

CRIMINAL JUSTICE ISSUE

Research News

New Research Examines the Relationship Between Greater Punitive Law Enforcement Policies and HIV Prevalence Among Intravenous Drug Users

New NIDA-funded research finds increased law enforcement efforts designed to deter drug abuse may instead yield the unintended consequence of an increase in HIV among injection drug users (IDUs).

Scientists from the National Development and Research Institute in New York, New York, examined associations between punitive enforcement in 89 large metropolitan areas and HIV prevalence among IDUs in those areas. The researchers found that increased arrests among drug abusers for the sale and possession of heroin and cocaine, as well as increased police presence and spending for correction systems (prison and probation) were associated with greater HIV prevalence among IDUs living in metropolitan areas. According to the researchers, punitive enforcement was not found to impact drug injection rates, but may instead contribute to riskier injection practices.

A number of other studies suggest that punitive policing policies such as increased arrests and more aggressive police enforcement, which reinforce punishment and stigmatization, may not only encourage risky behaviors such as hurried injection and increased needle sharing, but also may hinder secondary prevention efforts such as drug treatment programs.

- **WHAT IT MEANS:** These study findings suggest that punitive enforcement may have little or no deterring effect on injection drug abuse. In fact, increased enforcement may actually yield a high cost—increased HIV prevalence among IDUs, an unanticipated public health effect. Additional research is needed to better understand the mechanisms through which these consequences arise.

Dr. Samuel Friedman and colleagues published this study in the January 2006 issue of *AIDS*.

Predictors of Unmet Healthcare Needs Among Incarcerated Drug Abusers

Race, educational attainment, or a frequent pattern of drug abuse are among the leading factors that increase the likelihood of incarcerated, chronic drug abusers having unmet healthcare needs, according to new research.

A total of 661 drug abusing men in the Kentucky prison system were interviewed by NIDA-funded researchers to identify factors that increase the potential for unmet healthcare needs. Study participants completed self-reports to measure healthcare status across three domains—physical, behavioral, and overall health problems.

A longer history of drug abuse was a significant predictor of unmet behavioral healthcare needs, whereas more frequent drug abuse in the year prior to incarceration predicted unmet physical healthcare needs. According to the researchers, being from a rural area may impact an individual's access to healthcare.

Contrary to previous research findings, white respondents were more likely to report unmet physical and overall healthcare needs than non-white participants. Furthermore, respondents with a high school education or above were more likely to report unmet healthcare needs across all three domains. Researchers speculate that there may be an association between higher educational attainment and a more critical assessment of one's health status.

more...

- **WHAT IT MEANS:** Because the criminal justice system houses individuals at high risk for drug abuse, mental illness, and infectious disease, the corrections system fosters the unique potential to link vulnerable populations with needed health and social services. According to these research findings, specific predictors exist among incarcerated drug abusers that give rise to unmet healthcare needs. Understanding factors related to the failure of drug abusers to seek or receive treatment is essential for the effective provision, planning, and funding of healthcare services. Additional research is needed to further identify and mitigate variables that may contribute to unmet healthcare needs in this population.

This study, led by Dr. Narevic at the University of Kentucky's School of Medicine, was published in *Substance Use & Misuse*, Volume 41, Number 4.

Treatments Enhance Juvenile Drug Court Outcomes

Recently published data suggest that incorporating evidence-based treatments into juvenile drug courts enhances their effectiveness by decreasing subsequent rates of adolescent substance abuse and criminal behaviors, such as assault. According to the researchers, despite fewer criminal activities among youth appearing in drug court, increased surveillance of these youth may lead to greater rates of arrest. Youth in any of the drug court conditions engaged in fewer criminal activities than youth appearing in family courts. However, these relative reductions in antisocial behaviors did not translate to corresponding decreases in rearrest or incarceration. Greater surveillance of youth in drug court, compared to family court, may lead to greater arrest rates despite fewer crimes committed.

Juvenile drug courts provide continuous judicial supervision to young offenders, and also make available support assistance such as substance abuse treatment and mental health services.

In this study, which was supported in part by NIDA, 161 substance-abusing, juvenile offenders were randomly assigned to family court with community services (such as group substance-abuse treatment provided by local community-based practitioners), drug court with community services, drug court with multisystemic therapy (MST), or drug court with MST and contingency management (CM) therapy. MST is an intensive family- and community-based treatment that addresses multiple determinants of serious antisocial behavior in juvenile offenders, such as low parental monitoring, associating with drug-abusing peers, and poor school performance. CM is a form of therapy based upon a simple behavioral principle—if a behavior is reinforced or rewarded, it is more likely to occur in the future. Family court, in some states, has jurisdiction over family disputes (especially those involving children).

During a one-year assessment period, the researchers observed that drug court with MST and CM was most effective at reducing light alcohol use, binge drinking, marijuana, and polydrug abuse among youth. Results also showed that youth in drug court alone or any combination of drug court and accompanying treatment engaged in significantly fewer status offenses, such as truancy and alcohol possession, and crimes against a person.

- **WHAT IT MEANS:** The findings support the viability of juvenile drug courts, which are intensive treatment regimens established within and supervised by juvenile courts to provide specialized services for eligible drug-involved youth and their families. The study also supports the capacity of some evidence-based treatments of adolescent substance abuse to enhance juvenile drug court outcomes related to substance abuse.

Dr. Scott Henggeler and his colleagues at the Medical University of South Carolina published their results in the February 2006 issue of the *Journal of Consulting and Clinical Psychology*.

Incarceration Among Factors That Increase Likelihood of Developing Hepatitis C

A recently published NIDA-supported study suggests that previous incarceration is one of a number of factors associated with hepatitis C virus (HCV) infection among homeless men.

Researchers recruited 198 homeless men in a Los Angeles community health center to establish potential risk factors for HCV infection, which could then be used to guide clinical decision-making regarding HCV screening and counseling in homeless populations. About half had served time in prison and 83 percent had spent time in jail.

The scientists observed that homeless men with HCV infection were older and more likely to be cocaine injectors than those not infected. Additionally, participants who reported spending time in jail or prison were almost 11 times more likely than their counterparts who had not been incarcerated to be infected with HCV. Other factors that were strongly related to HCV infection among the study participants were a history of sharing drug injection equipment and injection of cocaine within the previous six months. However, homeless men who had no history of injection drug use but had been in jail or prison were almost six times as likely to be HCV positive. Among homeless men not reporting lifetime injection drug use, sharing toothbrushes, having multiple tattoos, and being in fair or poor health were associated with HCV infection.

more...

- **WHAT IT MEANS:** HCV is the most common chronic bloodborne infection in the United States, with at least 4 million Americans believed to be infected. HCV is the leading indication for liver transplant in the United States. Injection drug abuse accounts for at least 60 percent of all chronic and new HCV infections annually, but other risk factors, such as time spent in jail or prison, may be worthwhile factors to include in HCV screening tools.

Dr. Adeline Nyamathi and her colleagues at the University of California, Los Angeles, published their findings in the June 2006 issue of the *Western Journal of Nursing Research*.

FUNDING NEWS

NIH Reissues Call for Specialized Centers of Interdisciplinary Research on Sex and Gender Factors Affecting Women's Health

NIDA and other components of the National Institutes of Health are partnering with the NIH Office of Research on Women's Health in release of a request for applications (RFA) calling for Specialized Centers of Interdisciplinary Research (SCOR) on Sex and Gender Factors Affecting Women's Health. These centers will provide new opportunities for interdisciplinary approaches that bridge basic and clinical research on sex and gender factors that underlie a priority health issue that affects women.

A SCOR consists of at least three individual but interrelated research projects. The total project period may not exceed five years. The participating funding agencies intend to commit at least \$10 million in FY 2007 to fund approximately 10 new and/or competing continuation grants in response to this RFA.

Examples of appropriate research areas may include, but are not limited to:

- Studies of the health impact of diet, nutrition, hormones, exercise, weight patterns, toxin exposures, obesity, eating disorders, sex practices, tobacco, alcohol and drug use or abuse, occupation, violence, or trauma including the impact of these factors on concomitant disease detection and treatment;
- The influence of toxic environmental factors, such as secondhand tobacco smoke, on women's health;
- Biological and behavioral risk factors in the development of mental disorders, including addictive behaviors, schizophrenia, mood, anxiety, and eating disorders.

Letters of intent must be received by August 14, 2006. For additional information about this RFA, go to: <http://grants.nih.gov/grants/guide/rfa-files/RFA-OD-06-003.html>.

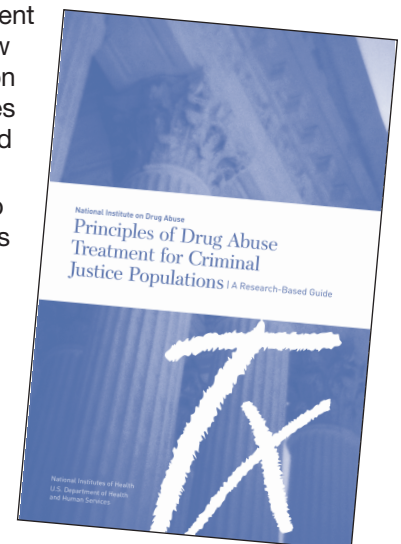
NIDA Launches *Principles of Drug Abuse Treatment for Criminal Justice Populations*

Since it was established in 1974, NIDA has supported research on drug abuse treatment for individuals who are involved with the criminal justice system. NIDA will release this new treatment report during the annual meeting of the American Probation & Parole Association in Chicago, July 23–26. The report is intended to describe some of the treatment principles and research findings that are of particular relevance to the criminal justice community and to treatment professionals working with drug-abusing offenders.

The report is divided into three sections. The first section distills research findings into 13 essential principles that are relevant to the addicted offender. The next section contains a series of frequently asked questions about drug treatment for those involved with the criminal justice system. Finally, a resource section provides linkages to additional information.

The goals of drug abuse treatment are to help people change attitudes, beliefs, and behaviors related to drug use. Because these same goals are often related to decreasing criminal behavior, successful treatment can help reduce crime as well.

This booklet will complement NIDA's *Principles of Drug Addiction Treatment, A Research-Based Guide*, which was prepared to assist those dealing with drug addiction both in and out of the justice system.



Meetings/Events of Interest

Seattle Blending Conference Scheduled

The Blending Conference—Blending Addiction Science & Practice: Bridges to the Future—will take place October 16–17 at the Washington State Convention & Trade Center in Seattle.

The two-day conference will bring together clinicians and researchers to examine cutting-edge scientific findings about drug abuse and addiction and their applications to clinical practice. It is designed to bridge the gap that exists between scientific research and clinical practice.

Conference topics will include:

- adolescent treatment;
- treatment of criminal justice populations;
- relevance of neuroscience and genetics to understanding and treating addiction; and
- cultural and gender issues in addiction treatment.

NIDA and the Washington and Oregon/Hawaii Nodes of the National Drug Abuse Treatment Clinical Trials Network (CTN) are among the meeting's many co-sponsors.

More information about the conference will be available on NIDA's Web site at www.drugabuse.gov.

For more information about any item in this *NewsScan*:

- Reporters, call Sara Rosario Wilson at 301-443-6245.
- Congressional staffers, call Geoffrey Laredo at 301-594-6852.

The National Institute on Drug Abuse (NIDA) is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world's research on the health aspects of drug abuse and addiction. The Institute carries out a large variety of programs to ensure the rapid dissemination of research information and its implementation in policy and practice. Fact sheets on the health effects of drugs of abuse and other topics are available in English and Spanish. These fact sheets and further information on NIDA research and other activities can be found on the NIDA home page at <http://www.drugabuse.gov>.

(44)



The National Institute on Drug Abuse
is a component of the National Institutes of Health,
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

