

DRUG ABUSE TREATMENT IN PRISONS: A THERAPEUTIC APPROACH

DR.VIRENDER NEGI

Asst Prof Law Uils Panjab University Chandigarh.

Email:virendernegi07@gmail.com

MONIKA NEGI

Asst Prof Law Uils Panjab University Regional Centre.Hoshiarpur.

Email:monikasinghpu@gmail.com

ABSTRACT

It's an acknowledged fact that the prison population in any country comprises that part of the society which needs more reformation and correction. And this process of reformation becomes more complicated and cumbersome if the prisoners or the offenders are addicted to some drugs. These offenders are suffering from Drug dependence and abuse and very much resistant to rehabilitation. Therefore the major challenge before the criminal justice system is to deal with these drug abusers in prisons itself. The incarceration of persons who are found guilty of various crimes and who are also chronic substance abusers presents an important opportunity for treatment. It is a challenging task for the prison authorities and criminal administration because drug abuse is that kind of addiction which cannot be treated by the offenders on their own. And if they are not being treated while custody (both during incarceration and aftercare) there are hundred percent chances of being continued with their drug use even after their release. This is worse situation then. Considering all these threats and issues in light the present criminal administration system have come up with cost effective drug abuse treatment methods and correctional authorities. Now there are techniques and methods to treat these offenders while in custody (both during incarceration and aftercare) and significantly alter their lifestyles.

The article is an attempt to study the overall scope of the problem and explores possible methods and techniques for the drug abuse treatment in prisons and jails. The status of drug abuse treatment is analyzed, and selected treatment approaches are highlighted. Recommendations are

also suggested for treatment, research, evaluation, demonstrations, management information, community linkage, training, and technical assistance.

Key words: Incarceration, Drug Abuse Treatment In Prisons, Drug Deaddiction Programmes And Models, Offenders.

• INTRODUCTION

Drug dependence and abuse among incarcerated populations is a stark reality that enormously complicates the task of rehabilitating offenders. Estimates of serious drug involvement among offender's points to the urgent need for effective interventions, and available indicators show drug use among arrestees to be at epidemic levels. The prison population is increasing day by day and among them drug involvement of incarcerated offenders is also raising markedly. Treatment in a correctional setting provides an important opportunity to engage offenders in a therapeutic environment who otherwise would not seek treatment on a voluntary basis or who have a poor record of treatment participation. Drug abuse Treatment in prisons and jails is influenced by

- the institution's security level;
- the inmate composition and culture;
- the administrative philosophy and structure;
- the physical environment;
- the prison's regulatory structure with swift consequences for rule infractions: and the motivation and attitudes of prison and program staff.

For many offenders, incarceration is the first lengthy period of abstinence since initiation of regular drug use and provides an enforced removal from drug-using peers, family conflict, or other cues that often precipitate drug use. For incarcerated offenders, motivation to participate in treatment is enhanced by the immediacy of negative consequences of past drug use. Correctional drug treatment enables offenders to begin developing life skills and drug coping skills, and it serves as a foundation for subsequent involvement in community-based treatment. Drug treatment in a correctional setting provides an effective vehicle to prevent offenders from returning to chronic patterns of drug abuse and crime. Treatment offers the best alternative for interrupting the drug use/criminal justice cycle for offenders with drug problems. Jail or prison

should be a place where people can get the help they need, and offenders should ask if treatment is available. Untreated substance using offenders are more likely to relapse into drug use and criminal behavior, jeopardizing public health and safety and taxing criminal justice system resources. Such treatment consistently has been shown to reduce the costs associated with lost productivity, crime, and incarceration caused by drug use. Scientific research shows that treatment can help many drug using offenders in changing their attitudes, beliefs, and behaviors; avoid relapse; and successfully remove themselves from a life of substance use and crime. Treatment can cut drug use in half, decrease criminal activity, and reduce arrests. It is true that legal pressure might be needed to get a person into treatment and help them stay there. Once in a treatment program, however, even those who are not initially motivated to change can become engaged in a continuing treatment process. In fact, research suggests that mandated treatment can be just as effective as voluntary admission to rehab centers.

➤ **Principles For Drug Abuse Treatment:**

Before discussing the drug abuse treatment of offenders in jails or prisons there are certain principles which should be considered while treating these offenders. . These principles are:

- **Drug addiction is a brain disease that affects behavior.** It affects people both physically and mentally. It can alter the brain and body chemistry for months or even years after a person stops using, so relapse is often part of the recovery process. It should be treated like any other diseases.
- **Recovery from drug addiction requires effective treatment, followed by management of the problem over time.** Drug users cannot alter their behavior without taking care of their addiction. Treatment that starts in prison or jail must continue after release. Treatment and recovery is hard work that must continue throughout a user's life.
- **Treatment must last long enough to produce stable behavioral change.** Without the right treatment, most drug users will use again once they return to their neighborhoods, even though drugs might put them right back in prison. Treatment should last long enough (90 days or more) to help drug users learn to manage their own drug problems.

- **Assessment is the first step in treatment.** Drug users need to be examined by a doctor. The doctor might prescribe medicine, and will look for other possible problems, such as depression and anxiety, or medical conditions such as hepatitis, tuberculosis, or HIV/AIDS.
- **Tailoring services to fit the needs of the individual is an important part of effective drug use treatment for criminal justice populations.** Each drug user has different needs regarding addiction counseling and treatment. The best approaches take each person's age, gender, ethnicity, culture, and needs into account.
- **Drug use during treatment should be carefully monitored.** Individuals recovering from drug addiction sometimes return to drug use, called relapse. Testing for continued drug use is an important part of treatment.
- **Treatment should target factors that are associated with criminal behavior.** Offenders often have patterns of behavior, attitudes, and beliefs that support a "criminal" lifestyle. Treatment that helps offenders avoid negative thinking patterns can be effective.
- **Criminal justice supervision should incorporate treatment planning for drug using offenders, and treatment providers should be aware of correctional supervision requirements.** It is important that corrections personnel work with treatment providers to make sure the individual treatment plan meets the needs of both the offender and the institution.
- **Continuity of care is essential for drug users re-entering the community.** People who start receiving treatment while incarcerated need to continue treatment after release.
- **A balance of rewards and sanctions encourages pro-social behavior and treatment participation.** During treatment, it is important that both positive and negative behaviors are recognized.
- **Offenders with co-occurring drug use and mental health problems often require an integrated treatment management approach.** Drug treatment can sometimes help people who have depression or other mental health problems. It is important that these issues are addressed in treatment programs.
- **Medications are an important part of treatment for many drug using offenders.** Medicines like methadone have been shown to help reduce heroin use. Medicines for mental health issues can also be used as part of treatment.

- **Treatment planning for drug using offenders who are living in or re-entering the community should include strategies to prevent and treat serious, chronic medical conditions, such as HIV/AIDS, hepatitis B and C, and tuberculosis.** Drug users and offenders are more likely to have infectious diseases like HIV/AIDS, hepatitis, and tuberculosis. People seeking treatment should be tested for these diseases and receive counseling on risky behaviors and seeking medical advice.
- **Basic Requirements of Drug Treatment Programs:**

Developing viable and evaluable programs is a major challenge to the prison authorities for treating drug abusers. Such programs must have continuing organizational support, a conceptual basis, and clear objectives, all of which should feed into an evaluation design. The evaluation in turn, can be the basis for program improvement. Clearly, the program must be given a chance to succeed or fail, which assumes an adequate and sustained funding level as well as adequate institutional support over time. Evaluation designs also must be supported by realistic projections of available subjects. In addition a program must have a continuing commitment to the integrity of better programming and evaluation design as well as the practical requirements of constantly monitoring the evaluation to resolve problems in a timely fashion. The other critical ingredient is time. Programs should be given a fair chance to mature provided. Considering drug abuse treatment as separate from jail or prison operations also carries the risk that it will not have the programmatic integration so necessary for meaningful rehabilitation of drug-dependent offenders. Failure to provide adequate treatment for this admittedly difficult problem means that society will pay the price in the costs of recidivism, and the already overburdened facilities will be subjected to further pressures. Drug abuse treatment must be approached in a systematic and stable way. Effective programs must be developed and refined, with emphasis on assessment of needs, appropriateness of treatment, integrity of treatment, continuity of care, and adequate aftercare programming. Aftercare cannot be only a good intention and a paper plan but must include an active commitment on the part of both the client and the parole system. In addition, aftercare programming must be a proactive part of parole and consist of more than referral or urine testing.

- **MODELS IN CORRECTIONAL SETTINGS:**

There are five types of program models available for drug abusers in correctional settings:

- incarceration without specialized services,
- incarceration with drug education and/or drug abuse counseling,
- incarceration with residential units dedicated to drug abuse treatment,
- incarceration with client-initiated and/or client-maintained services,
- Incarceration with specialized services that do not directly target users' drug abuse problems.
- routine probation,
- surveillance-only initiatives, and
- Use of Treatment Alternatives to Street Crime (TASC).
- **Incarceration Without Specialized Services**

The model most commonly available to the imprisoned drug abuser is incarceration without a specialized program. The lack of specialized drug abuse treatment does not translate into a lack of rehabilitative services. Depending on institutional resources, such initiatives as educational programming, vocational counseling, casework services, release planning, and individual and/or group counseling may be available. To the extent these services are available, they typically are provided by institutional personnel, although some workers (e.g., teachers) may be contracted through the local community. Services are available through staff direction or at the instigation of the correctional client

- **Incarceration With Drug Education and/or Drug Abuse Counseling**

The second most common model of drug abuse treatment involves drug education and/or targeted counseling, including (as above) the range of traditional rehabilitative services that a correctional facility's resources permit. In addition, efforts are made to make drug-abusing offenders more aware of the consequences of their drug-taking behaviors and the risks thereof because of the sudden and dramatic emergence of acquired immunodeficiency syndrome (AIDS) as a threat to life among intravenous (IV) drug users this point of treatment becomes more significant and substantial. Institutional settings are focusing more attention on this aspect of drug use and, in some instances, developing innovative educational strategies to arouse concern and encourage behavioral change. In this model, individual and/or group counseling also is used to focus on drug abuse issues. Treatment services in this model are provided by institutional staff and caseworkers or psychologists-and are funded through departmental budgets.

- **Incarceration With Dedicated Residential Units**

The third model involves incarceration with use of residential units dedicated to drug abuse treatment. These units may exist as distinct programs within the larger correctional facilities,; or they may be organized as secure units outside the correctional complex, The resident is expected to play an increasing role in the maintenance of the environment, in the behaviors and functioning of fellow residents, and in the adoption of changed and more mature behaviors on his or her part. In addition to use of the milieu and group as stimuli to change, there is some mix of encounter sessions, group counseling, large group (community) sessions, individual counseling, and traditional rehabilitative programs (such as educational efforts and vocational counseling). Status in the community is associated with the degree to which the individual undertakes change and accepts responsibility for stimulating change in others Staff may be drawn from the ranks of the corrections department or from outside the correctional setting .Whether they are service providers or correctional personnel, staff persons attached to these programs appear to regard themselves as special, pursuing a kind of mission separate from the initiatives of their correctional colleagues. The staff may represent backgrounds that are different from those of other corrections service providers. Most dramatically, the Stay'n Out program employs recovering addicts on its staff, whereas convicted felons are frequently unable to gain employment in other correctional settings

- **The fourth model involves programs initiated and/or maintained by clients.**

In this model, clients take primary responsibility for initiating drug-oriented behavior change programs within the institution. Narcotics Anonymous (NA), for example, is organized within correctional settings, often with the assistance of interested correctional staff. Pamphlets and materials are available from NA headquarters, which can help guide the planning, implementation, and maintenance of an NA program. The NA headquarters also maintains a list of all NA programs organized by location. NA's 12-step program is designed to lead to a drug-free lifestyle and to the addicts becoming acceptable, responsible, and productive members of society. Institutional NA programs frequently draw on sympathetic NA members of the neighboring community who share aspects of correctional clients' backgrounds and can be enlisted to speak at NA meetings as well as provide links to the community and evidence of support and concern within that community.

- **Incarceration With Specialized Services for Problems Other Than Drug Abuse**

The next model involves the use of specialized services for drug abusers that do not directly target drug abuse problems. The program provides college-level studies in a degree program to offenders' who are willing to commit to the self-discipline required to undertake a course of study. Most, but not all, of the prisoner student body have histories of long-term drug abuse. This program involves the award of certificates in literacy training, enabling program students to teach reading and writing to their illiterate peers in the correctional institutions. Nonetheless, the importance of providing programs to channel and support individuals' capacities should not be denigrated, especially when those programs achieve their objectives.

- **MODELS OUTSIDE CORRECTIONAL SETTINGS**

Whereas the foregoing five models provide drug abuse treatment for clients within institutions, three other models of service delivery involve alternatives to incarceration.

- **Probation**

The most typical model of service delivery to correctional clients is probation a mix of counseling, support, and surveillance. Nearly two-thirds of all adjudicated offenders are placed on probation; and the probation population is growing even more rapidly than the incarcerated population, albeit without comparable growth in human and material resources.

- **Surveillance**

To meet the challenge of increasing numbers of offenders, there also is an increasing interest in and use of surveillance-only mechanisms to deliver services to non incarcerated offenders. Although house arrest and electronic monitoring, for example, are unconcerned with providing rehabilitative services (and in the case of 24-hour house arrest would appear inimical to rehabilitative ends), these strategies are appealing as appropriate techniques for monitoring and controlling client movement outside correctional settings.

- **Treatment Alternatives to Street Crime**

A third model of service delivery as an alternative to criminal justice programming is TASC , which involves diversion from criminal justice processing into a program that provides a mix of supervision and treatment services. As do probation and surveillance-only programs, TASC has one objective (and selling point): relief of jail and prison overcrowding. Unlike the other two programs, TASC is vitally concerned with providing

linkages to community treatment programming and, through those linkages, with making rehabilitative opportunities available to drug-involved offenders. These drug treatment units were based on the therapeutic community (TC) model (a 24-hour learning environment using both peers and staff as role models), with an emphasis on group therapy.

• **NEW DRUG ABUSE TREATMENT STRATEGY INITIATIVES**

There are other comprehensive drug abuse treatment strategies at the initiatives of prison authorities. These programs are more effective and having the scope of development of a layered, multitier approach to programming. There is one level for the delivery of drug education services, three treatment levels, and one level of transitional services. They are as follows:

• **Drug Education Programs :**

The Drug Education Program will be mandatory for inmates with a substance abuse history who meet the following criteria:

- all inmates for whom there is evidence in the presentence investigation that alcohol or other drug abuse contributed to the commission of the current offense,
- individuals whose alcohol or other drug abuse was a reason for a violation of parole or probation supervision for which the subject is now incarcerated, and

- Inmates for whom there is a court recommendation for drug programming. The program is available to volunteers; however, priority is given to inmates with alcohol and other drug abuse histories. Drug abuse treatment specialists are employed under the supervision of the Psychology Department in all facilities. The primary objectives of the program are (1) to promote an understanding as to how and why individuals abuse substances or become addicted, (2) to facilitate understanding of the effects that continued abuse can have on one's health and life, (3) to assist the student in understanding the difficulties in the treatment of abuse, (4) to demonstrate that treatment can be successful, (5) to convey the understanding that programs are available to individuals while incarcerated and in the community, and (6) to develop a sense of trust and cohesion in small group settings, which motivates a desire for further treatment for those who need it.

- **Post Release Supervision Programs.** Upon completion of their sentences, offenders were either released on parole or released under one of several programs that provide for supervision once back in the community. These programs include the following:
 - **Provisional release.** This program provides released offenders with up to 90 days of supervision by a probation officer. Treatment can be required as a condition of granting release. Control release. This program operates like parole. The control release agreement can require treatment and other performance conditions. Conditional release. The parole commission controls access to this program and can require involvement of up to 2 years. This program usually is used for violent or sex offenders.
- **Community Correctional Centers (Tier IV).** Offenders in this program are still serving their sentences while living and working in the community. In the Tier IV program, offenders are required to participate in specialized treatment.
- **Community-Based Treatment Agencies.**

These agencies provide a variety of treatment modalities, including detoxification, methadone treatment, short- and long-term residential programs, halfway houses, day treatment, drug-free outpatient services, and support groups. The courts, probation services, and institutions have a history of making referrals to these programs. A recent survey of treatment agencies offering residential services revealed that at least 50 percent of the clients being served had some form of criminal justice involvement. The nature of drug dependence is a chronic, relapsing condition, and recovery is a continuing process. Although engagement in treatment may begin in a prison or jail setting but aftercare or continuing care is also important. Thus, a model of treatment should include prerelease treatment, transitional care, and aftercare or continuing treatment.

- **CONCLUSION**

Since effective drug treatment cannot be accomplished in the presence of drug use and the other trappings and influences of the prison culture that militate against rehabilitation, the treatment program must be fully separated from the rest of the

penitentiary population .The prison-based program is a “facility within a facility,” so there should be adequate funding or arrangements for those other activities related to successful community integration (e.g., educational and vocational programs/equipment).Before implementing any prison-based treatment program, it is essential that procedures for accepting clients into treatment, as well as acknowledged and accepted requirements for client graduation and movement to work release and/or parole, be agreed on by program staff, corrections officials, and parole authorities. Although it is mostly argued that Developing high-quality treatment programs is a foreboding challenge in any setting, particularly within a correctional setting. Because the groundwork has to be established for one of the most comprehensive, longitudinal evaluations with correctional populations regarding the effectiveness of professionally managed treatment programs. Moreover the Prisons are fundamentally unpleasant places designed to confine individuals convicted of crime and to deprive them of individual liberty. Because of the atmosphere of mistrust, threat, and suspicion between prison staff and inmates, together with inmate unrest and overcrowded conditions, the prison environment is often not conducive to therapeutic intervention or rehabilitation. Therefore for an effective treatment prison based program the following recommendations are suggested:

➤ **RECOMMENDATIONS:**

- A continuum of treatment program options, balanced between institutional and community-based treatment interventions, should be available for drug-abusing offenders.
- The unique needs of special population groups, including women and minority offenders, should receive special attention.
- Successful correctional drug abuse treatment programs must have commitment from top administrators and others throughout the relevant organizations.
- If programmatic compromises, based on limited and competitive resources, are necessary, then evaluation data should be used to develop cost-efficient and integrated service models.

- Program goals should be established that incorporate the primary objective of reducing criminal activity and drug abuse as well as reducing recidivism with secondary or interim objectives of reducing criminal activity and managing inmate behavior. Emphasis should be placed on joint custody within a framework of healing and punishing.
- Although assessment and diagnosis are key to good programming, assessments should be balanced with needed and available treatment services.
- New and innovative service models must be developed and evaluated.
- Drug testing should be part of correctional drug abuse treatment.
- It is suggested that a drug treatment program be isolated physically from the general prison or jail population and that treatment also be available to the general prison population.
- Correctional drug abuse treatment initiatives for juveniles, which are different from adult drug abuse treatment, need to be developed and expanded.
- Modeling is an important component of drug abuse treatment, and recovering persons have been successful in correctional drug abuse treatment programs.
- Aftercare services should be more than self-help activities.
- Educational and vocational services should be available.
- Transition from prison to community programs should be emphasized, including relapse prevention approaches.
- A standardized correctional drug abuse treatment should be developed that incorporates uniform definitions of treatment and system components (i.e., assessment, education, intervention, treatment, and continuity of care).
- Program evaluation information and feedback must be given as quickly as possible to intervention staff because evaluation information can help staff members better understand their interventions and provide guidance for program modifications.
- A large-scale and multisite program evaluation should be initiated to examine the long-term efficacy of correctional drug abuse treatment efforts, including institutional and community interventions.
- Treatment comparison and control groups, randomized if possible, should be incorporated into evaluation designs.

- Evaluation efforts within correctional environments should be planned to take into account such factors as the impact of wellness activities and religious beliefs.
- Special studies should be initiated to examine the impact of prison drug abuse treatment on long-term inmates.
- Replicable drug abuse treatment demonstration programs should be initiated in all phases of the criminal justice system.
- Demonstration programs should be initiated to examine the feasibility of establishing model drug abuse treatment initiatives. Such demonstration programs should combine staff training activities for prison facilities that are combined with community-based treatment programs.
- A standardized management information system should be developed to provide uniform data for decision-making and program evaluation. This information also could be used to garner support from policymakers and to provide uniform data points across all components.
- Citizen advisory groups should be established to provide suggestions and policy input for correctional drug abuse treatment programs. Additional emphasis must be placed on presenting the positive aspects of correctional drug abuse treatment to consumers and to the general public.
- Joint and interagency linkages, designed to enhance drug abuse interventions, should be developed at all levels.
- As drug treatment is expanded in jails and prisons, additional personnel, including former users, correctional officers, and professionals, must be cross-trained and jointly trained to provide drug abuse treatment.
- Training capacity and uniform training standards should be developed for correctional drug abuse treatment practitioners.
- Internships and research training should be available to encourage a new generation of researchers who are interested in and committed to correctional research and evaluation in the area of drug abuse.

➤ **Drug abuse treatment in Prisons: Indian overview.**

If we talk about India then probably Tihar jail is the only potent examples which provides a proper and well channelized drug abuse treatment in jails .As gathered from the online data available regarding drug treatment program in Tihar it is observed that Tihar Prison complex is one of the largest prison complex in the world comprising of nine central jails. More than 10,000 inmates are lodged at central jails at Tihar. Every newly admitted prisoner in the prison is medically examined on the very first day of his admission to identify his medical status so that prisoners having various ailments are identified and treated from the very first day of their admission. The persons identified as drug addicts are segregated from others and shifted to DAC for treatment. Once the prisoner undergoes through detoxification process for about 15 days, he is shifted to the Rehabilitation Centre being run with the help of NGOs. The drug de-addiction programme doubles up as HIV detection cum treatment programme. The rehabilitation process includes counseling, meditation and therapeutic methods to wean him away from his addiction habits. The scope of the ISO 9001 QMS certification covers - "Provision of therapeutic treatment to drug addict prisoners".

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