

Corrections-Based Treatment for Drug-Involved Offenders

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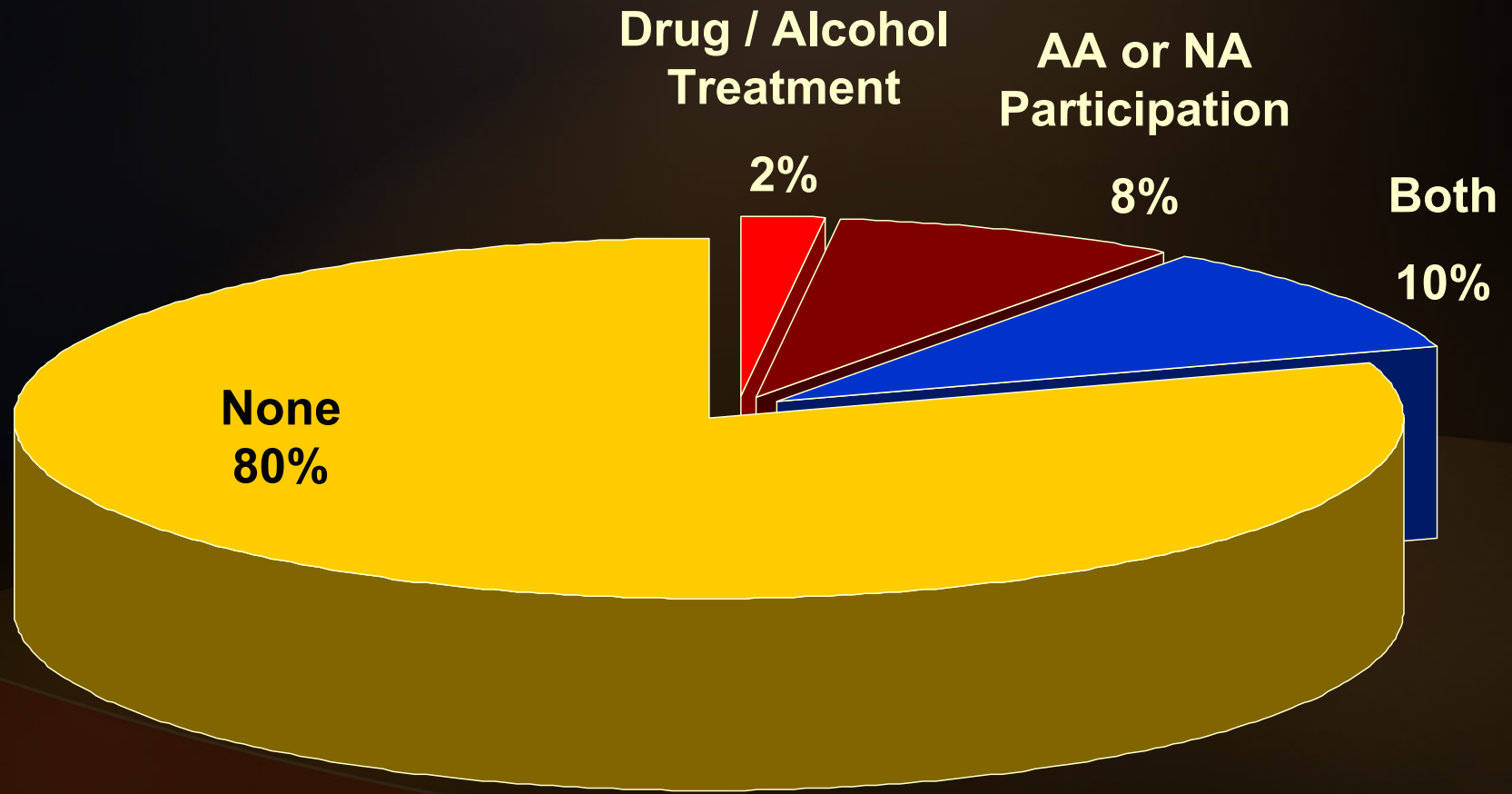
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Background

- **As of June 30, 2006, more than 2.3 million persons were being held in U.S. jails and prisons.**
- **Estimates suggest that more than 70% of these prisoners have significant histories of drug and alcohol abuse.**

Participation in Drug/Alcohol Abuse Treatment During Incarceration



Why Treat Drug-Involved Offenders During Incarceration?

- **Time is what most inmates have plenty of.**
- **It is a good time to talk about risks for HIV & AIDS, and staying safe.**
- **There is the need to encourage pro-social concepts, as opposed to those fostered by the “inmate culture.”**

What is the “Inmate Culture”?

- **The inmate culture is composed of the ways of acting, thinking, and feeling about all aspects of prison life that help inmates cope with the special circumstances of incarceration.**
- **The inmate culture glorifies anti-social thoughts, feelings, and behaviors, and many inmates repeatedly engage in anti-social behaviors while incarcerated.**
- **As part of the inmate culture, respect is typically reserved for the most cunning and most violent offenders.**

Impact of the Inmate Culture

- **The inmate culture often puts offenders in a mental relapse mode before they are even released.**
- **In other words – inmates are programmed for failure upon release to the community.**
- **What do inmates say they will do as soon as they “hit the streets”?**
 - **Make some money (legally or otherwise).**
 - **“Sex it up!”**
 - **Get high.**
 - **Anything else is considered “punk stuff.”**

What Kind of Treatment is Best During Incarceration?

- Treatment should be in a residential setting.
- Isolated from the drugs, violence, and prison subcultures that tend to militate against positive behavioral change.
- Research suggests that for criminal offenders with long histories of substance abuse, the “*therapeutic community*” is likely the most viable treatment approach.

The Treatment Perspective of the Therapeutic Community (TC)

- Drug abuse is a disorder of the whole person;
- The problem is the person and not the drug;
- Addiction is a symptom and not the essence of the disorder; and,
- The primary goal is to change the negative patterns of behavior, thinking, and feeling that predispose drug use.

An Effective Approach for Corrections-Based Treatment

The literature in the fields of treatment and corrections, as well as clinical and research experiences with correctional systems and populations, suggest that the most effective treatment strategy for incarcerated, drug-involved offenders should have three stages of intervention:

Stages of Treatment

Each stage of this treatment continuum should be adapted to the individual's changing correctional status:

- **Incarceration**
- **Work Release**
- **Parole (or other community form of supervision)**

Stages of Therapeutic Community Treatment for Drug-Involved Offenders

- **Prison-Based TC**
- **Work Release TC**
- **Aftercare**

Prison-Based TC

- **Segregated from the general prison population**
- **12-15 months prior to work release or transitional custody eligibility**
- **Same therapeutic mechanisms seen in community-based therapeutic communities**
- **Interaction with “recovering addict” role models**
- **12-15 months duration**

Work Release TC

- **Segregated from general work release population**
- **Clinical regimen modified to address the correctional mandate of work release**
- **5-7 months duration**

Aftercare

- **Outpatient counseling and group therapy on a weekly basis**
- **Booster sessions with counselors**
- **Family groups monthly**
- **1 day per month in facility**

Delaware's "Key" Therapeutic Community

- **All Men**
- **Established in 1988 (BJA funding)**
- **From 20 to over 300 beds at two locations**
- **State funded since 1991**

Delaware's "Key Village" Therapeutic Community

- **All Women**
- **Established in 1994 (CSAT funding)**
- **90 beds**
- **Funded by state since 1997**

Delaware's CREST Outreach Center

- **Women and men**
- **Established in 1991 (NIDA funding)**
- **65 beds at 1 location; expanded to 330 beds at 3 locations**
- **Funded by state since 1995**
- **Incorporates transitional and aftercare treatment**

Research Groups in Delaware TC Follow-up Studies

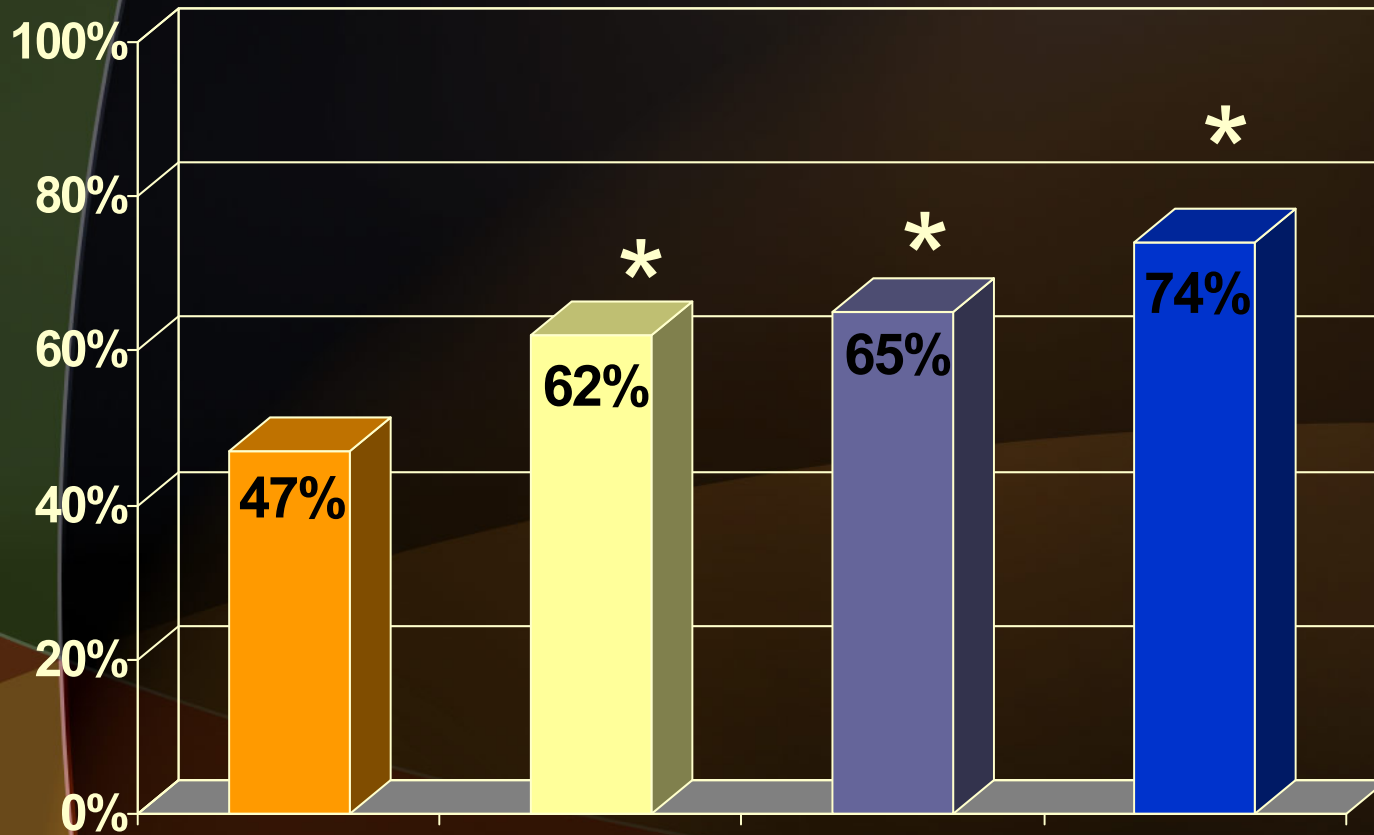
- **Comparison Group**
- **Treatment Drop-outs**
- **Treatment Graduates**
- **Treatment Graduates with Aftercare**

Data Collection

Frequency of baseline and follow-up data collection and research-based urine testing:

- **Within 30 days prior to release from the “KEY” and “KEY Village” TC programs**
- **6-month Follow-up**
- **18-month Follow-up**
- **42-month Follow-up**
- **60-month Follow-up**

% **Arrest-Free** Since Release at 18-Month Follow-up



Comparison:

N=242

Drop-outs:

N=184

Completed Treatment:

N=172

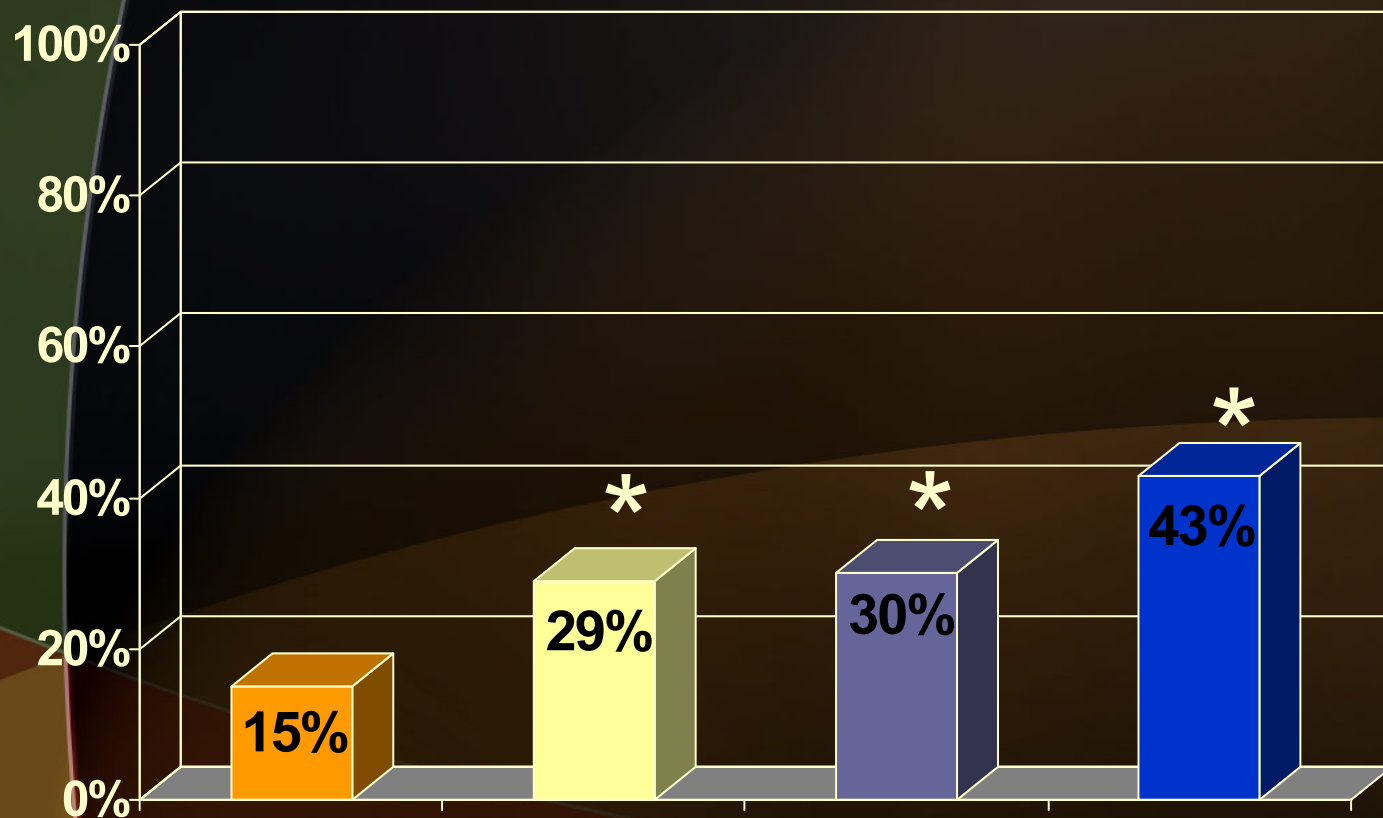
Completed Treatment

& Aftercare:

N=207

*Significantly different from comparison group at $p < .05$. Estimates are derived from logistic regression coefficients controlling for demographics, criminal and drug use histories, and time in treatment program.

% **Drug-Free** Since Release by Self-Report and Urine Test at 18-Month Follow-up



Comparison:

N=242

Drop-outs:

N=184

Completed Treatment:

N=172

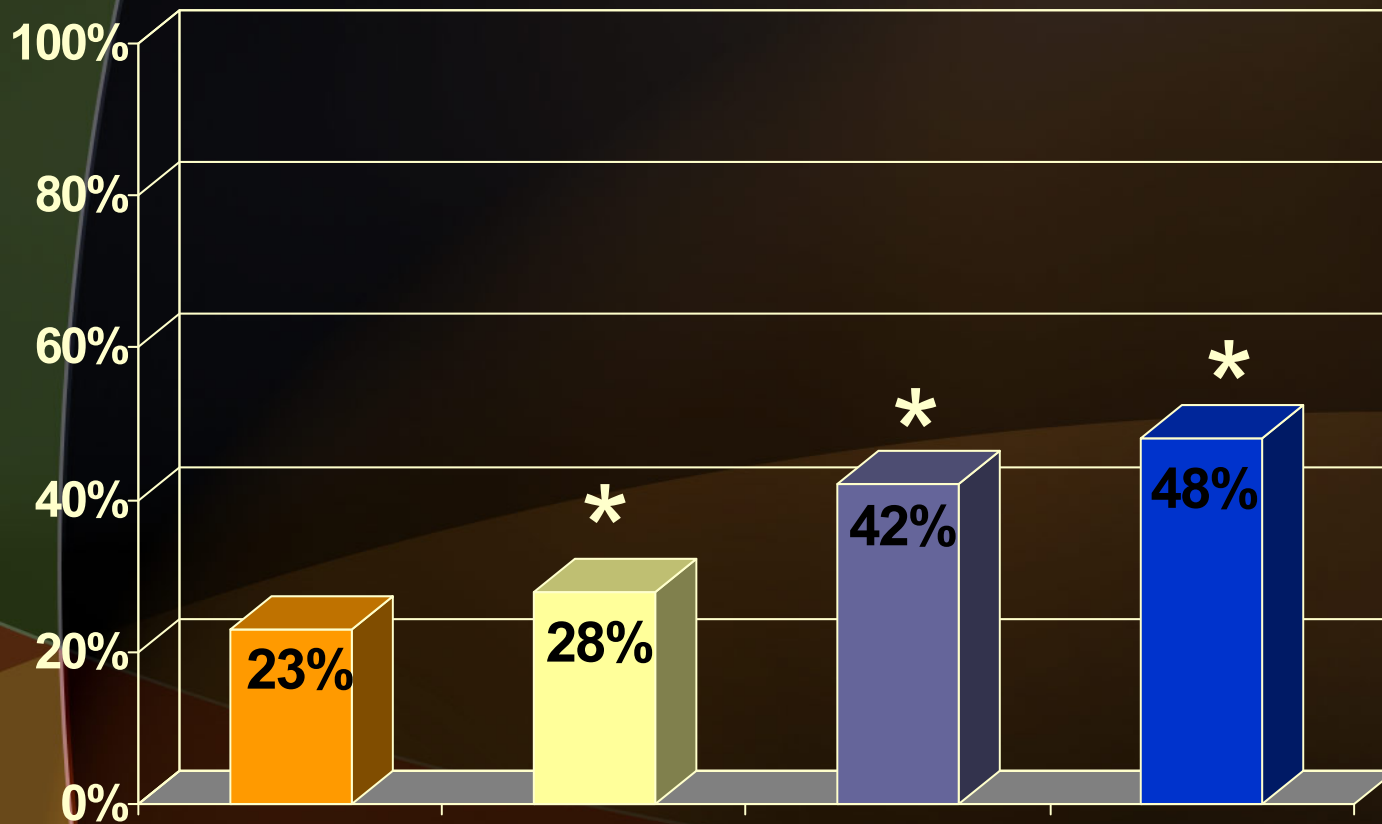
Completed Treatment

& Aftercare:

N=207

* **Significantly different from comparison group at $p < .05$.** Estimates are derived from logistic regression coefficients controlling for demographics, criminal and drug use histories, and time in treatment program.

% Arrest-Free Since Release at 5-Year Follow-up



Comparison:
N=217

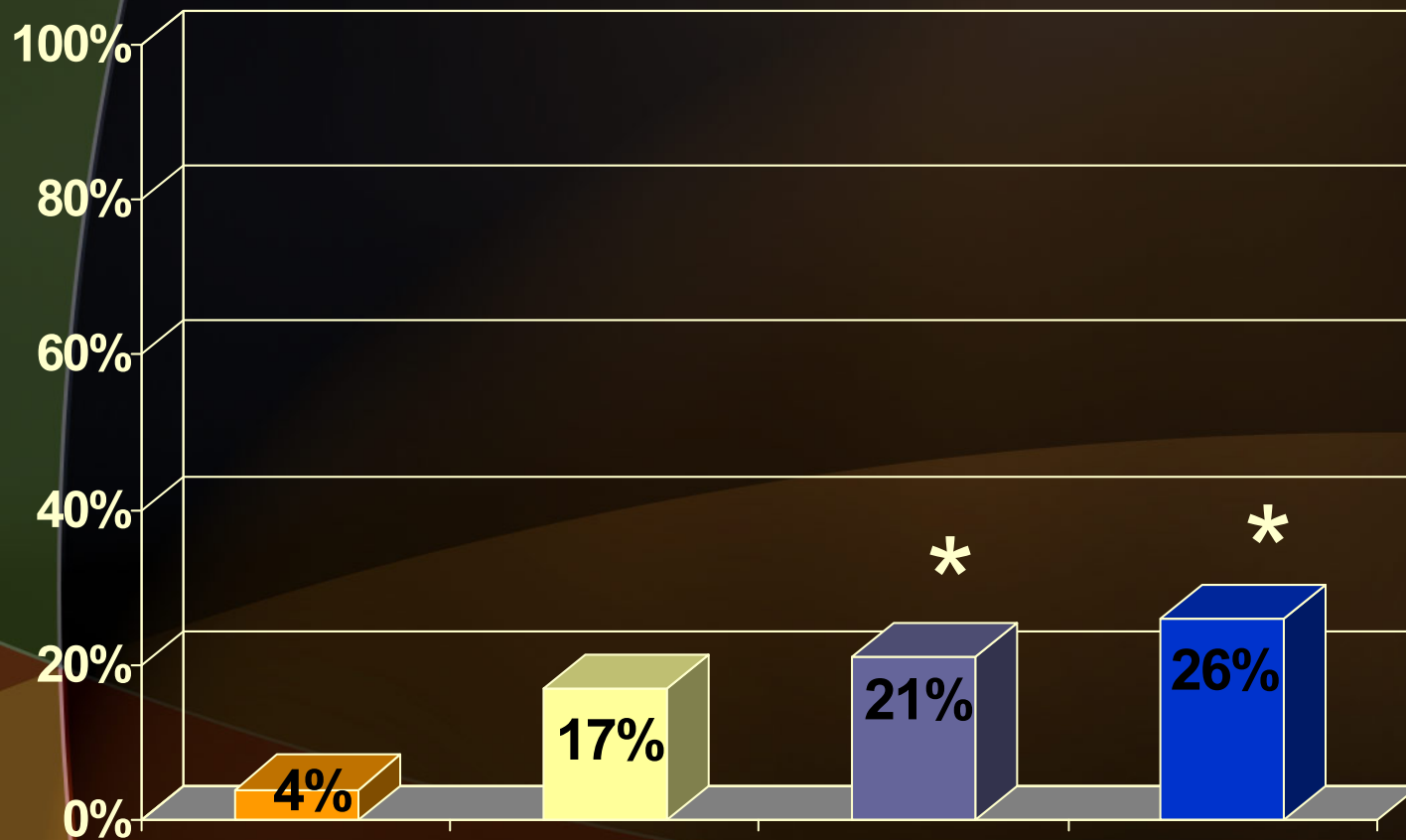
Drop-outs:
N=108

Completed Treatment:
N=91

Completed Treatment
& Aftercare:
N=124

•Significantly different from comparison group at $p < .05$. Estimates are derived from logistic regression coefficients controlling for demographics, criminal and drug use histories, and time in treatment program.

% **Drug-Free** Since Release by Self-Report and Urine Test at 5-Year Follow-up



Comparison:
N=217

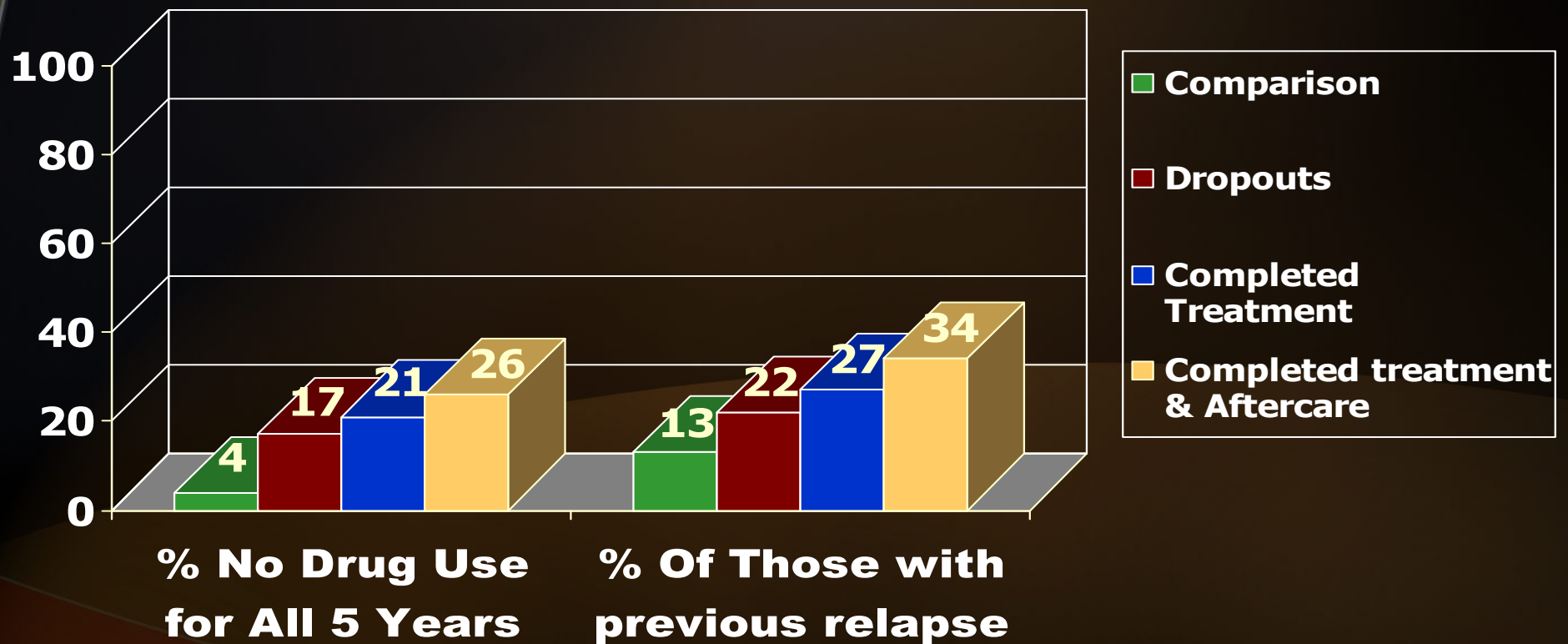
Drop-outs:
N=108

Completed Treatment:
N=91

Completed Treatment & Aftercare:
N=124

* Significantly different from comparison group at $p < .05$. Estimates are derived from logistic regression coefficients controlling for demographics, criminal and drug use histories, and time in treatment program.

Percentages with No New Drug Use Through 5 Years, and Percentages of Those Who Relapsed Earlier but Had No New Drug Use in 5th Year



Estimates are derived from logistic regression coefficients controlling for demographics, criminal and drug use histories, and time in treatment program.

Some Important Considerations

These analyses demonstrate that:

- “length of stay” is a key variable in treatment outcome**
- aftercare during re-entry plays a crucial role in a comprehensive treatment regimen.**



The Autonomy Issue

Although corrections-based treatment initiatives must be sensitive to the custodial demands of the prison administration, programs must have major input in terms of admission and release criteria, and the day-to-day operations of the program.

Otherwise, the inclusion of inappropriate clients in the treatment continuum undermines overall program effectiveness.

Technology Transfer in the U.S.

- **The Delaware model was the recommended protocol for the U.S. Department of Justice's Residential Substance Abuse Treatment (RSAT) initiative for state prisoners.**
- **300 programs throughout the United States and its territories were established under the RSAT initiative.**
- **RSAT participation results in lower rates of relapse and recidivism for the majority of clients.**

International Technology Transfer

The Delaware TC continuum of treatment has been replicated in:

- Argentina
- Austria
- Australia
- Belgium
- Bulgaria
- Panama
- Romania
- Spain
- Thailand

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