

TREATING ICE ADDICTION IN CUSTODY: EVALUATING A SUITE OF PILOTED ICE-SPECIFIC PRISON BASED GROUP TREATMENT PROGRAMS FOR MEN

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Introduction and Aims:

A 2013-14 parliamentary inquiry into the supply and use of methamphetamines in the state of Victoria revealed a 600 percent increase in ice-related offences from 2009 to 2013. To address the treatment needs of the growing ice-using prison population, a suite of three ice-specific group treatment programs varying in dose and application were developed and piloted with incarcerated offenders across Victoria. The aim of this research was to evaluate the effectiveness of the piloted programs in achieving their intended objectives; to reduce the prevalence of ice use and level of related criminogenic risk in an incarcerated population.

Design and Methods:

Pre-post evaluations of the pilot intervention programs were performed, using a combination of qualitative and quantitative research methods. Focus groups and assessment packs were completed by facilitators and participants of the program, and included a set of outcome measures reflective of each of the theoretically derived factors considered important for assessing design appropriateness (e.g., facilitator feedback booklet) and implementation effectiveness (e.g., various psychometrics measures). Participants in the pilot study were 200 males aged 18 years of age and above who completed one of 29 ice-specific treatment programs delivered across 7 Victorian prison sites.

Results:

Results indicated that attendance and program completion rates were high. Participants self-reported information pertaining to neurobiology and neurochemistry of ice use and coping strategies in high-risk situations to be most important, and expressed interest in covering more content with visual aids. Reductions were observed in levels of psychological distress and criminal thinking, while improvements were observed in emotion regulation and drug use patterns in custody post-treatment.

Discussions and Conclusions:

These preliminary findings suggest that the programs may be effective in reducing risk of relapse and criminogenic risk. Key lessons learnt will be discussed.