups of individuals like those in prisons. Although it contains five treatment modules, it doesn't specifically address drug offender treatment.

In Japan, Cognitive Behavior Therapy (CBT), with the introduction of Narcotics Anonymous, the Matrix Model and Workbook, are widely used. These are implemented in prisons and in community-based treatment for offenders who are on probation and parole. During his lecture, Professor Harada shared that in a study conducted by Lipton, et al (1999), through the application of CBT, the relapse rate decreased by 10% to 30%.

Under CBT and the Matrix Model, the training of operators and preparation of the Workbook are relatively easy. The patient can monitor his or her own thoughts and cognition, and can control his or her behaviour. It is even possible for the inmate to change his or her behaviour to desired behaviour. Since it is a package model, it is effective in the treatment of drug offenders.

When the two common treatment models, TC and CBT, were compared, it was determined that TC was actually implemented efficiently in the Maldives, Philippines and Thailand but through discussion, it was made known that it is a broad treatment programme, which does not actually contain a specific module for the treatment of drug dependent offenders. On the other hand, CBT is implemented easily all over Japan using the Workbook. Although CBT is difficult to maintain in the community, Japanese probation officers find a way to effectively implement the same through various types of support from society.

For the purpose of stopping drug abuse, cognitive behaviour therapy directly benefits an individual by teaching him or her a specific skill through training, while the therapeutic model indirectly benefits the patient because it has to first create a community conducive to improving the patient's self-esteem. As a matter of fact, the latter model haphazardly addresses drug dependency and drug addiction problems.

Treatment programmes, other than therapeutic community and cognitive behaviour therapy, like the contingency/multi-disciplinary model, 12 Steps to Christian Living, and counselling, were not discussed but still considered an option in the treatment of drug dependent offenders. Detoxification and other pharmacotherapy were not also discussed for they require technical expertise and none of the participants possessed this qualification.

Participation and utilization of family members in the treatment of drug offenders were discussed since all the participants agreed that the family, as a basic foundation unit of human interaction, played an important role in the treatment process. The notion that there are uncooperative families was also considered.

Practical reinforcement therapies like dance and literary therapies were tackled during the discussion to widen the avenue of possible treatment for drug dependents. Dance Therapy is promoted by the Philippines and by prisons in India. Its purpose is to instill individual and group discipline. It was efficiently carried out and can be accessed on the Internet but there was no evidence presented as to its effectiveness in treatment of drug dependency and in the prevention of relapse.

The Group next discussed job support programmes. In the Philippines, the halfway house at the Bureau of Correction performs such functions for those who seek the service. There is also the so-called *TAGUMPAY* Settlement offered in the prison colonies, which allow a prisoner to stay even after serving his sentence. The former inmate is given a portion of land to cultivate and free housing. In Japan, since prisoners are trained to be productive during incarceration, they are more likely to find a job after release. There are half-way houses that help them for a certain permitted period. In the Maldives, an offender must wait for five years from the date of release from prison, without reoffending, in order to be eligible for a government job.

Drug Testing is implemented on a voluntary basis for probationers and parolees in Japan. It is also envisaged that it will be applicable in the Maldives, the Philippines and Thailand in the treatment of not only probationers and parolees but also drug dependent offenders. Foreign participants thought that it could be applied also to those newly committed to jail or prison to determine their drug dependency status.

Facilities and equipment were considered major components in the treatment process. Ideally, they require a huge budget allocation in terms of constructing buildings and printing workbooks like those used in CBT, but treatment programmes can still be regulated and implemented based on available resources.

The group also discussed treatments in society. There was actually a similarity in the approaches and processes. The group considered that it would be very helpful for the probation officer to be provided with a prison record of the patient's conduct while under CBT in institutional-based treatment.

Cooperation with social resources, specialists like self-help groups, authorities that offer employment and social welfare, half-way houses, etc., especially in society, is very important, making use of the talents, skills, and other abilities of the wider community. Also, it is still important to establish halfway houses that provide special treatment programmes or methods after careful consideration of the authorities, responsibilities, costs, and so on, although almost all half-way houses in Japan provide private temporary shelter to newly released prisoners or those released on probation and parole.

Back in society, it is still important to strongly and continuously motivate the ex-prisoner, probationer, or parolee to sustain an ideal life, prevent relapse, and be a dynamic member of the community. This means, for example, that we offer several choices to him or her. It is not good to just simply give him or her a job, house, knowledge, and so on.

From our experiences, an effective public information system and drug education system that is especially dedicated or focuses on an individual person is the most effective way to prevent drug abuse. Specifically, it is also effective for prevention to enhance the juvenile judicial system and start treating juvenile offenders who might become adult drug offenders.

#### IV. CONCLUSIONS

To summarize this long discussion, it is logical to make the following conclusion:

Treatment of drug dependent offenders must be consistent and continuous and should have the following characteristics:

- E – Easy to implement and easy to train staff or operators
- F – Focused on treating drug offenders in prison, jail, under parole and probation
- F – Fair assessment of clients/inmates
- E – Efficiently carried out by staff and supported by clients/inmates
- C – Cost benefit friendly or less costly
- T – Tested well as model treatment in a particular period
- I – Implemented well and prevents relapse and recidivism
- V – Variety of approaches to address particular needs of client/inmate
- E – Evidence based evaluation is conducted

## **V. RECOMMENDATIONS**

1. Intensify the implementation of the treatment programmes for drug dependent offenders presently administered and conduct in-depth research on their effectiveness.
2. Adopt and adapt useful intervention programmes in the treatment of drug-dependent offenders that were learned and validated from the proponents and practitioners during the group discussion, lectures and site visits to different facilities.

**APPENDIX  
CONTENTS OF THE DISCUSSION**

**A. Identification of the Point under Discussion**

First, we identified the point under discussion, as follows:

**The Point under Discussion**

| Jail or Institution                                |   | Society  |
|--|---|--|
| Others   | Treatment   |  |
| Number of staff or equipment<br>How to train staff | <p>[Special Treatment programme]</p> <ul style="list-style-type: none"> <li>CBT?</li> <li>Family?</li> <li>...</li> </ul> | <p>[Environment]</p> <ul style="list-style-type: none"> <li>TC?</li> <li>How many times to see family?</li> <li>How to see family?</li> <li>...</li> <li>Drug testing?</li> <li>Job support?</li> </ul>              |
|  |   | <p>Treatment</p> <ul style="list-style-type: none"> <li>Family?</li> <li>Self-help Group?</li> <li>Halfway houses?</li> <li>Drug testing?</li> <li>Special programme?</li> <li>...</li> </ul> <p>Job assistance?</p> |
|  |   | <p>Prevention</p> <p>Relapse prevention, especially for young offenders</p>  |

← Consistency →

**B. Contemporary Perspectives in the Treatment of Drug Dependent Offenders**

We next discussed environment and treatment (programmes/modules) in jails or institutions. But each member’s recognition of contemporary perspectives in the treatment of drug dependant offenders differed, so we confirmed from other reports of each member, as follows:

The treatment of drug offenders in foreign countries is divided into two: the Criminal Model and Medical Model. The former focuses on strict punishment of drug offenders, while the latter emphasizes the necessity for effectively eliminating drug offenders’ risk of recidivism, as it considers drug dependents as “sick people.” And Cognitive Behaviour Therapy (CBT) is usually used in some countries that adopt the Criminal Model, while the Therapeutic Community Program (TC) is usually used in many countries that adopt the Medical Model.<sup>1</sup>

One member explained CBT. CBT is a way of intervening in cognition and behaviours (reaction). Still the most famous programme based on CBT is the Matrix Model. The Matrix Model consists of methods including CBT, family education, social resources, and urine testing.

One member explained TC. TC changes the environment that affects the drug addict’s characteristics, behaviour, and life (i.e. if the drug addict experiences and learns a healthy and cultural daily life, he or she will maintain such a life after release). Members help each other. Experiencing good relationships with others is important. This will be the addict’s emotional mainstay. All members decide rules through group discussion. If someone breaks the rules, he or she is not punished, but helped.

CBT and TC are not ambivalent. To prevent relapse, there are two ways of approach: a direct approach, to learn and practice how to prevent relapse is CBT; and an indirect approach, to learn and practice social skills, how to survive in society, is TC. Both have same effects; to develop self-esteem, self-efficacy, and self-control. It is possible to apply both methods.

**C. Effectiveness**

Then, we re-discussed environment and treatment (programmes/modules) in jails or institutions. But one member mentioned that we had to discuss an important premise. We had not discussed the meaning of

<sup>1</sup> Professor Tetsuya Fujimoto’s lecture on 23 May 2011, and Professor Takayuki Harada’s lecture on 19 May 2011.

effectiveness, though our subject was “Effective Interventions for Drug-Dependant Offenders.”

So we discussed effectiveness. One member said that there were two ways to evaluate effectiveness; the first is whether or not relapse (crime) occurs after treatment; the other is comparing the offender’s behaviour or attitude before and after treatment. Evaluating effectiveness depending on whether or not there is a relapse (reoffending) after treatment is important, because society has an interest in that, and governments have a responsibility to show cost-effectiveness.<sup>2</sup> Other members commented that it would be difficult in our discussion to show this effectiveness conclusively; therefore, we can refer in the report to what programmes we think will be effective, depending on our experiences. Finally, we agreed that evaluating effectiveness of the treatment (programmes/methods) was very important (‘effectiveness’ must be essentially decreasing the ratio of relapse), so it is necessary to gather the data of these treatments (programmes/methods).<sup>3</sup>

#### **D. Treatment in Jails or Institutions**

We then re-discussed environment and treatment (programmes/modules) in jails or institutions.

One member suggested that assessment of drug dependent offenders was important for effective and efficient treatment, because we need to choose suitable treatment which depends on intelligence, degree of drug abuse, etc. Still, we noticed from confirmation of the contemporary perspective in the treatment of drug dependant offenders that to stop abusing illegal drugs, there are two approaches: the direct approach and indirect approach. So we agreed that it was important to combine the intervention of various approaches in a balanced assessment. We reported more treatment (programmes/modules) from each approach in each member’s country, as follows:

The direct approach has the following uses: maintain security of a jail/institution; training for family members; CBT based programmes. In the indirect approach, there are the following uses: job support; training for family members; dance therapy; TC.

Some countries apply job support measures, as part of an indirect approach, as follows:

- The Maldives: The government and a private company provided capital to establish a firm, which employs ex-inmates. The government acts as guarantor to the ex-inmates. Ex-inmates find a job in which he or she can use his or her previous experience in the TC model.
- Japan: The government will subsidize a private company if the company employs an ex-inmate.
- Japan: Inmates can obtain occupational licenses during sentence.
- Japan: The Corrections Bureau cooperates with the unemployment office.
- The Philippines: The halfway house at the Bureau of Corrections provides job support functions for those who seek the service. There is also the so-called TAGUMPAY Settlement offered in the prison colonies, which allows a prisoner to stay even after his or her sentence has been served; they are given a plot of land to cultivate and free housing.

One member mentioned that it was difficult to support getting a job via a jail or other correctional institution only; therefore, it is important to cooperate with other organizations.

We agreed that it was important to provide training for family, as an indirect approach, as follows:

- Training for family is needed because the family environment is a factor for drug abuse, and the family, as a basic foundation of human behaviour, plays an important role in the treatment process.
- Some countries have treatments for family that aim at improving family relationships.
- Officers cannot impose participation on family members, but can invite the family and ask them to cooperate. If the family is uncooperative, officers must perseveringly ask them to cooperate. (In the

<sup>2</sup> Dr. Someda mentioned the importance of Evidence-Based Practice and the Risk-Need-Responsivity Model, in his lecture of 2 June 2011. And Dr. Anne Bergenstrom, UNODC Visiting Expert, claimed the need to adopt the Medical Model from some evidence in her lectures on 31 May and 2 June 2011.

<sup>3</sup> From our members’ comments, we learned that some countries have never gathered data on the effectiveness of their treatment (programmes/modules); other countries have been gathering such data.

Philippines, officers sometimes visit the family, if the family is uncooperative.)

One member explained:

- There are some programmes in the Philippines, for example, dance therapy, literary therapies, etc, used in the indirect approach (TC). Its purpose is to instill individual and group discipline. It is efficiently carried out and can in some cases be viewed on the Internet, but there is no evidence as to its effectiveness in treatment of drug dependency and in the prevention of relapse.

We agreed that it was important to maintain the security of jails/institutions, as in the direct approach, as follows:

- Preventing the importation into jails or institutions of drugs is important. Checking the belongings of inmates/patients or their families by X-ray, restricting visiting time or prisoner/visitor proximity, routine checks of prisoner's belongings, etc. may all be helpful in this regard.
- If these measures are not possible, the introduction of regular drug testing must be considered.

We agreed that it was important to provide training for family, as part of the direct approach, as follows:

- To help an offender's family to make preparations to take back inmates/patients, and to increase inmates/patients' motivation, staff need to advise their families on how to guide inmates/patients, and how the inmate/patient has been treated, educated and reformed.
- If there is a self-help group for drug abusers' families, officers must give the families information about that group, because these families can cooperate with others who have similar problems.
- Officers cannot compel families to participate in the programme, but can invite families and ask them to cooperate. If uncooperative, officers must perseveringly ask them to cooperate.

#### **E. Others in Jails or Institutions**

We next discussed how to train staff effectively, the number of staff or required equipment, and so on, as follows:

We agreed that budgets are limited, and therefore, we needed to discuss cost-effectiveness. Our comments were as follows:

- To introduce CBT, initial start-up and training costs will be expensive, but running costs will not be so high.
- It is difficult and expensive to introduce new systems or programmes. Therefore, it is better to improve little by little and use existing social resources.
- Cooperation with other organizations or outsourcing decreases costs.
- On-the-job training is possible. A specialist monitors officers' leadership during group work, and after the group work, he or she advises the officers.

Then, we discussed how to train staff. Our comments were as follows:

- Training staff is important to ensure adequate treatment (programmes/methods).
- Some governments send staff to a training institution for TC - not only domestic institutions but also foreign institutions.
- And, to cut costs, we must consider introducing on-the-job training or cooperating with specialists.

#### **F. Treatments and Others in the Community**

We next discussed treatment in the community. But we noticed from our discussion of treatment in jails or institutions that there were differences between treatment in the community and that in jail or institutions. Therefore, we only discussed these differences. Our comments were as follows:

- Consistency of treatment is important. So information about the results of treatment (programmes/methods) in jail or institutions must be given to the authorities, such as the probation office.
- Cooperation with social resources, specialists like self-help groups, authorities that offer employment

and social welfare, half-way houses, etc., especially in the wider community, is very important, making use of the talents, skills, and other abilities of the wider community.

- Almost all half-way houses in Japan provide private temporary shelter to newly released prisoners or those released on probation and parole.
- It is important to ensure that halfway houses provide special treatment (programmes/methods) in the halfway houses after careful consideration of authorities, costs, and so on.
- It is important to show the offender several choices, because it is up to him or her to choose his or her own path in society. It is important to strongly and continuously motivate the ex-prisoner, probationer or parolee to sustain an ideal life, prevent relapse, and be a dynamic member of the community. It is not effective to simply give a job, house, knowledge, and so on.
- It is important to cooperate with local government.

### **G. Prevention**

Finally, we discussed prevention. From our experiences, an effective public information system, and drug education that is especially dedicated or focuses on an individual person, is the most effective way to prevent drug abuse. Specifically, it is also effective for prevention to enhance the juvenile judicial system and start treating juvenile offenders who might become adult drug offenders.