Let's Talk Dope

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SHARP-LA
ABOUT-FACE
DRAT THERAPEUTIKS

This article addresses issues concerning the clinical work with sex offenders and substance abuse. Professionals working with sex offenders know that there is often a relationship between sexual offending and drug use. Sexual offending is a criminal behavior which adversely affects the victims. Offenders need to accept responsibility for their behavior as a part of treatment. Alcohol and other drugs do not cause sexual offenses. It is very important that sex offender treatment providers do not condone the blaming of substance use for causing the sexual abuse. Retaining sex offenders in treatment is also an important factor for treatment providers. Sufficient focus on the issue of substance abuse is important to help many sex offenders stay offense free, as well as keeping them in treatment.

The population at SHARP-LA in downtown Los Angeles tend to be men with a relatively diverse criminal background, of whom many also have a history of chemical dependency. Notable trends exist with substances which associate with sexual offending and early cessation of treatment. Different drugs, however, tend to be factors with sexual offending than the substances that typically relate with premature ending of treatment.

Compounds which are often highly related with sexual offending are alcohol, methamphetamine and PCP. Whereas, marijuana and cocaine are front runners as drugs of abuse which more highly correlate with early termination. This information should be taken into consideration in the treatment of sex offenders. Focus in treatment should partially be given to the role that drugs play in sexual offenses and early termination to increase the probability for successful treatment outcomes. Providers should address these factors when examining problematic behavioral patterns, high risk situations, cognitive distortions, and general underlying beliefs, as well as provide education about the physiological and psychological effects of various drugs of abuse. The applicability of the information will vary on a case-by-case basis.

Offenders in treatment who have a substance abuse history should examine the role that drugs have played throughout their history of sexual offending. They should know that alcohol is a disinhibitor which typically clouds judgment, that methamphetamine pulls for hyper-sexuality and a philosophy that 'the freakier the sex the better', and that PCP use significantly distorts cognitive functions including decision-making abilities.

Addicts in denial may believe they can 'do just one', instead of realizing that their pattern has been more like, 'one is too many and a thousand is never enough'. Thinking errors like this can lead to a rapid progression of the active phase of addiction contributing to probation or parole violations causing early termination from treatment, in addition to decreased morality potentially contributing to the justification of harmful sexual behavior. Avoiding alcohol use because one does not want to begin a vicious cycle of drinking and subsequent crime, may prove to combat the parolee's justification that he can drink and have it out of his system by the time he's tested. Clients should know that marijuana can be detected in one's system through urinalysis for approximately one month. This may help offenders choose against marijuana use due to the risk of a violation, in turn reducing early treatment termination.

After receiving this type of education, group members should discuss what role drugs have played in their personal histories of sexual offending, criminal justice supervision and treatment. Safety of the community through positive treatment outcomes could partially depend on knowledge and focus on drugs of abuse for sex offenders in treatment. Therefore it is imperative that clinicians possess adequate knowledge of chemical dependency and that treatment programs adequately address and educate offenders on these issues.