



NATIONAL PARTNERSHIP ON ALCOHOL MISUSE AND CRIME

Consensus Statements Regarding Referral and Treatment of Offenders

June 2, 2009 Meeting

Consensus Statements

On June 2, 2009, the National Partnership on Alcohol Misuse and Crime (NPAMC) convened a diverse meeting of leaders and stakeholders to discuss the referral and treatment of offenders. During the meeting, the group identified several areas of agreement. The following statements reflect the sense of the group. They do not represent the views of any particular participants or their associations, organizations, agencies or companies and should not be attributed to them.

- For a variety of reasons, including improving public safety and health, reducing recidivism and maximizing public resources, justice professionals should identify individuals in the system with substance use disorders (SUDs) and provide treatment to them when appropriate.
- Individuals in the criminal justice system should receive treatment for SUDs, as appropriate, throughout their contact with the system.
- When feasible, accused offenders who have been determined to have a SUD by a qualified professional should be referred for formal treatment of clinical needs prior to sentencing.
- Most courts cannot require an accused to participate in treatment pre-conviction. However, they can and should provide incentives and mechanisms for the accused to do so when appropriate.
- Judges may require convicted offenders to obtain treatment as a condition of sentence. Research demonstrates that coerced treatment can be effective. Accordingly, judges should order convicted offenders with SUDs who need treatment to obtain it as part of their sentence.
- Offenders who suffer from SUDs often experience a wide range of difficulties, including medical problems, mental health problems, and functional impairments that impede comprehension, decision-making, and ability to maintain employment or relationships. Courts should refer offenders to programs that address all of these needs when appropriate and possible.
- Justice officials should refer offenders to programs that provide comprehensive treatment, either directly or through formal affiliations. Treatment should be individualized, continually re-evaluated and offer evidence-based solutions that may include psychosocial interventions and pharmacotherapy.
- Courts should have access to programs that provide the full continuum of care, as exemplified by those recommended in the Patient Placement Criteria of the American Society of Addiction Medicine.
- Formal reporting agreements that account for known legal and ethical issues should be established between treatment providers and the justice system.
- Prior to sentencing, treatment providers should communicate their recommendations, if permitted by legal and ethical rules, to all stakeholders, including judges, prosecutors, defense attorneys, defendants and probation officers. Justice officials should consider these recommendations when making decisions regarding sentencing.
- Treatment models that have been validated for the general population should be validated for specific offender populations as well.
- Data collection and performance measures should be established to facilitate independent determinations regarding program effectiveness.