

# Key Considerations in Psychological Interventions for Offenders with Substance Abuse Problems

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## ***Abstract***

As problems of substance abuse remain a major contributor to recidivism amongst offenders, the Hong Kong Correctional Services Department has continued to improve and refine its rehabilitative programmes for offenders with substance abuse problems. Against this background, a systematic framework for assessment and programme delivery of psychological intervention for offenders with problems of substance abuse has been introduced. In assessing the offenders' need for interventions, due considerations are given to their severity of substance abuse, their risk of re-offending and drug-crime link as well as their motivation and responsivity towards intervention. In delivering intervention, special attention is paid to enhancing their motivation for intervention and self efficacies as well as to minimising relapses through relapse prevention strategies and community support and supervision. This paper describes the framework of these approaches and discusses the implications of these approaches for the rehabilitation of offenders with substance abuse problems.

## ***Introduction***

It is recognised worldwide that the problem of substance abuse correlates directly with offending behaviours. Locally amongst incarcerated offenders, about 20% are found to be drug dependent (Table 1). Narcotics offences account for about 15% of all new admissions for male offenders annually (Table 2). At the same time, the problem of substance abuse also contributes significantly to recidivism of offenders. The recidivism data shows that for offenders with problems of substance



abuse discharged in 2000, their recidivism rate is 63.9%. For offenders without the problem of substance abuse discharged in the same period, their recidivism rate is 27.3%. It is therefore evident that in order to minimise the risk of re-offending, systematic rehabilitative services in addressing the needs of offenders with addictive behaviours are imperative in the criminal justice system.

Against the above-mentioned background, the Correctional Services Department (CSD) of Hong Kong operates Drug Addiction Treatment Centres (DATCs) for compulsory treatment of male and female offenders aged 14 and above. The aim of the services is the rehabilitation of these offenders through detoxification and restoration of physical health, reduction of psychological dependence on drugs and successful reintegration into society for a drug free life. The programme provides training in work, remedial education and physical education, counselling programme on dealing with addictive behaviours and preventing relapses as well as aftercare services in the form of compulsory supervision to facilitate social reintegration. For male adult prisoners with chronic substance abuse problems, a pilot programme called "The Substance Abuse Awareness and Recidivism Prevention Programme" (SAARPP) has also been conducted at one of the male institutions with a view to increasing their motivation and skills for de-addiction and providing necessary support for them in the community. To further improve rehabilitative services for offenders with multi-substance use, a consultancy was commissioned in 2004 to advise on the treatment regime as well as treatment protocols for different types of offenders with problems of multi-substance use.

With psychological interventions being a major component in the rehabilitative services for offenders with substance abuse problems, this paper will highlight the focus and key considerations in psychological interventions for offenders with substance abuse problems.

### ***Challenges in providing psychological intervention for offenders with substance abuse problems***

The psychological intervention adopted for offenders with addictive behaviours follows the cognitive behavioural principles where their drug related beliefs and emotions, which promote urges and craving, are addressed. Concomitant problems such as family problems, life style issues or interpersonal skills deficits, which are functionally related to substance use, are dealt with. While the above-mentioned treatment approaches are common in working on substance abusers, there

are a number of challenges in working on incarcerated offenders with substance abuse problems. The two distinct features of incarcerated offenders with substance abuse problems are their low readiness towards treatment and their criminal thinking and life style. For adult offenders, the chronicity of their substance use frequently affects their motivation for treatment. For inmates receiving treatment at DATCs, their average length of addiction is six years and above and 20% of them have an addiction history of ten years or more. For incarcerated adult offenders with substance abuse problems, their average length of addiction ranges from ten to twenty years. The chronicity of their drug use and their failures in controlling their habits in the past adversely affect their motivation as well as their confidence in the success of treatment. Their lack of knowledge about the procedures and outcome of psychological intervention also limits their readiness for intervention. At the same time, with the increasing trend of multi-substance abuse, particularly amongst young offenders, their motivation towards intervention may also be affected by their tendency to undermine the seriousness of their problem.

Apart from issues related to motivation, their criminal thinking and life style are also areas of concern for offenders with substance abuse problems. Ingrained with subcultural values, their associates are frequently substance abusers. Illegal trading of drugs is one of the most common means for making a living. These subcultural attitude and anti-social life style therefore form a vicious circle and contribute to their continual substance use. While psychological intervention has been quite well established in dealing with addictive behaviours, intervention targeting criminal thinking and attitude is only beginning to be developed.

Besides dealing with their substance abuse problems, management of their re-offending risk is also a major concern of the CSD. With the diversity of their addiction problems and their criminal involvement, their risk of re-offending and their respective rehabilitative needs may be varied. In order to tailor-make rehabilitative programmes targeting their re-offending risks and rehabilitative needs, the “risks/needs/responsivity” principle proposed by Don Andrew (1990) is also adopted for case management. In essence, those classified as having high risk of re-offending and having multi-domains of needs areas, e.g. marital relationship problem, work problem, etc., will be accorded a higher priority for treatment and more intensive case management. As motivation for treatment also significantly affects treatment outcome, this factor will also be duly considered in prioritising case management.



In order for psychological intervention to be effective, issues related to offenders' motivation towards treatment, management of their criminal thinking and life style as well as their re-offending risks are therefore important factors to be considered throughout treatment. To adequately address the above-mentioned concerns, the following procedures are adopted in the treatment and management of offenders with substance abuse problems.

### ***Motivational strategies for engaging offenders with substance abuse problems in treatment***

Motivational strategies based on the motivational interviewing framework developed by Bill Miller (1991) are adopted both in an organisational context and in individual clinical work. In an organisational context, publicity campaigns involving posters/pamphlets and talks as well as video shows for increasing the offenders' awareness of and interest in treatment have been arranged in an institution running the SAARPP. Initial feedback from the participants is positive as 52% of the offenders who have attended the talk have expressed interest in seeking further information about treatment (Table 3). At the same time, motivational strategies are used continually in individual and group interventions for these offenders to consolidate their motivation and to enhance their self efficacies in the treatment process. The outcome so far is encouraging. For example, for those who have attended the Motivational Enhancement Group in the SAARPP, 78% have indicated interest in joining follow-up treatment in the Relapse Prevention Group (Table 3). With motivation enhancement and consolidation being an essential ingredient in the treatment process, attempts are made to explore alternative approaches to providing feedback for substance abusers, particularly those young offenders with multi-substance abuse. As multi-substance abuse will adversely affect the cognitive functioning, in particular memory recall of these young offenders, we have also explored the approach to providing feedback by focusing on their performance in the cognitive abilities tests. These attempts have been found to be useful in engaging those young offenders who are concerned about their cognitive functioning in treatment.

### ***Managing re-offending risk of offenders with substance abuse problems***

While we have been making positive progress in addressing the motivational issues of these offenders, management of their re-offending risk continues to be a challenge. Systematic management of their re-offending risk involves thorough evaluation of their re-offending risks and rehabilitative needs, which is then augmented by programmes targeting their various needs domains relating to work,

family, peers, criminal thinking and life style, etc. These targeted interventions would need to be continually supported and monitored in the community after the offenders are discharged from the institutions. So far, we have proceeded with standardised screening measures in assessing their re-offending risk, their severity of drug use, their link between substance use and offending behaviours as well as their motivation towards treatment. Such measures have facilitated our case planning and programme matching for these offenders. Following assessment, these offenders are to be included in our relapse prevention counselling group focusing on identifying their high risk situations leading to relapses, developing skills in dealing with these high risk situations as well as forming a personal plan in dealing with their addictive cycle. For offenders with high recidivism risk, it is observed that their treatment gains are frequently forestalled by their criminal thinking and life style as well as their lack of support in the community. To tackle these problems, consideration is being given to better developing counselling strategies for dealing with their values and distorted attitude related to offending and their subcultural life style. At the same time, more support from the community by involving the non-government organisations in offering the necessary backup for tangible services such as work and accommodation as well as life style management is being arranged.

### **Conclusion**

Successful intervention for offenders with substance abuse problems therefore involves treatment targeting their addictive behaviours as well as measures for dealing with their criminal thinking and life style. While the rehabilitation of offenders with substance abuse problems remains one of the major challenges in our work, it is hoped that with the multi-disciplinary approach as well as support from the community, we can embark on the right path to offering needed assistance to these offenders.

### **References**

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**Table 1**

**No. of drug dependent prisoners admitted in 2002-2004**

No. of drug dependent prisoners / Total no. of prisoners admitted	%	No. of drug dependent prisoners / Total no. of prisoners admitted	%	No. of drug dependent prisoners / Total no. of prisoners admitted	%
5,368 / 23,833	22.5	5,055 / 26,066	19.3	5,026 / 29,254	17.1

**Table 2**

**Admission of sentenced persons (male) by type of offence in 2002-2004**

Type of offence	2002	2003	2004
Against lawful authority	714 (5.4%)	756 (5.3%)	695 (4.3%)
Against public morality	433 (3.3%)	532 (3.7%)	609 (3.7%)
Against the person	492 (3.7%)	605 (4.3%)	615 (3.8%)
Against property	3,706 (28.1%)	4,054 (28.5%)	4,490 (27.6%)
Against the penal code	1,224 (9.3%)	1,143 (8.0%)	1,248 (7.7%)
Against local laws	4,173 (31.7%)	5,031 (35.4%)	6,500 (39.9%)
Narcotic offences	2,426 (18.4%)	2,098 (14.8%)	2,138 (13.1%)

**Table 3**

***Descriptive data for the Substance Abuse Awareness and  
Recidivism Prevention Programme in 2002-2005\****

Data	No.	Percentage
Total no. of prisoners attended the substance abuse awareness talk	4,712	N.A.
Total no. of prisoners expressed interest in joining the motivational enhancement group after attending the substance abuse awareness talk	2,464	52% (4,712/2,464)
Total no. of prisoners expressed interest in attending the relapse prevention group after joining the motivational enhancement group	356	78% (356/457)

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\* The data is based on admissions to the programme between May 2002 and Jan 2005.