

# Recognizing and Treating Alcohol Use Disorder in Correctional Settings

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Bureau of Justice Assistance (BJA)







Residential Substance Abuse Treatment (RSAT)  
Program for State Prisoners

Training and Technical Assistance Resource

*This project was supported by grant No.15PBJA-22-GK-01132-RSAT awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Point of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.*



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# Today's Presenters

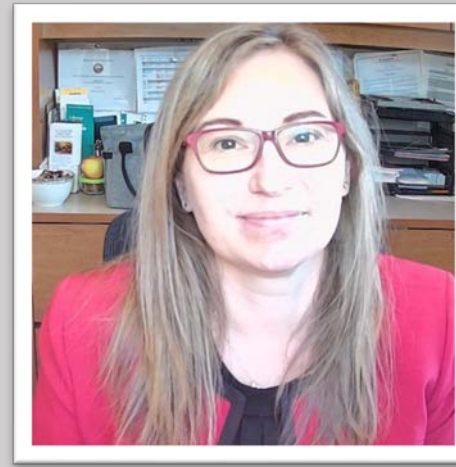
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# Learning Objectives

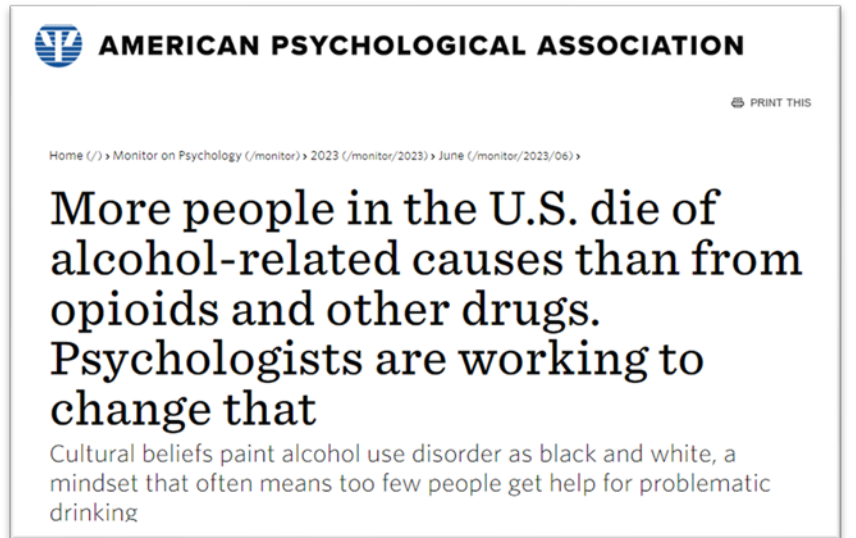
Upon completion of this presentation, participants will be able to:

- Identify 5 common indicators of an alcohol use disorder (AUD) diagnosis.
- Understand the impact and prevalence of AUD in the corrections population.
- Describe three resources or tools that programs can leverage to enhance their treatment protocols for individuals with AUD.

# AUD

*“Alongside the opioid overdose crisis, another hidden epidemic is quietly raging. Every year in the United States, more people die of alcohol-related causes than from opioids and other drugs.”*

American Psychological Association, June 2023




The screenshot shows the top of a webpage from the American Psychological Association. The header includes the APA logo and the text 'AMERICAN PSYCHOLOGICAL ASSOCIATION'. Below the header is a breadcrumb trail: 'Home (/) > Monitor on Psychology (/monitor) > 2023 (/monitor/2023) > June (/monitor/2023/06) >'. The main headline reads: 'More people in the U.S. die of alcohol-related causes than from opioids and other drugs. Psychologists are working to change that'. Below the headline is a sub-headline: 'Cultural beliefs paint alcohol use disorder as black and white, a mindset that often means too few people get help for problematic drinking'.

<https://www.apa.org/monitor/2023/06/tackling-risky-alcohol-use>



# AUD

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), alcohol-related problems - which result from drinking too much, too fast, or too often - are among “the most significant public health issues in the United States.”




National Institute  
on Alcohol Abuse  
and Alcoholism

Understanding Alcohol's  
Adverse Impact on Health

### Alcohol and American Society: A Complex Relationship


Alcohol-related problems among adults and adolescents—which result from drinking too much, too fast, or too often—are among the most significant public health issues in the United States and internationally. For example:



- » The Alcohol-Related Disease Impact (ARDI) application estimates that each year there are more than 140,000 deaths (approximately 97,000 male deaths and 43,000 female deaths) attributable to excessive alcohol use, making alcohol one of the leading preventable causes of death in the United States, behind tobacco, poor diet, physical inactivity, and illegal drugs.<sup>1,2</sup>
- » Alcohol misuse costs the United States about \$249 billion per year.<sup>3</sup>
- » In the United States, approximately 29.5 million people had alcohol use disorder (AUD) in 2022.<sup>4</sup>
- » Globally, alcohol misuse is the seventh-leading risk factor for premature death and disability.<sup>5</sup>

### National Institute on Alcohol Abuse and Alcoholism's Valuable Contribution

The National Institute on Alcohol Abuse and Alcoholism (NIAAA), a component of the National Institutes of Health, is the lead federal agency for research on alcohol. NIAAA's mission is to generate and disseminate fundamental knowledge about the adverse effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including AUD, across the lifespan. NIAAA is the largest funder of alcohol research in the world, with an integrated and multidisciplinary program that includes genetics, basic and clinical research, neuroscience, epidemiology, prevention, and treatment.



NIAAA's broad research portfolio focuses on health topics that touch the lives of almost every family and community across America, such as:

- » Why some people develop AUD
- » How alcohol misuse affects individuals and society
- » How underage drinking impacts brain development in adolescents
- » How we can improve prevention, treatment, and recovery programs

[Understanding Alcohol's Impact on Health \(nih.gov\)](https://www.nih.gov/understanding-alcohol-impact-health)

# Common Indicators of AUD Diagnosis

Frequency of  
intoxication

Binge drinking

Complaints from  
spouses, friends,  
bosses or police

Accidents and legal  
problems, e.g.,  
drunk driving,  
disorderly conduct

Attempts at “going  
on the wagon,”  
excluding  
pregnancy

Clinical diagnosis

Self-admission

Need for morning  
eye-opener

Health problems



# Which Indicators Are Most Likely To Identify AUD?

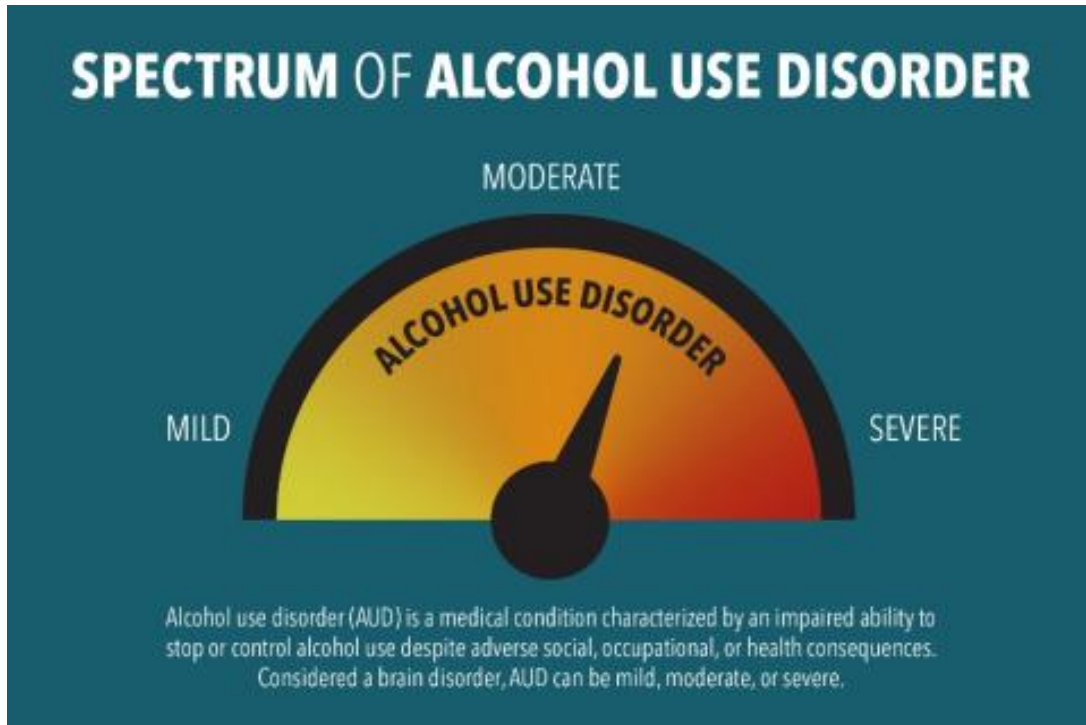
**All of them.**

The medical, sociological and behavioral criteria are all equally valid in identifying individuals with AUD.

No particular indicator, nor cluster of indicators, predominates—only the number and frequency of problems best define AUD.



# AUD



[Understanding Alcohol Use Disorder | National Institute on Alcohol Abuse and Alcoholism \(NIAAA\) \(nih.gov\)](https://www.niaaa.nih.gov/understanding-alcohol-use-disorder)

- AUD is a medical condition characterized by an ***impaired ability to stop or control alcohol use*** despite ***adverse social, occupational, or health consequences***.
- It encompasses the conditions often referred to as “alcohol abuse,” “alcohol dependence,” “alcohol addiction,” and the colloquial term “alcoholism.”
- AUD is considered a brain disorder and can be mild, moderate, or severe. ***Lasting changes in the brain*** caused by alcohol misuse ***perpetuate AUD and make individuals vulnerable to relapse***.

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This is also true for prison and jail populations.

# AUD and Incarceration

- Alcohol is implicated in the incarceration **of more than half of all people who are incarcerated** (The National Center on Addiction and Substance Abuse, 2010)
- **47% of individuals incarcerated** in jail were dependent upon or abused alcohol (Bureau of Justice Statistics, 2002)
- **31% of people incarcerated** in state prisons reported drinking alcohol at the time of the offense (Bureau of Justice Statistics, 2016)





# AUD and Incarceration (cont.)

## From the National Center on Addiction and Substance Abuse:



If all individuals incarcerated with substance and alcohol use disorders received treatment during incarceration and aftercare upon their release, the United States would **break even on costs even if just over 10 percent were successful** at achieving sobriety and employment and avoiding crime.


# Correctional AUD Treatment




# 1. Withdrawal Management

## “Alcohol withdrawal is serious business” (Jail Medicine)

**Withdrawal symptoms:** anxiety, tremors, nausea, insomnia, and—in severe cases - seizures and delirium tremens, commonly referred to as “DTs.”



Not all persons with symptoms require medical treatment for withdrawal. However, those that do are disproportionately represented by jail populations.



Symptoms may appear hours after jail admission in booking jails or immediately if previously booked at police station.

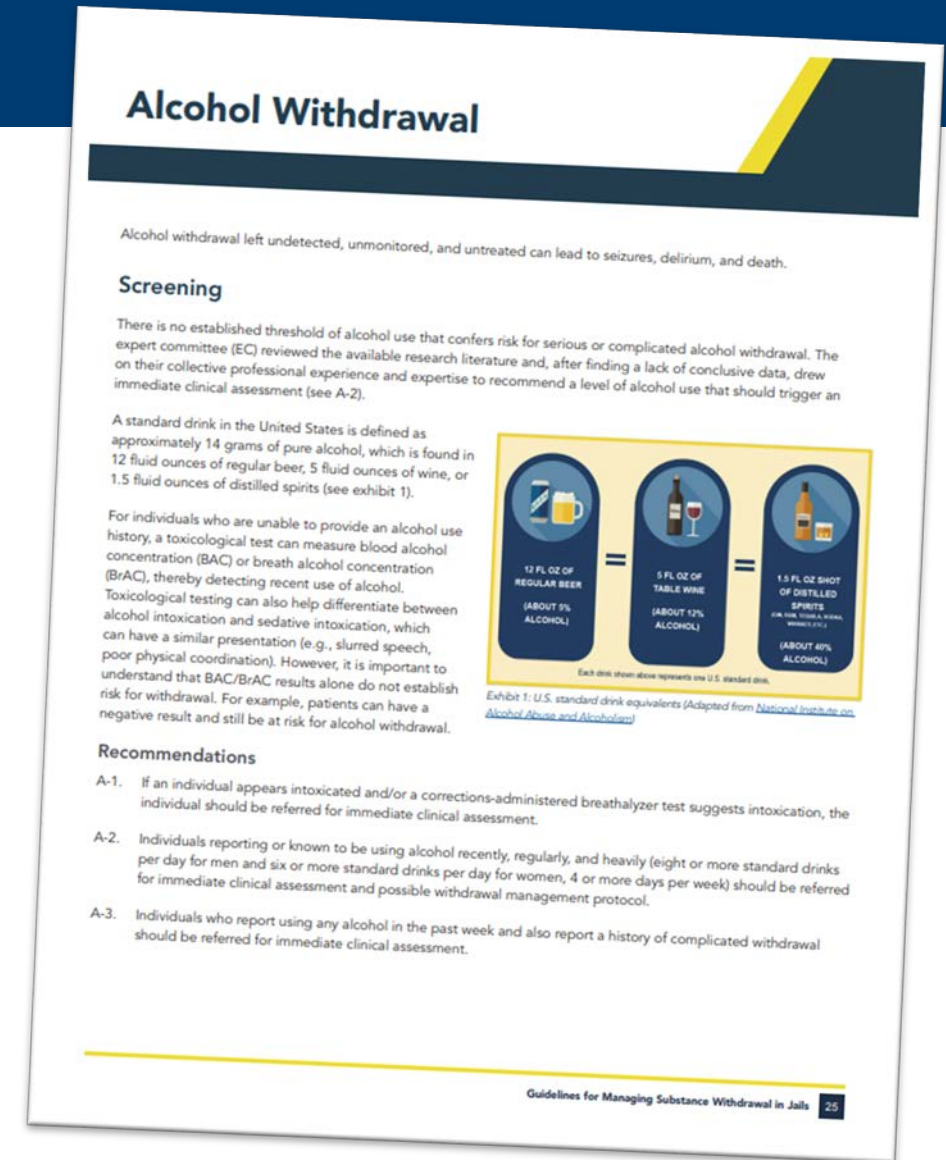


# 1. Withdrawal Management

## From the Guidelines for Managing Substance Withdrawal in Jails:

“Alcohol withdrawal left undetected, unmonitored, and untreated can lead to seizures, delirium, and death.”

“There is no established threshold of alcohol use that confers risk for serious or complicated alcohol withdrawal.”



# 1. Withdrawal Management

## From the Guidelines for Managing Substance Withdrawal in Jails:

Per the guidelines, an individual should be referred for immediate clinical assessment if:



They appear intoxicated and/or a corrections-administered breathalyzer test suggests intoxication, OR

They report or are known to be using alcohol recently, regularly, and heavily (eight or more standard drinks per day for men and six or more standard drinks per day for women, 4 or more days per week), OR

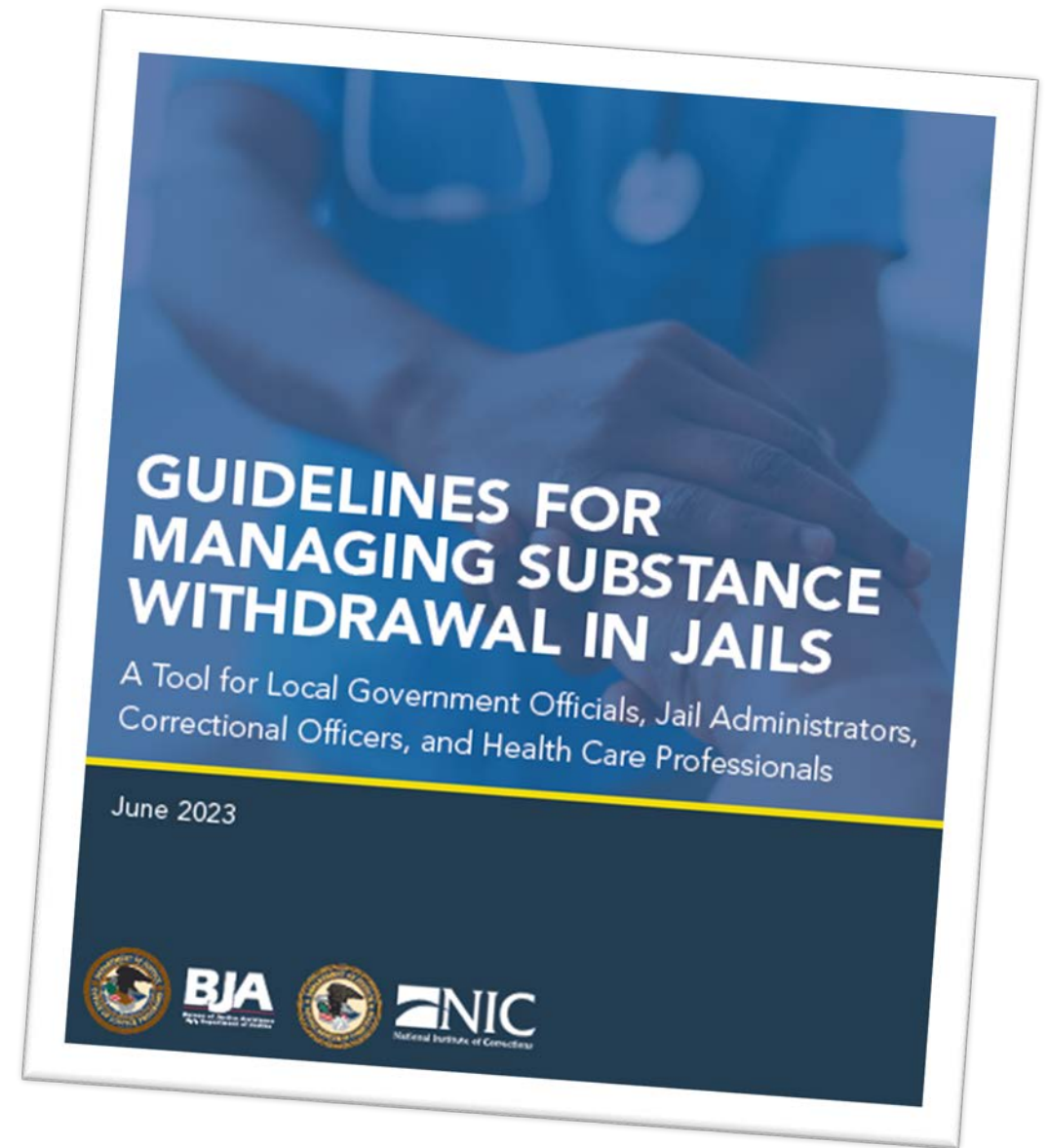
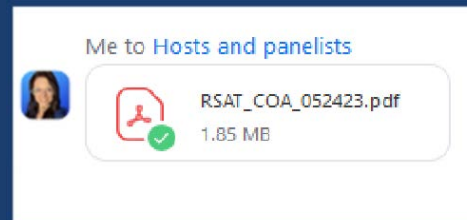
They report using any alcohol in the past week and also report a history of complicated withdrawal

# Guidelines for Managing Substance Withdrawal in Jails

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Available online for download [here](#)

Download from the chat box



# 1. Withdrawal Management

## Jail Alcohol Withdrawal Deaths

### 2020, Michigan jail

- Jail video revealed Priscilla had seizure in cell at 5:10 a.m.. Her body was discovered at 12:30 p.m.

### 2020, New Mexico jail

- Arrested for drunk driving, later found by deputies with dried blood on forehead, carried to shower unable to walk, became unresponsive, CPR failed. Head wound was from seizure in cell, fall from top bunk.

### 2021, Tennessee jail

- Arrested for drunk driving, placed in crowded holding area, vomited and stopped breathing, name not yet entered into intake/booking system before death.

## 2. Assessment

### Assessment Decision Making



- 1) If withdrawal management is required, there is no need for additional AUD assessment
- 2) If withdrawal management is **not** required, facilities still should assess for AUD

## 2. Assessment

### Validated AUD Assessment Instruments

- (1) Alcohol Use Disorders Identification Test (AUDIT)**- 10 items
- (2) CAGE:** (Cut down, Annoyed, Guilty, Eye-opener) – 4 items
- (3) Michigan Alcohol Screening Test (MAST)** – 25 items
- (4) Short Michigan Alcohol Screening Test (SMAST)**- 13 items
- (5) NIAAA Drinker Inventory of Consequences (DrinC)** (measures adverse negative consequences of drinking)

# 3. Treatment

## Other Factors to be Considered in AUD Treatment Assessments

Individuals with AUD are **two to three times more likely** than others to suffer from major depression or anxiety over their lifetimes.

Following withdrawal management, all persons receiving treatment for AUD, should be referred for a **mental health assessment**.

Post-traumatic stress disorder (PTSD) is also one of the **most common psychiatric comorbidities of alcohol use disorder**, especially among veterans, women exposed to intimate partner violence, and persons who suffered multiple adverse events in childhood.



### 3. Treatment

**Should the goal of treatment be abstinence, or controlled or reduced drinking?**

Research tells us that only a **small proportion of individuals who receive alcohol treatment seem to sustain low-risk drinking**. For this reason, programs might consider aiming primarily for **abstinence in treatment** and hope at least for **reduced, low-risk drinking** if abstinence is not achieved.

# 3. Treatment

## Evidence-based AUD Treatment

### Behavioral Treatments

- Cognitive Behavioral Therapy
- Contingency Management and Community Reinforcement
- Motivational Enhancement Therapy
- Marital and Family Counseling
- Brief Interventions

### Mutual Support Groups

### Pharmacological

# 3. Treatment

## Which AUD Treatment is best?

Programs should consider **offering multiple treatment modalities and interventions**, either concurrently or sequentially. What may work for one individual may not for another.

**AUD medication is now considered a fundamental element of standard of care** for AUD according to NIAAA and the Substance Abuse and Mental Health Services Administration (SAMHSA).



# 3. Treatment

## AUD Medication is the Standard of Care

### **SAMHSA:**

- “Medications should be prescribed as part of a comprehensive treatment approach that includes counseling and other psychosocial therapies and social supports” (2015).

### **American Psychiatric Association:**

- “APA recommends that patients with alcohol use disorder have a documented comprehensive and person-centered treatment plan that includes evidence-based nonpharmacological and pharmacological treatments.” (2018)

# 3. Treatment

## AUD Medications

Disulfiram (Antabuse)

Acamprosate (Campral)

Naltrexone (Revia, oral; Vivitrol, extended release injectable)



## 4. Reentry/Reintegration Post-Release



Relapse is part of the process, common, temporary setback to full recovery, not a final failure.

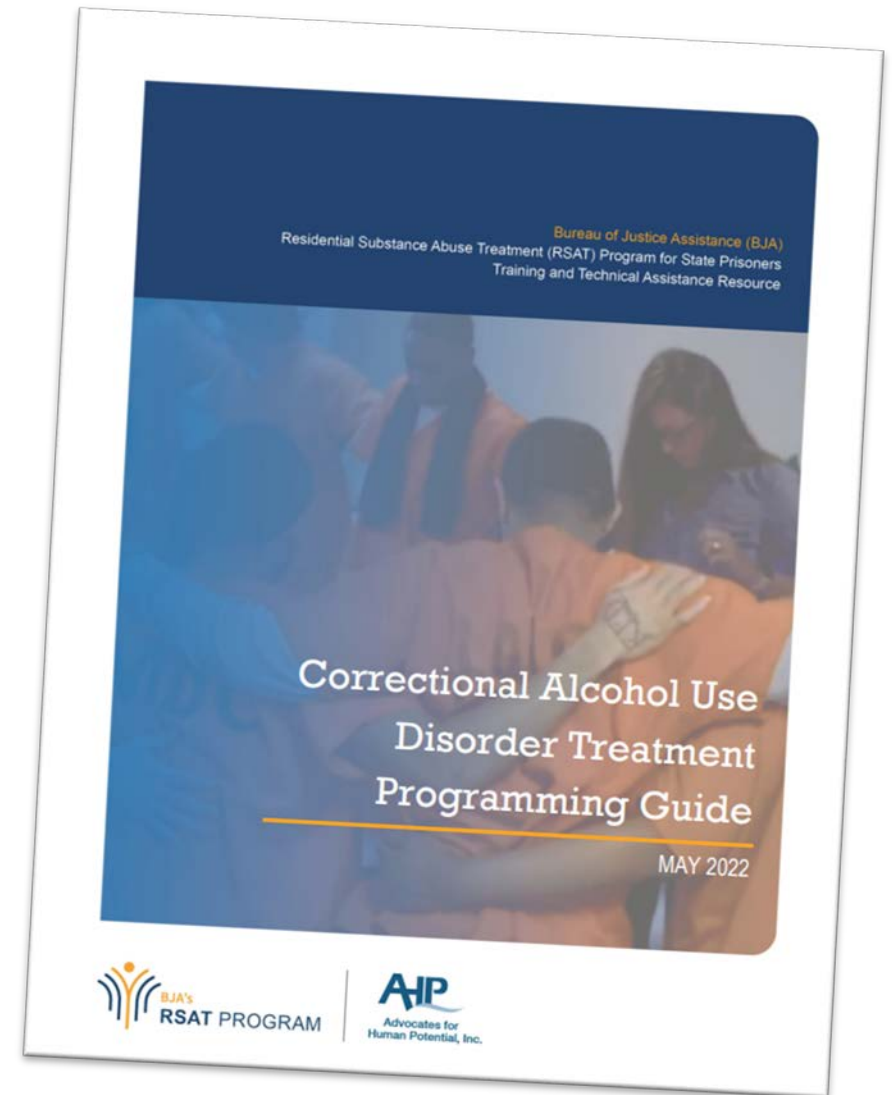
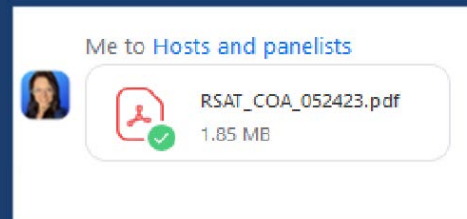


Post release continuity of treatment, support and medication

# Correctional Alcohol Use Disorder Treatment Programming Guide

Available online for download [here](#)

Download from the chat box





# AUD Treatment Sullivan County Department of Corrections



**Donna Magee, MSW, LADC**

*Program Director, TRAILS Program*

Sullivan County Department of Corrections

# Sullivan County Department of Corrections (SCDOC)

## TRAILS Program

- SCDOC's TRAILS Program (Transitional Reentry and Inmate Life Skills) is a residential minimum security treatment center for men and women. The TRAILS program's main modality is cognitive behavioral.
- Evidence-based programming includes:
  - Cognitive Behavioral/Life Skills groups
  - Substance Use Disorder groups
  - Job Readiness, Employment, and Education
  - Housing and Community Reintegration Planning
  - Medication Assisted Treatment
- A comprehensive discharge plan and aftercare component is incorporated into treatment.

Photos: Sullivan County Department of Corrections



# QUESTIONS

▶ Type your questions in the Q&A box on your screen.



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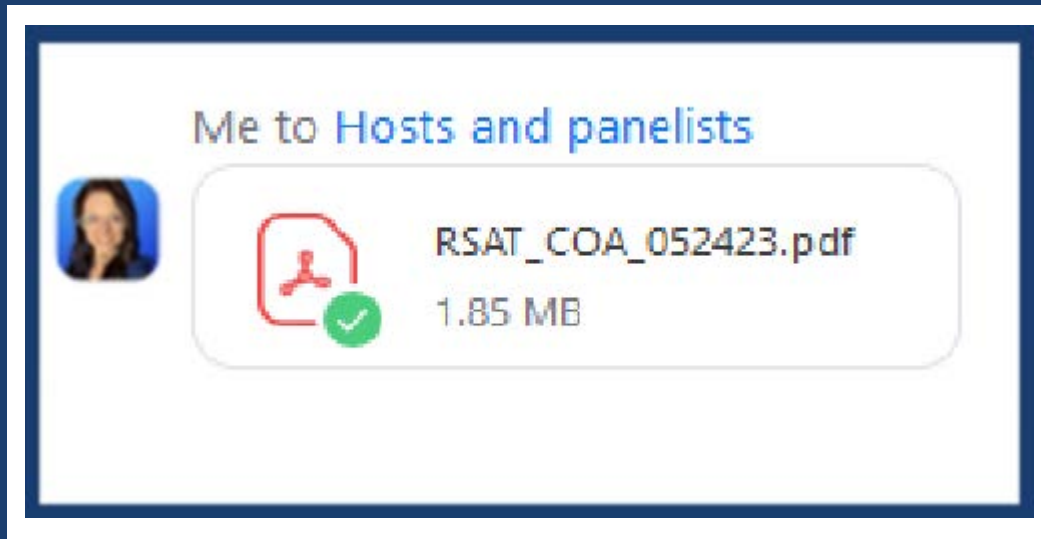
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1 Continuing Education Hour (CEH) approved by NAADAC, the Association of Addiction Professionals



Pass 10-question quiz with 7 correct answers



Download certificate upon completion of the quiz

**April 24, 2024** RSAT webinar CEH quiz link:

<https://survey.alchemer.com/s3/7791036/April-24-2024-RSAT-Webinar-CEH>



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