

Editor's Note

Treating Criminal Offenders: Where Things Stand

Three articles in this issue of *Addiction Science & Clinical Practice* address the issues raised when the destructive cycles of criminality and drug abuse combine. The authors offer stimulating research and practice-based perspectives on ways to improve criminal offenders' chances of extricating themselves from the meshed coils of recidivism and relapse.

Prendergast summarizes what we have learned from nearly 20 studies that analyzed combined data from multiple trials aimed at reducing recidivism or substance abuse. These indicate that a variety of evidence-based treatments can be effective. However, most of the studies evaluated interventions to reduce recidivism in general offender populations or to reduce relapse in general populations of substance abusers. To identify best practices, the field requires more studies in populations consisting of individuals who have both problems. Leukefeld and colleagues describe one such study, a pilot evaluation of an intervention designed specifically to help substance-abusing women offenders reduce their risk factors for HIV infection.

Heaps and colleagues report on a distinguished effort to integrate correctional and substance abuse treatment to ensure public safety as well as recovery. Working with the Illinois criminal justice system on the one hand and selected treatment providers on the other, the authors' organization, Treatment Alternatives for Safe Communities (TASC) of Illinois, guides and coordinates clients' care from arrest through sentencing, incarceration, and parole. The goal is continuity of care at every stage to produce benefits that are cumulative and permanent rather than intermittent and temporary. Other jurisdictions are using the Illinois TASC project as a model.

Together, these articles and the accompanying response panels constitute a brief status report on progress toward breaking the intersecting vicious cycles of criminality and addiction. Though they suggest that we are closer to the beginning than the end of the quest, they also exemplify imaginative conceptual, organizational, and clinical responses to the problems.

Hendricks and Gorbach write on an issue that probably disproportionately affects those drug abusers in the community who have histories of incarceration: the synergistic impact of drugs and HIV on nutritional status. Although the syndromes that occur require specialized evaluation and treatment, drug abuse clinicians have important roles to play as providers of basic nutritional information, sentinels for emerging problems, and collaborators in care.

As always, we hope you find this issue of *Addiction Science & Clinical Practice* engaging and useful. We welcome your responses, suggestions, and proposals for article topics, which you can send to us via www.nida.nih.gov/ascp/feedback/.



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