

# Programs for Offenders Depending on Substance

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**Abstract** – Substance abuse is a significant factor in the maintenance of criminal behaviour and substance abuse treatment plays an important role in preventing recurrence. The last decade of the 20th century in the world are marked with a number of innovations in the treatment of prisoners addicted to psychoactive substances. For persons convicted and sentenced to substance abuse is a need to implement specific treatment programs that would be consistent with their characteristics and represent an appropriate response to identified needs, such as diversion programs, but-camp programs, programs for individual and group counselling, programs modelled on the therapeutic community, non-institutional monitoring and others. The introduction of modern treatment of substance abuse requires considerable human and material resources.

**Keywords** – Substance Abuse, Treatment of Prisoners, Substance Treatment Programs.

## 1. Introduction

Relationship between criminal behavior and substance abuse psychoactive of convicted persons serving a prison sentence is the point at which the authors focused in their work. A higher incidence of substance abuse among the perpetrators, especially among the prisoners to a prison official testified data relevant institutions at home and abroad. Substance abuse is a significant factor in the maintenance of criminal behavior and substance abuse treatment plays an important role in preventing recurrence. The last decade of the 20th century in the world are marked with a number of innovations in the treatment of prisoners addicted to psychoactive substances such as the model of individual drug counseling which is based in the outpatient counseling and free treatment, group therapy during recovery from substance abuse, which allows the customer to develop skills that contribute achieving state abstinence and strengthen resistance to relapse, therapeutic community model where addicted to psychoactive substances for the first time lead normal lives, participate in restoring physical and emotional health, but-camp programs are characterized by a highly structured schedule of activities for residents and creating a state of stress the need for change, where pharmacotherapy in the treatment of addiction to psychoactive substance use new types of drugs, and more.

In the contemporary practice of imprisonment in this issue we are not paying enough attention. After leaving the concept of ideological re-education, we can establish the concept of treatment of prisoners. Accordingly, the Ordinance was made and treatment program that provides treatment and respect reality, diversity and specificity of the needs of prisoners.

Aim of the authors was to examine the need for treatment for substance abuse of prisoners serving a sentence of imprisonment. To achieve this set goal, made a comparison of abusing prisoners and prisoners who do not abuse substances to the existence of the need for treatment in the following areas: health status, education and employment status, legal status, family and social relationships and mental status. The results show that these two groups differ significantly according to socio-demographic and criminological-penological characteristics, as well as the needs for treatment. On this basis, it can be concluded that the convicted person to imprisonment for abuse of psychoactive substances is a need to implement specific treatment programs that would be consistent with their characteristics and represent an appropriate response to identified needs [1].

## 2. Diversion Programs

Diversion programs in the community provides adequate treatment for the addicts who come into contact with the criminal justice system, because it is considered that the crisis presents an excellent opportunity to react positive programs for these people [2]. The purpose of diversion programs is to prevent the entry of offenders into the criminal justice system by different interventions depending on the seriousness of the offense and offender characteristics [3]. These programs focus on rehabilitation and personality changes, as opposed to punishment and isolation. An important difference in approach is a deviation from traditional forms of punishment and focusing on the needs of the individual rather than antisocial behavior.

The purpose of diversion can be determined as follows: 1) the treatment of addiction to psychoactive substances, 2) use of alternative sanctions for

violating the law, and 3) the prevention of recidivism [4].

The program objectives are:

- Reducing the harm arising from the use of psychoactive substances.
- Prevent or reduce crime in the community.
- Improving public health.
- Improving the health of individuals.
- A holistic approach that is able to meet the individual needs.
- Effects on health and the criminal behavior of individuals in the future.
- Reducing the cost of imprisonment.

The decision to apply diversion proceedings may be taken before, during or after the trial. Treatment of substance abuse can bring a certain number of points during the criminal proceedings. This can happen before the offender is arrested or after arrest but before the sentencing order that information could be taken into account in determining the sentence. By conducting diversion proceedings can occur after sentencing, when participating in the sabotage program offers an alternative to the usual methods of punishment. If a program participant shall continue to crimes and continues to use the substance, then resorting to traditional criminal sanctions. In contrast to successful completion of treatment, the offender can avoid or reduce the penalty. Finally diversion programs can be used in prisons where the offender spends the time in prison, the rest being treated outside [5].

All diversion programs use a strategy of coercion. Offenders leave the choice to participate in the program and successfully complete the treatment or to face the legal consequences, such as constipation. The use of legal coercion as a means to ensure the treatment of addiction to psychoactive substances has undergone severe criticism. Some authors insist on the protection of autonomy, because the perception of free will is a psychological advantage that contributes to the positive therapeutic effects [6]. Thus, offenders addicted to psychoactive substances, which are forced into treatment by the justice system have a reduced sense of autonomy and subjective perception of coercion, which can lead to decreased motivation for treatment, withdrawal or less positive treatment outcomes [7].

One of the main advantages of diversion program is a holistic approach. This strategy involves the use of an integrated approach to change and individual behavior patterns that can be educational in incorporate Select Features that focus on

communication, restraining anger, self esteem, building healthy relationships, stress management, goal setting and care about their health and nutrition. They offer individuals the chance for a positive and productive future. It is believed that if the diversion program of rehabilitating offenders - drug addicts, the community will benefit due to reduced crime rates, which they would otherwise make. Diversion programs are economically cost-effective than prison, as the cost of much less than staying in prison. Program as it develops in line with the specific needs of certain groups and individuals. Will be treated differently according to first time offenders caught and had a small amount of cannabis and the offender who committed serious crimes in order to purchase heroin for personal use and redistribution. Ease and flexibility of this approach between the courts and diversion program is a key element of their success. These programs are suitable for intravenous drug users to reduce the risk transmission infectious diseases in prisons, such as HIV and Hepatitis C [8]. To diversion programs were successful; they must be involved in various sectors such as police, prosecution, courts, health services, correction services, and therapists who have to work as a team.

### 3. BUT-CAMP Programs

But camp programs (boot camp) represent an alternative form of institutional treatment, richly equipped with various activities, intensely focused and much shorter duration (90-180 days) with mandatory post institutional protection programs [9]. According to the authors, a key element of the camp but the concept is a highly structured schedule of activities that do not allow slack, a ward of the state of stress and creates a need for change. In addition, these programs in recent years and must include the following components: education and vocational training, treatment of illness and addiction, continuous individual work and health care. Besides the military model of intense corrective camp where applicable military training and ceremonies, there are other types of intensive corrective camps where inmates were invited covering 16 hours a day at work, physical training, learning and counseling or treatment [10]. Thus, the literature-but camping is also called the shock closure or places for treatment.

Some authors believe that the operation in-camp programs, but is incompatible with the quality of treatment programming, as confrontational environment to hinder the establishment of positive interpersonal relationships and supportive atmosphere [9]. Summarizing the results of several evaluation studies, the author concludes that residents of camps-

but often feel afraid of the staff, unlike the residents of traditional institutions, which are rather afraid of other inmates, were not detected significant differences in the rate of recidivism or reduce substance abuse among inmates but -camps and traditional institutions, positive results were found in terms of changes in attitudes and behavior. It is possible to explain the bad success of these programs is to not act on the factors directly associated with criminal behavior, or that programming is not enough individualized and aligned with the specific needs of individuals.

#### **4. Individual And Group Counseling**

One of the most famous models of individual counseling in the treatment of addiction was created under the auspices of the National Institute of the U.S. Substance Abuse (National Institute on Drug Abuse). The model is based on outpatient counseling, free treatment and methadone maintenance [11].

Model of individual drug counseling (IDC - individual drug counseling), applied twice weekly during the first three months, then once a week for another three months. Group work is done once a week for six months. Results showed significant reductions use psychoactive substances among those who participated in the IDC program [12]. According to the philosophy of IDC approach, addiction is a complex disease that the drug causes physical, psychological and spiritual damage. Because of the holistic nature of the disease, optimal treatment requires knowledge in many areas. Physical, emotional, spiritual and interpersonal relationships must be in the support of recovery. Philosophy of this approach has two important elements of confirm the presence of substance abuse and spiritual dimensions of recovery. These elements are different from conventional forms of treatment and have a strong impact PHILOSOPHY 12 Steps. The element of spirituality is a general and specific to each religion. The three main spiritual principles are taken from Narcotics Anonymous organizations such as: philosophy of honesty, openness and readiness. This spiritual component implies that abstinence from psychoactive substances for the first step in treatment, not the goal of treatment. Spirituality means belief or sense of connection with something greater than themselves, but the role of spirituality in healing has pretensions to be more focused on openness than most other therapeutic orientations.

Such an approach to individual counseling for addicts is very compatible with most other treatments of addiction. Fits well with other treatments because it is designed to be a component in a more

comprehensive package of treatment. This approach is desirable to be used in private practice, where other treatments do not provide the desired results. It can be used in combination with family therapy, couples therapy or alternative therapies. The model can be easily coordinated with pharmacotherapy treatment of addiction or morbid psychiatric disorders and in drug addicts.

Group therapy can play an important role in recovery from addiction, for clients to develop skills that contribute to achieving the state abstinence and strengthen resistance to relapse. The two most popular form of group therapy to be applied in practice addiction treatment are psychotherapy and group program "12 steps to healing".. "Generally speaking, there are two main differences between the approaches of the" 12 Cork "and who has access to group psychotherapy. Program" 12 Steps "mostly relies on the relationship of group members with higher power, the subordination of higher power and understanding of themselves through a relationship with her. Group psychotherapy encourages interaction between group members, especially on the process" here and now "and to the very core of the group or concept group. In contrast, the "12 steps" to prohibit speech that cross. Direct interaction between members during the meeting. This affects the awareness of individuals about the meeting the group will be evaluating and criticizing them released and encouraged to be open [13]. Recently, very often intertwined the two concepts, and many clients, in addition to membership in the psychotherapy group, go to groups working on the program "12 steps". Many authors believe that these two approaches compatible processes that can be mutually amended.

#### **5. Therapeutic Communities**

Therapeutic communities are different from other forms of treatment in that it treats addiction as a disease that affects the whole individual [14]. The treatment is based on the impact of the group (of experts and other offenders) that is used to help individuals to learn, assimilate social norms and develop social skills.

Therapeutic communities are usually organized in separate housing units. Programs are held away from surrounding drug. Participants in the community are expected to adhere to treatment during the strict rules of conduct. These norms are reinforced with specific rewards and punishments in order to develop self-control and responsibility. Members of the gradually progressing and gaining

more privileges and responsibilities. It is expected that these members become role models who actively maintain the value of the learning community. Negative thinking and behavior to reduce the individual and group therapy, group sessions members of the community, learning, dealing with the problem and modeling.

Activities of therapeutic communities are designed to assist members to discover, express and manage their feelings, improve personal and social responsibility, ethics, develop, change attitudes and behavior. Therapeutic community programs are designed for groups of 40 to 80 members. Therapeutic communities are located in different areas depending on community needs, funding sources and the environment of tolerance. Some are located in the former barracks, camps and homes in the suburbs, while others were established in prisons and similar facilities.

Treatment in a therapeutic community can be divided into three main stages:

**Phase 1** Induction and main treatment usually lasts for the first thirty days. The goal is for individuals to assimilate into the therapeutic community. New residents to learn procedures, establishing confidence in staff and other residents, initiating self-help and personal assessment of yourself, circumstances and needs, understanding the nature of addiction and start the recovery process.

**Phase 2** The primary treatment is often used a structured model of progression through increased levels of pro-social attitudes, behaviors and responsibilities regarding the use of psychoactive substances. Primary treatment is aimed at social, educational, vocational, family, and psychological needs of the individual.

**Phase 3** Reintegration aims to facilitate the release of the therapeutic community and facilitate a successful return to society. After leaving the therapeutic community to apply a variety of services, and the usual individual and family counseling, education and participation in self-help groups (eg, "Alcoholics Anonymous"). Former residents of therapeutic communities are encouraged to actively participate in such groups after the treatment.

Therapeutic communities are considered one of the most successful methods of treatment of offenders - drug addicts. Project Correctional Drug Abuse Treatment Effectiveness (CDATA) was carried out with the intention to review the results of the evaluation of treatment of offenders dependent on

psychoactive substances that have been made in the period 1968-1996. years. Report CDATA project related to the 35 collective programs, therapeutic communities, or environmental treatment therapy (Pearson, Lipton, 1999) with over 1000 respondents. Comparing recidivism rates between the user community and other therapeutic approaches, revealed a positive effect size of 0.14, which is modest, but supports the therapeutic community.

## 6. Cognitive – Behavioral Programs

Cognitive-behavioral programs are described in many works of contemporary authors (eg, Ross, Fabiano, Ewles, 1988). Virtually all behavioral programs for offenders based on the principles of operant conditioning.

There are many types of behavioral programs. In the literature on behavioral treatment of offenders are most often encountered three types of happiness. The symbolic economy (token economies) is a system of reinforcement to motivate offenders on the expression of pro-social behavior. Reinforcement may be real or symbolic value (points). Most often used in work with groups. Modeling (learning by model) implies that the offender observes another person who demonstrates behavior that for him it may be useful if it imitates. Cognitive-behavioral programs, basically, trying to change those beliefs, attitudes, values and expectations of offenders who maintained his antisocial behavior. Training in problem solving, reasoning, self-control and self-study most often used techniques. Cognitive therapists emphasize that, for effective cognitive therapy needed a good therapeutic relationship, which includes empathy, openness and warmth [9].

## 7. Pharmacotherapy

Many groups of drugs used in treatment of addiction to psychoactive substances. These drugs act in a similar manner and used as substitution therapy for people who use opiates. They prevent or mitigate the occurrence of withdrawal symptoms as a consequence of interruption of the use of opiate drugs.

Methadone belongs to a group of drugs used in the treatment of addiction to psychoactive substances. Its main indications are: detoxification and treatment program of heroin is used as an analgesic and is used for the maintenance of abstinence achieved in the treatment of heroin addicts. Detoxification as a therapeutic procedure usually takes 4 to 6 days with a well-designed treatment program that lasts several weeks.

Methadone does not cure drug addiction, but by the so-called methadone substitution treatment can withdrawal crises. Stabilization or the absence of significant withdrawal symptoms crisis can be achieved by a dose of the drug, which is determined individually for a specific pharmacological profile of methadone. When the addict is stabilized for several days, the dose of methadone can be gradually reduced every other day until you reach a state that does not require use of the drug. Dose during detoxification or withdrawal of therapy must be adapted to be able to control withdrawal symptoms. In treatment of withdrawal shall be applied relatively steady dose of methadone. The ultimate goal is, as well as detoxification, drug withdrawal, although some patients earlier form of heroin substitute methadone addiction.

There are many advantages methadone therapy of heroin addicts: there is a significant improvement in quality of life, reduced mortality due to overdose, better hygienic conditions, the contribution of psychosocial rehabilitation of drug treatment programs. The main criticism of methadone treatment is to replace one drug to another. Methadone substitution therapy is not clear, it is taken off, has more effects and causes of cyclical swings, but acts slowly. On the other hand, heroin is taken several times a day, creates feelings of euphoria, drowsiness and lethargy, with no need for a new dose to achieve desired effects. Methadone is addictive, but the symptoms are much milder effects of the cessation of heroin. Prolonged treatment with methadone may cause dependence morphine type. The risk of overdose is high if not used under strict medical supervision, especially if mixed with other psychoactive substances or alcohol. The use of methadone in the treatment of its specificity must be clinical, but with the constant supervision of the use.

In addition to methadone therapy there have been other methods of detoxifying the body for rapid withdrawal from heroin and other psychoactive substances, which have become modern in the late twentieth century in America, Russia, England, Israel and other countries. Pharmacotherapy is one of access to the report CDATA marked as promising. Methadone maintenance has proven to be effective in reducing criminal behavior, although some studies have shown that the prescription drug (diamorphine) against heroin addiction superior of methadone in reducing criminal behavior. The effectiveness of treatment, mainly reflected in the improvement of psychosocial interventions [15].

Combined treatments are available in prisons, and some authors estimate that substance abuse treatment in combination with methadone treatment, counseling and treatment reduces the use of psychoactive substances among inmates who have been subjected to such treatment than those who had no treatment [16].

## **8. Reduction Programs of Substance Abuse in Prisons in Serbia**

Department for Treatment and Alternative Sanctions of the Ministry of Justice of the Republic of Serbia in late 2006. done the assessment of treatment in all penal institutions, regardless of whether they have organized service for treatment, or perform these tasks independent executors. It was found that the problems faced by employees in the service for treatment in the implementation of treatment programs are very similar and can be grouped into several key sections: statute of limitations in access to treatment programs that in many parts of the archaic and relies on the concept and experience in the re-socialization of are characteristic of the social framework of the second half of the twentieth century, the divergence of approach to rehabilitation and the introduction of autonomous procedures into the work of individual institutions as a result of the lack of uniform criteria and centralized management, insufficient and inadequate training of personnel to implement treatment programs in institutions for the enforcement of penal sanctions; underdeveloped and supported teamwork and access to persons deprived of liberty; unfavorable external conditions, especially in terms of poor architectural design of institutions and a growing number of prisoners [17]. Law Amending the Law on Execution of Criminal Sanctions took into account the need for change in the concept of socialization and made the changes that are primarily manifested in the abolition of the ideological concept of "re-education" and to establish the treatment of persons deprived of liberty as the basis for socialization and social integration frame. Accordingly, the Regulations made about treatment and treatment program that provides unique access to persons deprived of their liberty in all institutions for the execution, while recognizing the reality of their diversity and specificity of their needs. The new concept of re-socialization introduce good practices of modern and developed system of enforcement of sanctions, especially the methodology of risk assessment of persons deprived of liberty as the basis for the individualization of treatment [17].

Department without the drug is a department within the penal institution where prisoners are placed to undertake to refrain from substance abuse. These are prisoners who are addicted to the active substance and motivation for treatment, those who have stopped the abuse and currently abstain and those who have never been addicted, but they want to be placed in an environment where they are not used psychoactive substance and where not there is no pressure environment that abuse drugs [16].

The main goal and purpose of the department without the active involvement of drug convicts in treatment program, and in addition provided the continuous psychological and psychosocial therapy by experts. According to the Annual Report of the Ministry of Justice in 2007. The first class without drugs started operating in January 2007. in the facility in Nis. Number of prisoners in the Department range from 12 to 15 Through the program has passed a total of 17 inmates. During the previous period, 16 persons were reclassified to a higher category, three of them convicted the penalty expired, while a prisoner left the department, but no recurrence.

With the department are 3 inmates, due to the positive findings in urine and of discipline. Department of Special Prison Hospital in Belgrade was opened in May 2007. The number of prisoners ranged from 14 to 20, and the program has passed a total of 27 persons. The first test positive for substances detected after four months, a total of three were positive. During 2007. year, 11 persons were reclassified to a higher category, while the eight expired measure of compulsory treatment [17].

## 9. Conclusion

Substance abuse in the adult population of convicts in our prisons has reached alarming proportions. The prevalence of substance abuse in the prison population is growing significantly and is increased by 20% annually. According to the Department for Work Plan, including persons deprived of liberty, addicted to psychoactive substances 2005th there were 31%, 2006. was 53% in 2007. as much as 73%. The situation is similar throughout the region. In Croatia, the number of prisoners who are addicted to psychoactive substances 2005th amounted to 31% in 2006. The 41% of the total prison population. The European prisons percentage of prisoners who abuse substance is up to 80%, and similar data are also valid for the U.S. and Australia.

The results of previous research suggest that offenders who abuse substances differ in certain characteristics and specific needs for treatment. Therefore, the developed world various programs for their treatment, such as diversion programs, non-institutional oversight, but-camp programs, programs for individual and group counseling, programs modeled on the therapeutic community and others. In recent years, Serbia has made great progress in this field. First of all, the Strategy for the fight against drugs in prisons and began implementation of appropriate control measures supply illegal drug convicts in prisons. In regard to the introduction of new treatment programs for inmates addicted to psychoactive substances, progress is much slower. According to official data of the execution of criminal sanctions, the program now works successfully, "the Department without drugs." There is a need for further improving the practice of dealing with this population in accordance with the positive experiences that have been reached in developed countries.

It should be noted that the introduction of modern treatment of substance abuse requires considerable human and material resources, which, unfortunately, our penal institutions do not possess. Failure to provide adequate conditions for the application program can hardly be expected to come to life, even those programs that the state is assessed as strategically important in the fight against drugs in prisons.

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