Ontario Region Offender Alcohol and Drug Treatment Development Project Phase II: Final Report

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Ontario Region Offender

Alcohol & Drug Treatment Development Project

Phase II: Final Report

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The views expressed in this report are those of the authors and as such, they do not represent the views or official policy of Correctional Services Canada.

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EXECUTIVE SUMMARY

FEDERAL OFFENDER ALCOHOL AND DRUG TREATMENT DEVELOPMENT PROJECT

Background and Purpose of Study

In 1984, Correctional Services Canada contracted with the Department of Psychology, Queen's University,Kingston to develop a regional plan for the development and implementation of treatment services for substance abusing offenders. Recent literature reviews commissioned by CSC, had clearly indicated the link between substance use and crime, and had emphasized the paucity within the Federal Correctional System of treatment programs for offenders, particularly given the prevalence of alcohol problems in the correctional population (Ross & Gendreau, 1982). These reviews and others (Ross & Lightfoot, 1984), have consistently noted that existing programs have for the most part not been evaluated. Those that have been evaluated have generally employed inadequate methodologies; as a result little is known about the effectiveness, or potential harmfulness of existing programming efforts.

The project described in this report represents a comprehensive, empirical process for the development and evaluation of treatment programs for substance abusers. As such it is clearly an innovation in correctional programming, and it may provide a useful general model for program development within corrections.

The project was initially developed in consulation with a steering committee consisting of an institutional psychologist from each of the nine participating federal institutions, the Regional Manager Offender Programs (O), the principal investigator, and the project co-ordinator. Four phases were identified, consisting of Phase I, a feasibility analysis, Phase II treatment needs analysis, Phase III program implementation and short term evaluation, and Phase IV, long-term program evaluation.

This report describes the results of Phase II, the treatment needs analyses.

Method

In order to identify treatment needs, two surveys were conducted. One survey was conducted with CSC staff, and one survey was conducted with inmates. A total of 59 staff from nine Ontario region institutions were surveyed in a semi-structured interview. A total of 275 inmate volunteers participated in personal structured interviews, supplemented by objective psychological tests.

Main Findings

STAFF SURVEY

* CSC STAFF ESTIMATE THAT 70% OF INMATES HAVE SIGNIFICANT SUBSTANCE ABUSE PROBLEMS.

* 59% OF STAFF BELIEVE THAT TREATMENT FOR SUBSTANCE ABUSE IS

IMPORTANT FOR SUCCESFUL REHABILITATION.

* 95% OF STAFF BELIEVE THAT TREATMENT SHOULD BE OFFERED BOTH DURING INCARCERATION AND FOLLOWING RELEASE

* 73% OF STAFF INDICATED THAT THERE WERE SIGNIFICANT GAPS IN EXISTING TREATMENT SERVICES IN THEIR INSTITUTION.

* 75% OF STAFF REPORTED THE NEED FOR ADDITIONAL ALCOHOL AND DRUG PROGRAMMES.

* TREATMENT PROGRAMS RATHER THAN EDUCATIONAL OR SELF-HELP PROGRAMS WERE IDENTIFIED AS THE MOST URGENTLY REQUIRED RESOURCE

* STRONG SUPPORT FROM RHQ IN ORDER FOR SUCCESFUL IMPLEMENTATION OF NEW PROGRAMMES WAS SEEN AS ESSENTIAL

* TREATMENT PROGRAM CREDIBILITY IN INSTITUTIONS IS SERIOUSLY UNDERMINED BY THE FAILURE OF SENIOR MANAGEMENT TO IDENTIFY SUBSTANCE ABUSE PDROGRAMMING AS AN INTEGRAL AND ONGOING ASPECT OF CSC PROGRAMMING.

INMATE SURVEY

* 20.8% OF INMATES DESCRIBED THEMSELVES AS 'ALCOHOLIC'

* 33.9% DESCIBED THEMSELVES AS HEAVY DRINKERS.

* OBJECTIVE MEASURES OF ALCOHOL USE INDICATED THAT 86.6 % OF INMATES WERE DRINKING AT LEVELS ASSOCIATED WITH SIGNIFICANT RISKS TO HEALTH PRIOR TO INCARCERATION.

* SURVEYED INMATES REPORTED DRINKING AN AVERAGE OF 14 STANDARD DRINKS A DAY

* 78.5% OF SURVEYED INMATES REPORTED AT LEAST ONE PROBLEM ASSOCIATED WITH THEIR USE OF ALCOHOL.

* 80% OF INMATES REPORTED HAVING USED AT LEAST ONE DRUG IN THE 6 MONTHS PRIOR TO INCARCERATION.

* OBJECTIVE MEASURES OF DRUG ABUSE INDICATED THAT 68% OF INMATES HAD MODERATE TO SEVERE DRUG ABUSE SCORES

* 65.3 % OF INMATES REPORTED THAT DRUG USE HAD MADE THEIR LIVES WORSE.

* 79 % OF SURVEYED INMATES REPORTED HAVING USED ALCOHOL AND OR DRUGS ON THE DAY OF THE OFFENCE FOR WHICH THEY WERE CURRENTLY INCARCERATED

* 80 % OF INMATES REPORTED A NEED FOR SOME FORM OF TREATMENT TO ASSIST THEM WITH SUBSTANCE ABUSE PROBLEMS.

* ONLY 56% OF SELF-DEFINED ALCOHOLICS AND 42% OF SELF-

DEFINED HEAVY DRINKERS REPORTED HAVING RECEIVED SOME KIND OF ASSISTANCE IN THE LAST 6 MONTHS.

In summary, whether one defines alcohol and/or drug abuse according to objective measures, to staff estimates or to inmate self-report measures, between 75-80% of inmates have problems associated with their use of substances. Both staff and inmates report a significant gap in substance abuse treatment services, despite the overwhelming need and desire for treatment on the part of inmates.

Four types of substance abusers were identified by cluster analysis. Alcohol abusers constituted 37% of the sample, Young drug abusers constituted 15%, Young poly-drug and alcohol abusers 28%, and Psychiatrically impaired abusers 22% of the sample. These data substantiate the need for a variety of treatment options to meet the diverse needs of the subgroups identified.

A detailed plan for the development of a substance abuse treatment management system is described and a proposal for the development of this plan in four demonstration Ontario region institutions is presented. The plan includes procedures for formative and outcome evaluation which will result in the development of a program which has the potential for national implementation.

Chapter 1

General Introduction

In 1984, Correctional Services Canada contracted with the Psychology Department, Queen's University, Kingston, to develop a regional plan for the delivery of treatment services to substance abusing offenders in the Ontario Region.

A steering committee for the project was struck and consisted of a Psychologist from each of the major Ontario institutions, the Regional Manager Offender Programs, the project co-ordinator Mr. D. Hodgins and the principal investigator, Dr. L. Lightfoot. Dr.'s Kalin, Laverty and MacLean assisted and consulted with the project staff on an ongoing basis.

With assistance from the steering committee a proposal, consisting of four distinct phases, was developed. The proposal described a sequential empirical process for the development of a regional plan.

Phase I involved a feasibility analysis; Phase II described the rationale and methodology for conducting a treatment needs analysis; Phase III involved the development, implementation and short-term evaluation of treatment programs to meet the needs as identified in Phase II; Phase IV involved long-term evaluation of the programs developed in Phase III.

The proposal was submitted in December, 1983 and funding for the Phase I feasibility analysis was made available under the Special Initiatives Program in April, 1984.

Phase I was conducted in the period April 1 - June 30, 1984. A final report, submitted in July, 1984, confirmed the feasibility of the proposed inmate needs analysis. As a result, a proposal for Phases II & III was submitted in July, 1984. CSC approved the proposal and a contract for the conduct of Phases II & III was signed by Queen's in August, 1984. An interim progress report for Phase II was submitted in January, 1985.

The purpose of this final Phase II report is to describe the results of the treatment needs analysis conducted in the period September, 1984 - March, 1985 and to outline a proposal for the development of an Ontario region plan based on the results of that survey.

Alcohol and Crime:

The relationship between alcohol and/or drug use and crime has been thoroughly documented in the literature (Macdonald & Bygott, 1977; Mayfield, 1976; Pernanen, 1976; Ross & Lightfoot, 1985). Alcohol and drug use have been found to be highly correlated with property offences including burglary, robbery, forgery and arson (Roizen & Schneberk, 1977). As well, it has been noted that alcohol use is highly related to the incidence of violent crimes. For example, Shuper (1954) in a study of 882 individuals arrested after commission of a felony, found that 83% of those arrested for homicide had some trace of alcohol in their urine, while 67% had a greater (than trace) amount of alcohol in their urine. Mayfield (1972) studied 307 men convicted of serious assaultive crimes, and found that 42% were "not sober" during commission of the crime for which they were incarcerated.

Surveys in prison populations also tend to confirm the association between alcohol and/or drug use and crime. A survey of 12,000 inmates in U.S. state prisons found that 33% of inmates reported having drunk "very heavily" just before committing the offence for which they were convicted. Habitual offenders (> 5 prior to convictions) and those convicted of assault, burglary and rape were more likely to be heavy drinkers than other inmates. Twenty percent reported having drunk heavily every day the entire year prior to entering prison. Despite these high rates of heavy alcohol use, only 16% of drinking inmates and only 70% of habitual heavy drinkers had ever been involved in a treatment program (U.S. Department of Justice,

1983). The use of alcohol has been found to be strongly linked to recidivism (Goodwin, Crane & Guze, 1971; Lambert & Madden 1975), to poor half way house adjustment (Moczydlowski, 1980) and to parole failure (NCCD, 1972).

It is now widely recognized that this strong, reliable correlation between alcohol/drug use and crime is probably not a simple causal one (Collins, 1981). Rather a complex relationship between alcohol and drug use, and criminal behavior results from the probable effects of multiple interactive physiological, psychological, environmental, situational, social and cultural factors.

Despite current limitations in our knowledge, given the extremely high prevalence rates of alcohol and drug problems in offender populations, implementation of substance abuse treatment programming which is accessible to inmates in need, and which has demonstrated effectiveness, represents a priority for Correctional Service agencies. The introduction of effective programs may affect not only alcohol and drug abuse, but also a variety of problem behaviors which may in turn be causally related to alcohol and drug abuse including prison adjustment, and post incarceration rates of charges and convictions (i.e. recidivism).

A major difficulty in implementing treatment programming, however, is the lack of strong empirical evidence supporting any particular form of treatment for offender (or for that matter non-offender) populations.

Thus major reviews of the treatment outcome literature for alcohol (Ross & Gendreau, 1982; Ross & Lightfoot, 1985) and other drugs (Gendreau & Ross, 1982) have failed to identify any single "magic bullit" which will be effective in ameliorating substance abuse in all offenders. This observation is not surprising, however, given the very heterogeneous population of offenders with drug, alcohol and related problems.

Indeed, in recent years, there has been marked shift in the conceptualization of the problem of alcohol abuse in the alcoholism field which has resulted at least in part from a growing recognition that there are many different kinds of alcohol and drug problems in the general population of users. In the past, alcoholism was viewed as an all-or-none dichotomous disease entity which was progressive and irreversible. This perspective has largely been replaced by a view of drinking as a learned behavior which can be viewed as lying on a continuum ranging from "abstinent" to "continuous heavy drinking".

With this shift in our way of thinking about alcoholism has come a similar shift in our thinking about treatment methods and goals.

> "The general consensus now at hand is that there are multiple types of alcoholics and drinking problems requiring a spectrum of therapies appopriate to the type of problem. This "multi-variate" concept of alcoholism reflects variations in alcoholics, their drinking problems and their treatment." (Pattison, 1982).

In other words, given the diverse nature of alcohol problems, diverse treatment approaches will be necessary.

Recent evidence from the treatment evaluation literature suggests that we may have better success in treating substance abusers if we "match" them to treatment programs. A number of studies have thus demonstrated that when individuals are "matched" to treatment on the basis of a variety of personality and cognitive variables, improved outcomes are observed (Annis & Chan, 1983; McLachlan, 1974; Orford, Oppenheimer & Edwards, 1976; Wallerstein, 1957).

For example, Annis and Chan (1983) studied 150 adult substance abusing offenders and found that an intensive group therapy program was effective in reducing recidivism in offenders with a positive self-image. However, offenders with a negative self-image had more reconvictions and committed

more severe offences after receiving group therapy, than when they received regular institutional care. Thus indiscriminantly applied treatment may not only be ineffective but can actually have negative effects on the future well-being of participants.

In summary, it is becoming increasingly apparent from this study and others in the criminology treatment literature, that the failure to find effective treatment interventions (the oft cited "NOTHING WORKS" controversy, Sechrest, White & Brown, 1979) may be largely attributed to the indiscriminate application of specific treatment interventions to an extremely heterogeneous offender population. Some offenders improve, others get worse; as a result no overall statistically significant treatment effect is observed.

The research project described in this paper represents the second phase in a multi-phased project designed to systematically develop and evaluate substance abuse treatment in federal correctional institutions in the Ontario region. After reviewing the literature we concluded that the most productive thrust for the development of substance abuse treatment in Ontario Regional federal institutions, would be to conduct a treatment needs analysis. Our ultimate goal was the development of an "Offender Substance Abuse Treatment Typology" in order to match "offender types" to treatment to maximize treatment outcome results.

Chapter 2

Phase II

KEY INFORMANT SURVEY

Introduction

Needs assessments are typically conducted to determine what elements a program should include in order to address the "needs" of potential participants. Clearly one source of information about these needs is the potential participants, i.e. substance abusing offenders. However, it is widely recognized that knowledgeable others such as program and administrative staff may have a different, more objective understanding of not only the needs of inmates, but also the needs and requirements of the institutions within which programs must operate.

The Ontario region of CSC is comprised of 11 unique and to some extent, autonomous institutions. To develop a comprehensive regional plan that would be appropriate, acceptable and realistic we determined that in addition to our survey of inmate program needs, another level of needs assessment was required.

Thus the opinions and advice of key program and administrative staff regarding a) the adequacy of existing substance abuse treatment programs; b) gaps in existing programming; c) procedures for optimizing the acceptance of new programs by CSC staff and inmates; and d) potential roadblocks to program implementation were sought.

Methodology

Target Group:

Members of the Offender Alcohol & Drug Project Steering Committee were asked to identify the key administrative and program staff in their home institution whom they felt should be included in the study. Six positions were identified as primary targets for inclusion in the survey.

These were:

1) Assistant warden socialization

2) Assistant warden health care

3) Warden/superintendants

4) Supervisor of classification/Head Living Unit Officer

5) Co-ordinators of inmate programmes

6) Regional manager offender programs

In addition to these intial primary targets, additional names were added to the sample list on the recommendation of these indivduals. In the end, a total of 59 administrative and program staff in the nine Ontario region institutions were surveyed. A list of these indivduals can be found in Appendix C of the Phase II: Interim Report.

Survey Instrument: In consultation with the Steering Committee, it was determined that a semi-structured interview would provide the optimal format for data collection. A draft instrument was developed and piloted with members of the steering committee. Feedback from the pilot study resulted in the development of a brief semi-structured interview format, requiring approximately 30 minutes for completion (Appendix D: Phase II Interim Report). In order to maximize the reliability of the information obtained an experienced interviewer was hired to conduct all interviews in all institutions. Each CSC staff member targetted for inclusion in the survey was sent a letter of introduction in which the purpose of the survey was described (Appendix E: Phase II Interim Report). In addition each staff member was provided with an outline of the questions, in order that they could anticipate questions hopefully reducing the demands of their time to a minimum. Whenever possible interviews were conducted in person. Whenthis proved impractical telephone interviews were held instead. The survey was conducted in the period November, 1984 - March, 1985.

Results

REGIONAL INSTITUTIONS COMBINED

The following is a summary of the results of interviews conducted with 59 individuals in the regional institutions. Because one staff member provided interview data for two institutions, the number of respondents is considered to be 60. One of the 59 individuals interviewed was an inmate in one of the minimum security camps; when his data are not included in the discussion the respondents are explicitly referred to as staff or CSC employees.

Given the wide variety of positions held by the staff consulted for this study (see Table 1) it is not surprising that some respondents were unable to comment on all of the questions raised. Therefore, the results for some of the categories are based on fewer than 60 responses. In addition, staff responses varied as a function of their support for, or opposition to, the introduction of new alcohol and drug programs in their institutions. For example, some who did not support the development of new programs, nevertheless, provided recommendations in the event that new projects were undertaken; others did not. In these instances the number of responses on which summaries are based is clearly indicated.

It should also be noted that the interview format used was of a semi-structured nature. As the interview protocol suggests, numerous open-ended questions were directed at respondents and their comments were formulated without the benefit of interviewer-presented choices. This is an important aspect of the results when the frequency of numerous comments and recommendations is considered.

Extent and Significance of Problem:

Fifty-five staff interviewed provided estimates of the percentage of inmates in their institutions who were thought to have alcohol or drug

STAFF INTERVIEWS

TABLE 1 Positions held by the staff interviewed in the nine regional institutions surveyed.

Number of respondents	Position
5	Warden
3	Superintendant
5	A/W of Social Development
5	Head of Social Development
4	A/W, Coordinator, of Inmate Programs
9	Psychologist
3	Supervisor of Classification
6	Case Management Officer/Classification Officer
6	A/W, Head, of Health Care
4	Head Living Unit Officer
1	A/W Education & Employment
1	A/W of Administration
3	Head of Security
2	Chaplain
1	Contract consultant
1	Inmate
59	TOTAL

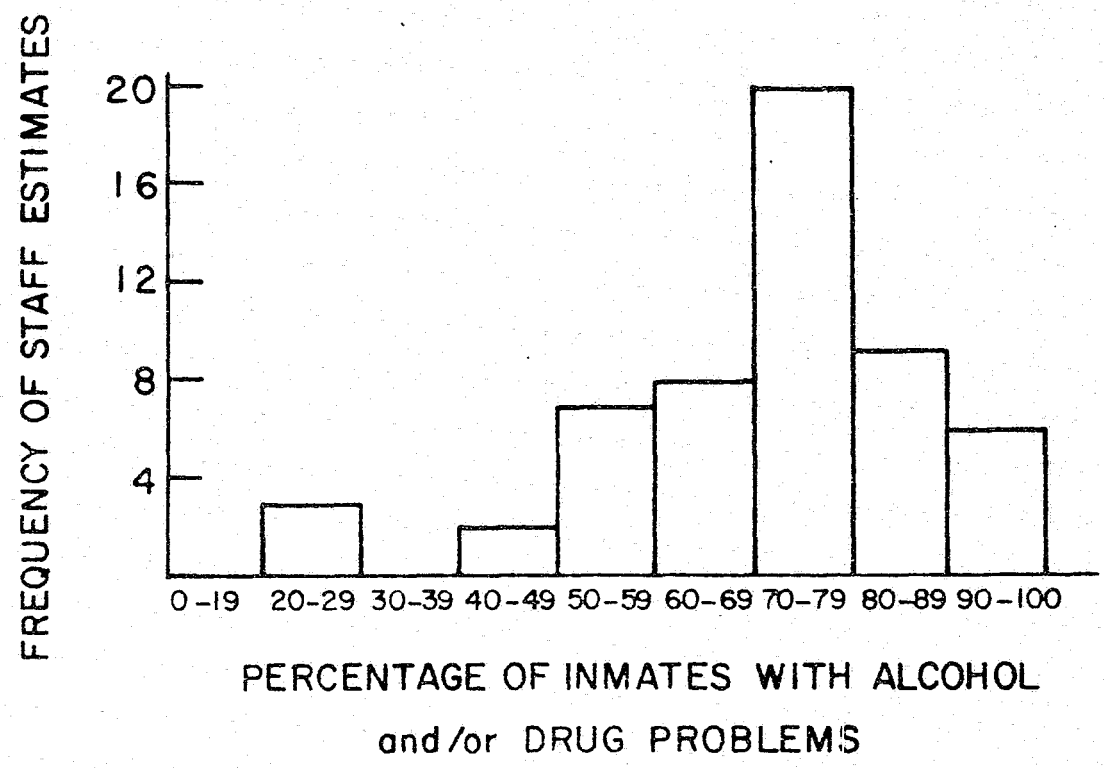


Figure 1. The frequency of staff estimates of the percentage of inmates with substance abuse problems in the nine regional institutions.

abuse problems. Because so few respondents were able to break down the proportion of substance abusers into drugs-alone, alcohol-alone, or mixed substance abuse categories only "alcohol and/or drug" estimates are reported. It should be noted that estimates concerning the extent of the problem were based on a variety of sources of information. For example, some estimates reflected perceived substance abuse in the particular segment of the inmate population with which staff had greatest contact (e.g., all employed inmates in one case); while others were based on more representative and reliable sources of information, such as figures extracted from a survey of inmate files. Given these disparate data bases, considerable variability among estimates is to be expected; nevertheless, offender drug and alcohol abuse was clearly perceived as a widespread problem in the institutions surveyed. Individual staff estimates of alcohol and/or drug problems among inmates ranged from 20% to 100%, however, the majority of staff (64%) determined that 70% or more of inmates have substance abuse problems. A more detailed presentation of the distribution of estimates is available in Figure 1. The mean estimates for individual institutions ranged from 56% to 76%, with a grand mean of 69%. The range of estimates for each institution, and the means for each institution, are presented in Table 2. Staff in most institutions suggested that the number of inmates who abuse only alcohol exceeded those who abuse only drugs, however, younger inmates (under 30 years) were considered most likely to mix both alcohol and street drugs.

All, but one, of the 60 respondents stated that treatment for these problems was important for successful rehabilitation. Although staff offered several reasons, the most frequently identified basis for this belief was the association between drug abuse and criminal activity. Sixty-eight percent of the staff felt that a significant proportion of

TABLE 2. The range and mean estimates of percentage of inmates with substance abuse problems in the institutions surveyed.

Institution	Range	Mean
Warkworth	50 - 95%	72%
Collins Bay	64 - 100%	76%
Frontenac	40 - 85%	62%
Kingston Penitentiary	20 - 100%	68%
Joyceville	50 - 95%	75%
Pittsburgh	50 - 90%	75%
Prison for Women	40 - 85%	70%
Millhaven	25 - 95%	56%
Bath	50 - 75%	64%
Combined	20 - 100%	69%

crimes were committed while "under the influence", or in an attempt to support a drug habit. Twenty-two percent of the staff also believed that without treatment ex-offenders were likely to return to former drug associates, criminal subcultures, and destructive lifestyles. Treatment was also deemed important to rehabilitation by 30% of the staff because continuing substance abuse disrupted the functioning of the correctional facility and contributed to institutional violence. Finally, 8% of the respondents simply stated that they felt that the CSC has a responsibility to provide access to treatment services, without further elaboration. Not surprisingly, then, 57 of the 60 respondents indicated that treatment should ideally be offered both during incarceration and following release; three of the staff expressed a preference for post-release treatment.

Existing Resources:

In addition to individual counselling, the regional institutions currently provide one, or more, of the following services for substance abusers: alcohol and drug education programs, either in the institution (5 currently operating and 1 proposed), or in the local community (4); treatment programs (1 established and 1 proposed); and Alcholics Anonymous (AA) groups, in the institution (8), as well as alcohol discussion groups (3), or AA groups in the local community (4). All inmates in this region presently have access to an AA group; however, one institution does not have an alcohol and drug education program and seven of the nine prisons are without treatment programs. The availability of each of these services to inmates in each institution is summarized in Table 3.

Evaluation of Existing Resources:

All staff were initially informed of the nature of the resources in their institution and asked to evaluate the adequacy of each in terms of

TABLE 3. Alcohol and drug resources currrently available in the regional institutions

Resource	Institutions									
	W.I.	C.B.I.	F.I.	K.P.	J.I.	P.I.	P.F.W.	M.I.	B.I.	TOTAL
Al/Drug Education										
inside	Y	Y	Y*		Y		Y	Y		6
outside			Y		Y	Y			Y	4
Treatment			Y*	Y						2
AA Groups										
inside	Y	Y	Y	Y	Y		Y	Y	Y	8
outside			Y		Y	Y	Y			4
Alcohol Discussion Groups	Y			Y				Y	Y	4

*Proposed Programs

its scope (i.e. the ability to accomodate the number of inmates requesting involvement); the intensity (i.e. the number of hours per week and duration of program); and the range of services (or kinds of programs) provided by the institution.

The evaluations of each of these dimensions varied somewhat according to the institution in question; however, for the entire region the scope of existing resources was considered inadequate by 50% of the respondents. These staff reportedly based their assessments on direct, or indirect, knowledge of waiting lists (40%). In most instances the number of AA groups was considered sufficient and the inadequacies were associated with educational or treatment programs. However, in at least one institution (i.e. Kingston Penitentiary) waiting lists must be compiled for AA groups; and in the Prison For Women, it was felt that this resulted in refused requests, and in one prison it was felt that a greater choice among AA groups should be made available to inmates. Thirty-three percent of the respondents felt that the scope of resources was adequate and the remaining 17% did not feel that they were in a position to determine the adequacy of scope.

It was difficult for staff to assess the adequacy of the number of contact hours provided by current services and 55% responded that they did not know if existing services were sufficiently intensive. A further 25% did not believe that the frequency or duration of contact was adequate, and 10% suggested that this was due to limited staff time and resources. Of the 20% who felt that the intensity of programming was satisfactory, 5% suggested that an increase in intensity would result in inmates leaving the program.

When the types of services available to substance abusers were evaluted, only 10% of the staff reported satisfaction with existing

programs. Although 17% were uncertain, 73% indicated that significant gaps in treatment services existed in their institutions, and 75% of the staff indicated that they would like to see additional alcohol and drug programming. Fifteen percent did not support new programs and 10% were uncertain. Those opposed to the development of new programs suggested that current programs were adequate; that programs have not been shown to be sufficiently efficacious; or that it was too difficult to implement and run programs in their particular institutions. A summary of the evalution of resources for each institution is available in Table 4.

Recommendations for Programs:

In addition to requests for more psychological staff in four institutions, a total of eleven new types of programs, or services, were suggested. Unspecified treatment programs were proposed most frequently, that is, by 55% of the staff. Many of the remaining ten types of programs described can easily be construed as components of treatment programs, but they are listed individually in order to reflect the specific concerns of the staff. Ordered according to the frequency with which they were proposed, the kinds of programs seen as necessary were: a self-help group for drug abusers, such as Narcotic Anonymous; a follow-up program designed to monitor the effectiveness of treatment both inside and outside the institution; a follow-up program aimed at providing continuity of services from the institution to the street (e.g. perhaps including resource directories); a pre-release, relapse prevention program; a separate treatment service which recognizes the special needs of native inmates; a prevention program for newcomers; a treatment program for Protective Custody inmates; a separate living/treatment service which recognizes the special needs of black inmates; and treatment program for low functioning

TABLE 4. Staff evaluations of the adequacy of the scope, intensity, and range of the existing alcohol and drug services in the nine institutions surveyed.

	Institution	W.I.	C.B.I.	F.I.	K.P.	J.I.	P.I.	P.F.W.	M.I.	B.I.	TOTAL
SCOPE	Yes	0	1	1	3	4	1	6	4	0	20
	No	9	2	1	4	2	4	3	0	5	30
	D/K	0	4	1	0	0	1	1	2	1	10
INTENSITY	Yes	2	0	1	3	1	3	0	3	0	12
	No	5	2	1	0	1	1	1	0	4	15
	D/K	2	5	1	4	4	3	9	3	2	33
RANGE	Yes	0	1	1	2	1	0	1	0	0	6
	No	9	6	0	4	4	5	8	3	5	44
	D/K	0	0	2	1	1	1	1	3	1	10

inmates. Only staff from two institutions suggested less than two new programs: the average number of different programs proposed for the remaining seven institutions was approximately five. The most frequently suggested approach was a structured, behavioral model (27%), followed by a life skills format (20%). Fifteen percent of the staff recommended a multifaceted program which would teach anger control and stress management techniques, as well as basic life skills, such as time management and budgeting. Finally, a self-help format was proposed by 3% of the respondents. The needs identified for each institution are summarized in Table 5.

It was understandably difficult for most staff to describe a suitable number of hours per week, or duration of treatment programs and of the 55 staff who responded, the proportion of "don't know" responses for these two categories was 40% and 69%, respectively. The suggested number of hours per week ranged from 2-3 to 30, with the latter preferred by the greatest number of staff (26%). Related to the 30-hour proposal was the recommendation, by 32% of staff, that treatment programs be considered job placements or courses run by the schools. There was little agreement concerning program length either across institutions, or within institutions. The most frequently proposed duration, 6 to 8 weeks, was advocated by only 11% of the respondents. Staff in four institutions (Bath, Warkworth, Pittsburgh and Frontenac) indicated that the short length of stay would severely limit the length of treatment programs. Specific estimates of the length of stay are discussed in the section: INDIVIDUAL INSTITUTIONS.

Seventy percent of those who discussed future programs advised that they be held during working hours, but many (34%) were concerned that this would create problems with work placements. For example, some

TABLE 5. Frequency of staff recommendations for various new alcohol and drug programs for each institution.

Program Description	Institution									
	W.I.	C.B.I.	F.I.	K.P.	J.I.	P.I.	P.F.W.	M.I.	B.I.	TOTAL
treatment program	7	6	0	0	3	5	4	3	5	33
pre-release, relapse prevention program	2	0	0	1	1	0	5	0	0	9
Narcotics Anonymous or self-help drug group	2	1	0	0	0	2	2	0	0	7
follow-up program inside, on street, to monitor effectiveness of treatment	6	0	0	2	0	0	1	1	0	10
follow-up program for continuity of services to street (facilitate contacts, etc.)	6	1	0	1	1	1	5	0	0	15
separate treatment group for natives	1	0	0	0	0	0	4	0	3	8
educational program	0	0	0	1	0	1	0	0	0	2
separate living unit for treatment	0	0	0	0	0	1	4	0	1	6
separate treatment for black inmates	0	0	0	0	0	0	0	0	3	3
prevention program for newcomers	1	1	0	1	1	0	2	0	0	6
treatment for PC inmates	0	0	0	3	0	0	1	0	0	4
treatment group for low functioning inmates	0	1	0	0	0	0	0	0	0	1
TOTAL	25	10	0	9	6	10	28	4	12	104

institutions, particularly the minimum security camps, require high inmate employment rates in order to maintain the institution and honour outside contracts. In some cases, even the loss of 10 workers was considered problematic. In other instances, it was feared that job supervisors would object to inmates leaving the worksite to attend treatment sessions and, hence, discourage or subtely punish inmates seeking treatment.

If treatment programs were run during working hours, 75% of the staff felt that inmates should continue to receive wages. The majority advised that the pre-enrollment pay level be maintained during treatment and that wages not be reduced to Level I or II. However, it was pointed out on two occasions that there is a possibility that treatment staff could lose control over the content of the program, or group constitution, if treatment is considered a school program and inmates are paid.

Given that a fee is charged for some community treatment programs, not covered by health insurance plans, staff were asked to discuss the suitability of this procedure within correctional facilities. Although 14% had mixed feelings about this proposal, 65% opposed payment for treatment. Several staff commented that imposing a fee would, essentially, punish offenders seeking treatment, given the minimal financial resources of some inmates. On the other hand, those favouring payment suggested that such a strategy would discourage participation by inmates who are not sincerely motivated to change.

Given the extent of the alcohol and drug problem among federal offenders, staff were asked to indicate which inmates should be given priority for program entry. Most felt that several factors should be considered when determining eligibility; for example, the severity of the problem as well as proximity to release. Inmate characteristics deemed to be important when selecting treatment candidates, listed from the most to

least frequently identified included: a high degree of motivation (51% of staff); the degree of inmate need, that is, the severity of the problem (43%); and proximity to release (41%). A mix of newcomers and those near the end of their sentences was advised by 23% of staff and some suggested that a mixture of older and younger inmates would result in a more stable group. Those inmates who abuse alcohol and drugs inside the institution were considered to be high priority candidates by 8% of the respondents. Nearly half of the staff suggested that classification officers and psychologists pre-screen for treatment eligibility, while leaving the final selection of candidates to the treatment staff.

Estimates of Inmate Participation:

Staff opinion concerning the percentage of alcohol and drug abusers who would actually take advantage of a new treatment service was mixed. Of the 46 individuals who offered an estimate, one-half believed that 40% or more of inmates would participate. Very few staff expected the participant rate to be lower than 25% (10 staff) or greater than 75% (8 staff). Nine respondents expected poor inmate attendance to be a significant problem in five institutions and some attributed this to the "inmate code" which discourages fraternizing with staff and supporting institutional programs. However, most staff who were unwilling to speculate on inmate interst (19%), believed that participant rates would vary as a direct function of the quality and nature of the new service.

Although 12 staff believed that a high quality treatment service would ensure high rates of participation, a variety of strategies to increase inmate involvement were proposed. Only 12 staff believed that incentives should not be used to encourage inmate participation and seven explicitly stated that any incentives available should be utilized to bring inmates to

treatment, even if the intial reasons for attending do not include a desire to change substance abuse patterns. The most frequently suggested strategy was to make National Parole Board recommendations, regarding pass programs and early release, conditional upon attendance or progress in treatment. The need to involve, and advertise through, inmate representatives (e.g. Inmate Committees) and inmate groups (e.g. John Howard Society) was stressed. In addition, working closely with CSC staff, particularly those who have daily contact with inmates (e.g. living unit officers), when designing and implementing a new program was seen as crucial to its success. Some staff suggested that greater credibility would be accorded a group led by staff who, themselves, have a history of alcohol or drug abuse. Program leaders were also advised to consider the timing of evening programs, as it may be difficult to compete with a popular leisure activity. Offering daytime programs was seen as a way of avoiding such program conflicts. In addition to the above recommendation, it was proposed that programs be advertised to inmates through all existing communication channels, including information bulletins, videotaped messages, bulletin boards, etc.

Problems with Implementation of New Programs:

A host of difficulties were forseen in most institutions when the actual implementation of new alcohol and drug programs was considered. The limited space available for programming was viewed as a problem, in varying degrees, by some staff in all nine institutions. The workload of current CSC staff was seen as a barrier to extending services (e.g. increasing the frequency of established programs), supervising new evening programs, and conducting new daytime programs, for all institutions. The use of outside contract workers (as suggested by 10 staff) for new programs would only partially resolve this difficulty and 27% of the respondents reported that

their institutions lacked the resources to finance contracts or purchase equipment and materials.

Security-related problems were anticipated by 10% of the staff interviewed. Some expected that treatment groups would lead to increased tension among group members; others point out that any additional movement of inmates compounds security problems. An additional 5% of staff expected that administrative problems would be encountered in the form of conflict between departments (e.g. Security and Social Development), a slow-moving bureaucratic process, or negative staff attitudes toward treatment programs. It was suggested that any of these difficulties could severely undermine the establishment of new treatment services. In addition to the conflicts with job placements, mentioned earlier, 12% of the staff alluded to potential conflicts with recreational programs if treatment was offered during leisure hours. Some indicated that participation would be minimal if treatment groups were conducted while popular leisure activities were being offered. Although some staff felt that this would have the beneficial effect of screening out insincere inmates, others were concerned that inmates would, in effect, be punished for seeking treatment.

Additional Recommendations:

The staff interviewed indicated that the success of any new programs would, in part, be determined by attention to the following factors. The characteristics and training of individuals employed to conduct the treatment groups were considered crucial to one-third of the staff surveyed. Previous negative experiences with contract workers who were unfamiliar with inmate populations, or security institutions, prompted suggestions that particularly skilled and experienced treatment staff be employed. Prior experience with offenders was not considered essential for most respondents; however, a one or two-day orientation program (perhaps

provided by the Staff Training College) was strongly recommended. The need to address, in advance, the details of implementation for a new program was expressed by 10% of staff. They reiterated their concerns about prison-naive employees who may be unaware of the difficulties that correctional staff encounter when making apparently simple requests (e.g. that coffee be available for group members). Related to this necessary attention to detail was the recommendation that institutional staff be thoroughly informed of, if not involved in, the design and introduction of new programs.

Finally, alcohol abuse among CSC employees was discussed by staff in two institutions. These staff were concerned that their collegues with substance abuse problems would, perhaps inadvertently, undermine new treatment programs for inmates. In spite of the recent introduction of Employee Assistance Programs in most institutions, it was suggested that all CSC staff be exposed to an alcohol and drug education program.

Other Considerations:

Discussions of alcohol and drug programming for particular institutions generated suggestions for a regional approach to the offender substance abuse problem. Nine staff members indicated that individual facilities would require strong support from Regional Headquarters; not only for money and resources, but also to establish the credibility of alcohol and drug programs with both offenders and staff. Some staff also reported that it has been difficult for them to remain enthusiastic about a program, and devote time to its expansion or upgrading, when budgets for the programs are threatened annually. In addition, it was suggested that both inmates and non-treatment staff would be more likely to promote treatment programs for substance abuse if they were viewed as an established, ongoing aspect of institutional life. To this end, three

staff members advocated the development of a "core" of substance abuse specialists within each institution to either coordinate, or conduct, treatment programs. Again, it was felt that this approach would prove successful only if Regional Headquarters acknowledged the need for such expertise and offered concrete support to these employees; for example, by providing the time and resources necessary to upgrade their skills.

The perceived inadequacy of inter-institutional communication was described by three staff members. It was suggested that an increase in the exchange of information and ideas would not only prove useful for placement purposes but would also facilitate the continuity of services from institutions to the community.

In addition to inter-institutional communication, the interviewer encountered evidence of problems with intra-institutional communication concerning alcohol and drug resources. Some staff in key positions were not aware of the types of services offered to inmates in their own institutions and many were not familiar with the frequency, duration, or content of these programs.

INDIVIDUAL INSTITUTIONS

Warkworth Institution:

The nine staff interviewed all reported that substance abuse was a problem for a significant proportion of the 560 inmates housed in Warkworth Institution. Percentage estimates ranged from 50% to 95%, with a mean rating of 72%. A higher proportion of inmates were thought to have problems with alcohol, as opposed to drugs, by 5 staff; however, almost as many believed that younger inmates tended to mix alcohol and street drugs.

The personnel interviewed were unanimous in their belief that treatment for alcohol and drug abuse was necessary for successful

adjustment to the street and that treatment should be provided both during incarceration and following release. Most respondents (78%) felt that the majority of crimes were committed as a direct, or indirect, result of substance abuse. Forty-four percent feared that without treatment ex-inmates run a high risk of returning to a drug-related, criminal subculture or to a destructive lifestyle which interferes, for example, with employment. In addition, disruptions within the institution, including institutional violence, were attributed to drug abuse by 44% of the staff surveyed.

At the time of this study, Warkworth Institution offered an alcohol and drug education program, an AA group, and an AA discussion group. When asked to evaluate the scope of the existing resources all staff indicated that the capability of the education program to accomodate inmate requests was limited. Waiting lists and refusals of inmate requests were cited as evidence of this inadequacy. The AA group at Warkworth is not limited by numbers; therefore, the need for additional groups was not identified. The adequacy of the intensity, that is the number of contact hours and duration of programs, was deemed adequate by only two respondents and limited staff time, space, and resources were identified as barriers to increasing the intensity of these programs.

The need to consider new treatment services to address inmate substance abuse was expressed by all respondents and among the seven new types of programs suggested, 78% specifically recommended that a treatment program be developed. Four staff advocated a multi-faceted treatment program, which would incorporate components such as stress management, temper control, etc. and two recommended a structured, behavioral program. A variety of other types of resources were suggested; including, a follow-up program to provide continuity in services available in the institution and in the community (67%); a follow-up program designed to evaluate the

effectiveness of treatment both inside, and outside, the institution (67%); a pre-release, relapse prevention program (22%); a self-help group, such as Narcotics Anonymous, for drug users (22%); a separate treatment service, or a support group, for native inmates (11%); and a prevention program for newcomers to the institution (11%). All but one of the respondents described the need for two or more of these programs.

The suggested frequency and duration of these programs ranged from 2 to 3 hours per week for 8 to 10 weeks, to full-time daily programs running for 6 to 8 weeks. There was no clear consensus among staff concerning the ideal intensity for new groups and many indicated that such decisions should be based on the results of available research. Over one half of the staff surveyed recommended that any new programs be scheduled during working hours (56%) and an additional two staff members felt that this was desirable only if the program required full-time attendance. Problems with job placements, the attitudes of job supervisors, and the need of the institution to meet contract objectives were cited as potential difficulties for daytime programs. Eight of the nine staff felt that inmates should receive wages for program participation; however, opinion was divided concerning the level of pay which seemed appropriate, with equal numbers advocating a drop to Level I or II and maintenance of their pre-treatment pay level.

Fifty-six percent of the staff felt that both newcomers and those close to the end of their sentences should be given priority for admission to new treatment programs. One staff proposed that a pre-release "refresher" course also be available to those inmates who received treatment early in their sentence. A high degree of motivation to change, particularly if inmates were screened by C.O.'s or psychologists, was also considered important, and a basis for referral to a program for 67% of the

respondents.

Of those inmates who need treatment, only one staff member expected that less than 40% of inmates would participate; and most staff (56%) estimated that between 40% and 70% would participate in a new treatment program. Fifty-six percent of the Warkworth staff stressed the need to tie participation and progress in treatment to NPB recommendations for pass programs and early release; to establish the credibility of a new program with full-time staff, particularly those who work with inmates on a daily basis; and to advertise the program through all available channels. Involving inmate representatives in the designing and implementation of programs, whenever possible, and advertising through the Inmate Committee, or inmate groups such as the John Howard Society, were also suggested as means of generating inmate interest.

In spite of the considerable need expressed for new substance abuse programs, the staff interviewed anticipated numerous problems with the implementation of new programs. In order of frequency mentioned, these potential difficulties included: limited space (8 out of 9 staff), the need for supervision of evening programs (5 staff), limited staff time (3), conflicts with other programs (1), lack of money for contracts and resources (2), security problems (2), and the short length of stay for some inmates (1). A single estimate of the length of stay was about 3 months; however, this figure was considered an approximation and requires confirmation.

It was felt that some of the aforementioned difficulties could be avoided, or minimized, if new programming received strong support on a regional level and if program leaders were carefully selected. Prior experience with inmate populations, or a relatively intensive orientation to the institution was suggested by four staff. The development, within

Warkworth Institution, of a "core" of substance abuse specialists was also proposed to coordinate, if not undertake, new substance abuse programming. In this way communication among staff and inmates may be facilitated, resulting in increased visibility for treatment programs. Such a development may also encourage intra-regional communication, a problem identified by one Warkworth staff member. It was suggested that increased inter-institutional coordination might be beneficial for placement purposes, and may also facilitate the continuity of services from institution to the community.

Bath Institution:

Five staff and one inmate, who presently runs an inmate program (not related to substance abuse), were interviewed. All of these respondents felt that treatment for inmates who abuse alcohol and drugs was important to successful street adjustment and that services should be available during incarceration and following release. The proportion of the 80 Bath inmates thought to have alcohol and/or drug problems was approximately 64%, with staff estimates ranging from 50% to 75%. Four of the five staff felt that the CSC has a repsonsibility to provide treatment for these inmates, and that the relationship between drug abuse and crime, and destructive, post-release lifestyles were clear indications of the need for treatment services.

Bath inmates with alcohol problems currently have access to an institutional AA group and a less formal, self-help discussion group. Inmates may also attend a drug and alcohol education program in Kingston; however, a recent restructuring of the community program may interfere with inmate participation in the future. Although one respondent was uncertain, the remaining five indicated that waiting lists for these groups are common and that they are unable to accomodate all inmate requests. Similarly,

four of the staff regarded the intensity of these services as inadequate (two of the respondents were uncertain) and none felt that the types of services provided for substance abusers were adequate. In addition to the expressed need for an in-camp psychologist, it was strongly recommended, by five respondents, that Bath offer a treatment program for these inmates. Three staff also identified a need for separate treatment services, geared to the special needs of native and black inmates; and one staff member proposed that a separate living/treatment unit be established for substance abusers.

All staff (but not the inmate) suggested that treatment be offered on a full-time basis, during working hours, with inmates receiving the same wage during treatment as prior to entering treatment. Four of the staff opposed the notion of charging inmates a fee for treatment; and the single advocate suggested that fees be imposed initially and then refunded upon completion of the program. Bath employees were optimistic that a very high percentage of inmates in need of treatment would, in fact, attend a new program and all but one expected that over 75% of substance abusers would participate. It was recommended by all staff that referrals to a new program be made by C.O.'s and/or psychologists, and four believed that any volunteer who appears highly motivated should be considered for treatment. Proximity to release was an important criterion for determining priority for 3 staff members, but one recommended that newcomers also be considered. Although low inmate participation was not expected to be a problem, most staff suggestd that NPB recommendations be conditional upon involvement in treatment; that treatment be offered during working hours; and that staff be thoroughly informed as to the nature and goals of the program.

Unlike most other institutions, the short length of stay was seen as one of the few problems associated with the implementation of a new

program. The average length of stay at Bath was estimated at about six months; however, this is reported to vary and has been as low as 3 months within the past year. Although limited space was reported by one staff member, others have indicated that facilities can be found for both daytime and evening programs. The need for supervisory staff for evening programs, the problems created for the institution by removing inmates from their job placements, and the punitive attitudes of some staff towards inmates were each mentioned as potential difficulties; however, most staff were particularly optimistic that these problems could be resolved, and that none was insurmountable.

Again, support for new services at the regional level, the desirability of using contract staff, and importance of thoroughly informing full-time employees of the nature of the program were factors considered to be important.

Collins Bay Institution:

The seven Collins Bay personnel consulted estimated that between 64% and 100% of the approximately 455 inmates had problems with alcohol and/or drugs. The average estimate was 76% and most felt that alcohol abuse occurred at a higher frequency among this inmate population. All staff believed that treatment for these problems was important for rehabilitation and all, but one, felt that this should be provided both during incarceration and following release. Collins Bay staff considered treatment to be important because substance abuse: was related to criminal activity (according to 86% of staff); disrupted the functioning of the institution (71%); and was associated with destructive lifestyles on the street (57%). Although Collins Bay provides an in-house alcohol and drug education program and an AA group, only one staff member considered these resources to be adequate in terms of the number of inmates that can be

accommodated. Two staff felt that the scope was limited and referred to the, albeit short, waiting lists for the education program. The remaining three respondents were uncertain as to whether the requests for program entry have exceeded group capacity. The majority of staff (5/7) did not feel that they could evaluate the intensity of these resources and the remaining two stated that the intensity was inadequate. One of these respondents attributed this inadequacy to a lack of staff time; but the other feared that an increase in intensity would result in inmates leaving the programs. All but one of the Collins Bay staff reported deficiencies in the types of substance abuse resources available to inmates and, as a group, proposed four new types of programs. All six staff identified the need for a treatment program and several approaches to treatment were suggested, including a multifaceted program, a behavioral program, and a life skills approach. It should be noted that such approaches are not mutually exclusive. A request for each of the following types of programs was also made: a self-help group for drug abusers (e.g. Narcotics Anonymous); a follow-up program which would provide greater continuity between institutional and community services; a substance abuse prevention program directed at newcomers to the institution; and treatment services for low functioning inmates.

All respondents advocated that new programs take place during working hours; however, they were undecided as to how frequently group sessions should occur or for how long they should run. Suggested intensities of programming ranged from 2 to 3 hours per week for 6 to 8 weeks; half-time programs, for over two months; and full-time programs for an unspecified period of time. It was suggesteed by two staff members that a new program be considered a course offered by the school or as a job placement, subject to the same condition of employment as other jobs in Collins Bay. In this

regard, all staff felt that inmates enrolled in a substance abuse program should receive a daily wage, however, staff differed on the level considered appropriate for such a placement (i.e. Level I or II versus their pre-treatment pay level). Similarly, opinions differed concerning the suitability of a fee for treatment programs; however 57% did not support such a proposal. Eighty-six percent of the staff advised that the selection of program participants be based on inmate needs and 43% suggested inmate motivation as a crucial determinant. Although 43% felt that inmates nearing release should be given priority for treatment, 29% preferred a combination of newcomers and those close to release. It was suggested that C.O.'s and/or psychologists pre-screen treatment candidates (by 29% of staff) and that offenders who abuse alcohol and drugs in the institution be considered high priority (by 29%). When asked to estimate the participation rates for a new treatment program, three respondents expected that 25% or less of the inmate population requiring treatment would actually attend sessions; while three anticipated that over 40% would participate. Although one staff member was opposed to using incentives, one encouraged the use of all forms of incentives available at Collins Bay be used to increase participation. In addition, seventy-one percent proposed advertising through the Inmate Committee, or other inmate groups, holding treatment programs during working hours; and making pass programs and early release contingent on program participation.

Several problems were anticipated when the implementation of treatment program was discussed, including limited space, the need for evening supervisory staff, conflicts with leisure activities, and security problems created by additional daytime movement of inmates. Five of the seven staff emphasized the need for skilled program leaders who were either familiar

with inmate populations or have received a relatively intensive orientation program. The need to carefully attend to details of implementation prior to introducing the program and the necessity of regional support were both identified by Collins Bay staff as important to the success of new programming.

Frontenac Institution:

Two full-time Frontenac staff, and one Collins Bay employee, were asked to provide information concerning Frontenac Institution and the very small sample size should be considered when considering the following results. The two staff who offered estimates concerning the extent of the substance abuse problem among the approximately 130 Frontenac inmates suggested that between 40% and 85% of the inmates have drug and/or alcohol problems; the mean estimate was 62% of offenders. One respondent suggested that, because Frontenac inmates tended to be somewhat younger than those in other institutions, a larger proportion of mixed-drug users characterize the population. All three staff indicated that treatment for drug and alcohol problems was important to rehabilitation given the associaton between substance abuse and criminal acts, destructive lifestyles on the street, and institutional violence. Frontenac inmates currently have access to AA groups both inside and outside the institution, and an alcohol and drug education program in the Kingston community. Two new programs are about to be introduced to the inmate population: an in-house alcohol and drug education program and treatment program. As a result, respondents found it difficult to evaluate existing resources and, in turn, the need for additional substance abuse programs. Judgements concerning the scope, intensity, and modalities (or range) of existing resources were mixed; with little correspondence among staff ratings, other than agreement that new programs should not be considered until the two new

services are implemented and evaluated. One Frontenac official did report, however, that insufficient resources for individual counselling exist and indicated a need for psychology staff within the institution.

When considering criteria for program entry, proximity to release was identified as the most important criterion; however, the level of motivation and inmate need were both cited as factors which should guide selection of program participants. Again, there was little agreement concerning daytime versus evening scheduling and opinion was mixed on the questions of inmate wages and program fees. The short length of stay (about 3 months) and limited space, staff time and resources were all seen as potential problems for the implementation of new programs. Should additional treatment resources be considered, however, Frontenac staff indicated that regional support, the selection of program leaders, and the involvement of Frontenac staff in the establishment of programs were important issues that needed to be addressed.

Kingston Penitentiary:

The seven Kingston Penitentiary staff interviewed all considered treatment for alcohol and drug abuse important to inmate rehabilitation and believed that it should be available both during incarceration and following release. The most frequently identified reason for offering treatment was the perceived relationship between crime and substance abuse; however, institutional violence and destructive lifestyles on the street were discussed by several staff members.

Kingston Penitentiary appears to offer the widest range of alcohol and drug programming for inmates in this region. In addition to AA and self-help discussion groups, an intensive drug and alcohol dependency treatment program is available. An attempt is also underway to establish a substance abuse resource library, for use by all area correctional facilities,

however, funds are not yet available. Unfortunately, the demand for program entry was reported by four staff members as having exceeded the available number of spaces for all substance abuse programs, including the AA groups. The intensity of the programs offered was reported to be adequate by three staff; and the remaining four were not able to evaluate this dimension of the programs.

In spite of the relatively comprehensive services provided, 57% of the respondents identified gaps in the provision of treatment services and reported a need for: a prevention program designed for newcomers, a program for protective custody inmates, a pre-release relapse prevention program, a follow-up program which would provide continuity between services offered in the institution and in the community, and a follow-up program designed to monitor the efficacy of treatment on the street.

Although staff found it difficult to recommend optimal intensities for these new programs four, out of the five, approved of daytime programs. Conflicts with job placements were anticipated by several staff; however, most (57%) indicated that if treatment programs are scheduled during the day inmates should receive wages while they are in attendance. One respondent expressed mixed feelings about imposing a fee for treatment services but three others did not feel that it was appropriate to do so.

Of those three staff members who discussed the details of possible new programs, proximity to release was considered the most important criterion for determining eligibility for treatment. One respondent suggested that inmates who abuse alcohol and drugs in the institution should also be considered when psychologists and/or C.O.'s pre-screen referrals.

Staff estimates of the participation rate for a new treatment program varied considerably and ranged from less than 10% to over 75%. Most of the staff (57%) felt that inmate interest would vary according to the nature

and perceived efficacy of the program. One staff opposed the use of additional incentives to increase participation and two others did not feel that they would be necessary. The two remaining respondents suggested that treatment participation be mandatory for some offenders and that pass and release programs be contingent upon program completion. The need to advertise and establish credibility with inmate representation was also raised.

Numerous problems accompanied the prospect of introducing new programs into Kingston Penitentiary. Four staff each reported the following problems: the limited number of suitable locations in the institution for conducting groups and the current workload of the CSC staff. In addition, the lack of financial resources for equipment and contracts, the need for evening supervision of programs, and potential security problems were seen as interfering with the establishment of new programs. Suggested solutions for some of these difficulties included: ensuring that treatment staff work closely with Kingston Penitentiary employees, obtaining the support of Regional Headquarters for the program, and providing a good orientation program for treatment staff.

Prison for Women

Of the approximately 100 inmates at the Prison for Women, between 40% and 85% were judged to have difficulties with alcohol and/or drugs. The mean rating of the 10 staff interviewed was 70%; however, 40% of the estimates were as high as 85%. As in most of the other regional facilities, alcohol was judged to be the most frequently abused substance by Prison for Women inmates and the younger offenders were considered more likely to mix a variety of drugs. All staff believed that treatment for these difficulties should be accessible both during, and following, incarceration and 90% were convinced that substance abuse was a factor in

the offences of Prison for Women inmates. One staff member expressed fear that the inmates without treatment would return to drug-connected associates and destructive lifestyles which increase the likelihood of recidivism. Twenty percent of the respondents also discussed the difficulties resulting from abuse within the institution; including interference with other treatment-oriented activities.

One Prison for Women official doubted the efficacy of drug and alcohol treatment programs for offenders and, as a result, preferred that treatment be available outside of the institution.

Prison for Women inmates presently have access to an in-house AA group, a community-based AA group, and an institutional alcohol and drug education program. A treatment program is not available; however, the education program is reported to have become increeasingly treatment-oriented.

Sixty percent of the staff surveyed believed that the existing resources were capable of accommodating the number of inmates requesting participation. However, 30% disagreed and reported a need for more self-help groups in order to provide inmates with a greater variety of groups to choose from. Some inmates have complained that they are uncomfortable in the community AA group, which is largely composed of professionals. In addition, women who are interested in treatment will not attend the in-house AA group if particular segments of the inmate population (e.g. intimidating) dominate the group. A single staff member was able to evaluate the intensity of existing programs and concluded that the number of contact hours for the education program was inadequate and should be doubled. The remaining nine staff did not feel able to evaluate the intensity of programs, but one feared that an increase in the intensity of programs would increase the drop-out rate.

The range of drug and alcohol resources currently available were judged to be adequate by a single Prison for Women staff member, and another was unable to comment. The remaining 80% complained of significant gaps in the provision of services and described nine different types of programs which they felt were needed. Recommended services, with the number of staff endorsing them in brackets, were: a treatment program (4), a pre-release, relapse prevention program, (5), a program designed to increase access to community resources upon release (5), separate services designed specifically for native inmates (4), a self-help group for drug users (2), a prevention program for newcomers (2), a follow-up program to access the efficacy of treatment both in the institution and on the street (1), and services for protective custody inmates (1). Four staff also indicated that a separate treatment/living unit for substance abusers would be ideal, and one suggested that this unit be located outside of the Prison for Women.

Most frequently recommended was a highly structured, behavioral approach for a treatment program and two staff recommended a multifaceted program incorporating a variety of components such as stress management and anger control. A life skills approach, or life skills component, in which parenting issues, for example, would be addressed was also suggested by three staff.

Of the nine staff who considered the implementation of new programs, all indicated that programs should run during working hours and that inmates should receive pay while they participate. It was not recommended that pay levels be reduced to Levels I or II, by 60% of the staff, and one novel suggestion was to start inmates at lower pay levels and offer increments according to progress in treatment. A single respondent supported the notion of charging a fee for treatment services.

It was recommended that proximity to release (by 5 staff) and inmate needs (by 5 staff) guide referrals to treatment programs. Age-mixed groups and the level of inmate motivation were each considered important for two staff members.

Estimates of inmate interest in participating in new programs varied considerably, and ranged from less than 25% to 70%. Six of the estimates were fairly evenly distributed over this range and three of the staff believed that participation rates would vary as a function of the program. All but two of the staff questioned generated a variety of methods designed to increase, or ensure, high inmate participation rates and most staff (50%) believed that any incentives available should be used to encourage attendance. Daytime programs and the involvement of inmate representatives (i.e. inmate committee) in planning were most frequently suggested. Furthermore, thoroughly briefing Prison for Women staff who have daily contact with inmates, advertising widely within the institution, and tying National Parole Board recommendations to treatment participation were proposed.

The success of new programs, in general, in Prison for Women was considered to be contingent on several additional factors; including the degree of regional support for the programs. Increased awareness of both institutional and community resources was seen as important and perhaps encouraged by greater communication among regional correctional facilities. It was also suggested that small groups of drug and alcohol specialists be established within the institution. These staff also indicated that the probability of success for a particular program would be enhanced if the details concerning implementation were addressed well in advance and if contract workers were employed to conduct the programs. Thirty percent of the staff stressed the need to select program leaders carefully and provide

a good orientation program. Our respondent emphasized the unique nature of Prison for Women inmates and recommended that the selection of program leaders be based, in part, on their awareness of the relationship between female substance abuse and social conditions particular to women.

Joyceville Institution:

Four of the six staff contacted at Joyceville estimated that between 50% and 95% of the 512 inmates experienced problems with alcohol and/or drugs. The mean estimate was 75%. As in other institutions, alcohol problems were thought to predominate, except among young offenders where mixed problems were more prevalent.

All staff believed that treatment should be available during, and following, incarceration and reported that such treatment is important for successful readjustment to the community. The relationship between substance abuse and crime was raised by all individuals interviewed and one staff member associated institutional violence with drug and alcohol problems. Joyceville presently offers both institutional and community-based AA groups and alcohol and drug education programs for offenders. Only two complaints of limited program capacities were encountered and the remaining staff indicated satisfaction with the scope of the Joyceville resources. Most were not able to judge the adequacy of the intensity of the programs; however, only one respondent felt that the kinds of services offered were sufficient. The other five recommended additional drug and alcohol programming; specifically: a treatment program (suggested by three staff), a pre-release relapse prevention program (1 staff), a follow-up program to assist offenders in locating and contacting community services (1 staff), and a prevention program for newcomers (1 staff). Again, the

respondents did not specify preferred intensities for these programs, but four of the six advocated daytime programs wherein inmates received wages while involved in treatment. Fifty percent of the respondents recommended that treatment programs be designated job placements or school programs. Response to the question of inmates paying a fee for treatment programs was mixed: two in favour and two uncertain.

Inmate need was the criterion most often suggested as the basis for selecting inmates for program entry (67% of staff), followed by the level of inmate motivation (50%),; and proximity to release (30%). The level of inmate participation was generally expected to be low: 67% of the respondents anticipated that fewer than 40% of inmates in need of treatment would use a new treatment service. Strategies for increasing the participation rates in Joyceville included: offering daytime programs, tying national parole board recommendation to involvement in treatment, advertising through Inmate Committees and inmate groups, involving staff who have regular contact with inmates, and advertising widely throughout the institution.

The introduction of new programs was expected to pose numerous problems. The most frequently identified (by 5 staff) was the lack of space, followed by the need for additional supervisory staff, demands on staff time, and lack of financial resources. One respondent raised the issue of security problems and another believed that conflicts with other programs may be problematic. None of these difficulties were reported to be insurmountable, however, and several suggestions were offered which would minimize the influence of these problems.

Pittsburgh Institution:

The six staff interviewed at Pittsburgh estimated that between 50% and 90% of the 80 inmates had alcohol and/or drug problems. The lower limit of

this range (50%) was a rather exceptional figure in that it was the only estimate below 75%, which is the mean of the six estimates. As in other correctional facilities surveyed, some staff from Pittsburgh indicated that alcohol problems were more prevalent than drug-only problems. All of the staff interviewed indicated that treatment was important to these inmates' rehabilitation and they described the role that substance abuse appears to play in criminal acts and institutional disruptions. Staff did not agree, however, on the question of when treatment should be provided and two staff expressed a preference for post-release treatment.

None of the drug and alcohol resources available to Pittsburgh inmates are provided within the institution; however, offenders can attend a drug and alcohol education program in the Kingston community and AA groups outside of the institution. Although considerable variability in staff evaluations of the intensity of these programs was obtained, 67% of staff expressed dissatisfaction with the scope of the resources. Each reported that the number of inmates requests for the education program far exceeded the number of spaces available for inmates. In addition, none of the respondents believed that the range of services available for substance abusers was adequate. In spite of the stated preference by two staff for post-release treatment, all six staff recommended the establishment of new programs for Pittsburgh inmates. In addition to the need for psychology staff, the programs suggested included: a treatment program (5 staff); an in-camp alcohol and drug education program; a self-help group for drug users (e.g. Narcotics Anonymous); and a program which would provide greater continuity in services from the institution to the community. A separate treatment/living unit for substance abusers was also proposed as an ideal way of providing treatment for offenders. Most staff (4) preferred a

structured, behavioral model on which to base a treatment program; however, life skills approaches were also seen as beneficial (by 3 staff).

Because Pittsburgh has been established as a work camp and the unemployment rate is very low, conflicts between institutional, versus inmate, needs were anticipated. Only two staff recommended running daytime programs and the conflict with job placements was raised by five respondents. It was generally felt that the duration of sessions, and treatment programs, should be determined by treatment staff. Pittsburgh staff were clearly opposed to inmates receiving wages and being required to pay a fee for treatment services. A range of criteria on which to base selection of inmates for treatment was generated, including: inmate need (50% of staff), degree of inmate motivation (50%), and proximity to release (30%). One respondent preferred a mixed group, or newcomers and those close to release.

Difficulty in attracting inmates to treatment programs was not anticipated and only two staff felt that fewer than 40% of inmates needing treatment would attend. The remaining four estimates suggested that between 40% and 70% of inmates would participate in treatment. Not surprisingly, additional incentives were not seen as necessary, or beneficial, by half of the staff interviewed. The only suggestion for improving participation rates was to consider employing treatment staff with personal knowledge of substance abuse problems; that is, an individual with a history of alcohol or drug problems.

It was felt that the general success of new programs could be enhanced, however, by carefully working out the details of implementation in conjunction with Pittsburgh staff. The short length of stay was a problem for all minimum security facilities, including Pittsburgh. The average stay was estimated to be 3 months: a factor clearly limiting program

schedules. Furthermore, limited staff time, financial resources and a suitable location for groups were seen as problems which needed to be addressed prior to implementing new programs.

Millhaven Institution:

The six estimates of alcohol and/or drug abuse among the 380 inmates housed in Millhaven ranged from 25% to 95%. Although the average of these estimates was 56%, this figure does not accurately describe the data as only one staff estimate was within the 50% range: the remaining five were either very low (at 25%) or very high (70% +). All staff interviewed believed that treatment was important for successful inmate rehabilitation and should be provided both during, and following, imprisonment. Criminal acts on the street and institutional disruptions and violence were each attributed to offender substance abuse by two staff members.

At the present time Millhaven inmates have access to an institutional AA group and an alcohol and drug education program. Most respondents believed that the existing services were capable of handling the volume of inmate requests for inclusion in the programs, although two were uncertain.

Similarly, one half of the respondents believed that the intensity of each of these resources was satisfactory, while the remainder were unsure. None of the staff at Millhaven judged the range of services to be adequate: three stated that the types of resources were inadequate and three were unable to evaluate this dimension. The need for a treatment program and a program designed to assess the effectiveness of treatment services were suggested by three, and one, staff member respectively.

However, not all Millhaven employees who identified gaps in treatment

services recommended that they be introduced into their institution. Three respondents did not know if new programs should be established, two recommended new programs and one opposed additions to existing services. Three of the staff commented that it was very difficult to run programs in Millhaven, given the security level, and three did not believe that treatment services were efficacious; therefore, for two staff the programs currently available were adequate.

Two of the five staff who considered the nature of possible new programs recommended that they be full-time programs, during working hours, with inmates receiving wages. An equal number of staff were opposed to daytime treatment programs and problems were expected with job placements and supervisors. There was also some concern that, if inmates were paid, treatment staff may lose control over the content of the program. A fee for treatment was considered appropriate by three staff and opposed by one. The degree of motivation to change substance abuse patterns was considered to be the single criterion for determining priority for program entry and three staff recommended that psychologists and/or C.M.O.'s pre-screen potential treatment candidates. It was also suggested by one staff that treatment groups be comprised of both younger and older inmates, whenever possible, to increase the stability of groups.

Many difficulties were anticipated if new programs were to be introduced to Millhaven, including: limited space for groups (raised by three staff), limited staff time (2 staff) and the need for supervision of evening programs (4 staff), security problems (1), the lack of financial resources for contracts and materials (2), and conflicts with existing programs (1). The sometimes conflicting priorities of security staff and programming staff was also raised as an issue to be addressed. Low inmate participation rates were also expected and all five staff providing

estimates placed the proportion of inmates who need, and would attend, treatment below 40%. Three of these employees stated that they opposed the use of additional incentives to encourage participation; however, advertising throughout the institution and with inmate representatives, was suggested as a means of increasing participation. The use of contract employees and staff with a personal history of alcohol or drug abuse were also seen by two staff as methods of lending credibility to a treatment program and engendering the confidence of inmates.

The development of successful new programs was not considered feasible without the support of regional headquarters, according to one staff member, and a thorough orientation of treatment staff to institutional life was considered essential.

Some concern was expressed regarding the alcohol problems of Millhaven staff. Although extent of the problem was not considered to be greater in Millhaven than in the other institutions, it was considered to be proportionally higher than that in the general population. Both treatment and education programs for staff were recommended to help alleviate this problem.

Summary

Our survey of 59 CSC staff, representing nine institutions in the Ontario Region, indicated a high degree of concensus among staff concerning (1) the prevalence of substance abuse problems among federal offenders and (2) the perceived need for additional treatment programs.

Specifically, the survey indicates the following key findings

- THE MAJORITY (64%) OF CSC STAFF SURVEYED ESTIMATE THAT ALMOST 70% OFF INCARCERATED FEDERAL OFFENDERS HAVE SUBSTANCE ABUSE PROBLEMS
- CSC STAFF BELIEVE THAT OVERALL A HIGHER PERCENTAGE OF INMATES ABUSE ALCOHOL THAN DRUGS
- YOUNGER INMATES ARE MORE LIKELY TO ABUSE ALCOHOL AND DRUGS
- 59% OF 60 CSC STAFF SURVEYED STATED THE BELIEF THAT TREATMENT FOR SUBSTANCE ABUSE PROBLEMS WAS IMPORTANT FOR SUCCESSFUL REHABILITATION
- 57 OF 60 CSC STAFF REPORTED THE BELIEF THAT TREATMENT SHOULD BE OFFERED BOTH DURING INCARCERATION AND FOLLOWING RELEASE
- 73% OF STAFF INDICATED THAT THERE WERE SIGNIFICANT GAPS IN EXISTING TREATMENT SERVICES IN THEIR INSTITUTION
- 75% OF STAFF REPORTED THE NEED FOR ADDITIONAL ALCOHOL ALCOHOL AND DRUG PROGRAMMES
- TREATMENT PROGRAMS RATHER THAN EDUCATIONAL OR SELF-HELP PROGRAMS WERE IDENTIFIED AS THE MOST URGENTLY REQUIRED RESOURCE BY CSC STAFF
- A STRUCTURAL BEHAVIOURAL PROGRAM AND LIFE SKILLS FORMAT WERE THE TREATMENT APPROACHES MOST FREQUENTLY ENDORSED BY CSC STAFF

- CSC STAFF INDICATED THE NEED FOR STRONG SUPPORT FROM RHQ IN ORDER FOR SUCCESSFUL IMPLEMENTATION OF NEW TREATMENT PROGRAMS
- TREATMENT PROGRAMS MUST BE VIEWED BY STAFF AS AN ESTABLISHED ONGOING ASPECT OF INSTITUTIONAL LIFE IF THEY ARE TO BE SUCCESSFUL
- WHEN PROGRAM BUDGETS ARE THREATENED ANNUALLY, PROGRAM CREDIBILITY IN THE EYES OF BOTH STAFF AND INMATES, IS SERIOUSLY UNDERMINED

Chapter 3

Inmate Treatment Needs Analysis: Inmate Survey

To this point we have described the need for substance abuse treatment programs from the perspective of the knowledgeable CSC "KEY INFORMANTS". The primary purpose of this chapter is to describe the methodology employed and the results observed in a survey of treatment needs as assessed from the perspective of incarcerated offenders. As discussed in the introduction, current conceptualizations of substance abuse suggest that there are multiple types of substance abusers amd substance abuse.

Ross and Lightfoot (1985) proposed a hypothetical classification system for offenders based upon "known" characteristics of offenders.

For the purposes of this project, in order to empirically develop such a classification system or inmate typology, it was first necessary to survey a large representative sample of offenders to obtain key demographic, social, cognitive and substance abuse data since no such comprehensive data base for Canadian offenders has to date been developed.

Methodology

Offender Assessment Battery

A comprehensive assessment battery was developed which included a structured interview format entitled "A Structured Addictions Assessment Interview for Selecting Treatment for Inmates" (ASIST-I). This instrument was partially based on a format developed by the Addiction Research Foundation (1984).

Use of the ASIST as the prototype had several distinct advantages. This instrument is currently being used by community-based Addictions/Assessment Referral Services which are being developed across Ontario. Thus assessment information obtained from inmates could be directly compared to data collected from non-incarcerated substance

abusers. As well, transfer of information from institutional programs to community programs could be greatly facilitated by the use of a similar assessment instrument.

The structured interview format consists of twelve subsections, each designed to elicit detailed information regarding the inmate's level of psycho-social functioning in the 6 months prior to incarceration with particular emphasis on the nature and severity of life problems and the relationship of alcohol and drug use to those problems. On the advice of institution psychologists, no attempt was made to obtain information about current alcohol/drug use by inmates. We were advised that any attempt to obtain this kind of information would have elicited suspicion from inmates and would therefore greatly reduce the number of available volunteers.

In addition to the structured interview, six brief self-report inventories were included in the assessment battery. These inventories were designed to measure key variables which could be predictive of differential treatment effectiveness. An outline of the assessment battery is provided in Table 6. (A complete version of the assessment instrument was provided in the Phase II interim report and will not therefore be reproduced here).

TABLE 6
Offender Assessment Battery

A. STRUCTURED INTERVIEW

"A Structured Addictions Assessment Interview for Selecting Treatment for Inmates (Based on ASIST, ARF, 1984)"

1. Basic information (social, demographic)
2. Education/Employment
3. Finances
4. Leisure
5. Accomodation, Marital/Family
6. Other social relationships
7. Alcohol use
8. Psychoactive drug use
9. Legal status
10. Health screening
11. Treatment history
12. Interviewer severity ratings

B. SUPPLEMENTARY TESTS

Measure	Test Name
Alcohol Dependence	1. Alcohol dependence scale
Drug abuse	2. Drug abuse screening test
Psychopathology	3. General health questionnaire
Authoritarianism	4. Opinion questionnaire
Intelligence	5. Shipley institute of living
Organicity	6. Trails A & B

Inmate Recruitment

A form letter describing the survey was distributed to all inmates (excluding those in segregation) in the nine targetted federal correctional institutions asking them to volunteer to participate in the survey. Inmates were advised that the primary purpose of the survey was to obtain information relevant to the development of new substance abuse treatment programs. Inmates were further advised that they need not have an alcohol or drug problem in order to participate in the study. Anonymity was guaranteed and inmates were asked to advise the institutional psychologist if they were willing to volunteer. A prison psychologist prescreened all volunteers to eliminate those with obvious psychiatric disorders, brain damage, subnormal IQ (< 85) and those who because of the nature of their crime or their institutional record were deemed to be possible "security risks". As a final precaution, lists of prescreened inmate volunteers were reviewed by a broadly based institutional committee, who deleted the names of any inmates they considered inappropriate for inclusion in the survey.

Selection and Training of Interviewers

A team of interviewers were elicited from applicants responding to an ad placed in the Department of Psychology. Preference in selection was given to applicants who were in a graduate program in Psychology, who had previous interviewing experience, and who had experience in working in a correctional setting or with correctional clients.

All interviewers participated in approximately 8 hours of training which included instruction in a) the administration and scoring of supplementary tests, b) conduct of structured interviews including interpretation and scoring of responses, c) guidelines for working with inmates in federal correctional institutions, and d) procedures for

obtaining informed consent from inmate volunteers.

Following this initial training, interviewers were oriented to the institution in which they would be working by the Prison Psychologist who also served as the institutional liaison for the study.

Results

Based upon the results of previous surveys conducted in federal institutions it was anticipated that a maximum sample size of 300 inmates, or 10% of the inmate population of interest, would volunteer to participate in the survey.

In the period September 1984 - February 1987 a total of 275 offender volunteers from nine Ontario Region institutions individually participated in a 2 - 3 hour assessment interview.

The inmate sample was compared on the basis of eight variables to Ontario region inmate population parameters as provided by the Analysis and Information Services, Policy, Planning and Systems Branch of Correctional Services Canada (December, 1984). These variables included age, marital status, language spoken, province of residence, length of sentence, time served and number of previous incarcerations and are summariazed in Table 7. The sample differed from the population on only two variables, marital status and language spoken. Although these differences were statistically significant, the size of the differences were small. The inmate sample included more separated and divorced inmates than did the population as a whole. Given that few significant differences were found between our sample and the inmate population of interest we therefore inferred that the obtained sample would provide an acceptably accurate estimate of the population parameters for Ontario region offenders in terms of self-reported alcohol and drug use. Because the obtained sample was small in some institutions the results will be reported as an aggregate for the nine institutions involved. However, detailed descriptive tables are provided separately for each institution in the Appendices.

TABLE 7: COMPARISON OF SAMPLE TO POPULATION PROFILE FOR ONTARIO REGION

	Population Profile %	Present Sample N	Present Sample %
1. Population by age[1]			
16 years	0.30	0	0
17	0.18	0	0
18	0.68	2	0.73
19	2.47	12	4.36
20-24	25.51	73	26.55
25-29	24.43	86	31.27
30-34	17.83	42	15.27
35-39	12.72	37	13.45
40-44	6.87	16	5.82
45-49	4.33	4	1.45
50-59	3.99	3	1.09
60-64	0.68	0	0
65+	0.21	0	0
2. Marital Status[2]			
Single	53.26	122	44.36
Married	14.30	32	11.64
Commonlaw	20.37	46	16.73
Widowed	1.67	7	2.55
Separated	4.61	27	9.82
Divorced	5.76	41	14.91
3. Language spoken[3]			
English	90.27	256	93.09
French	0.83	14	5.09
Other	0.37	5	1.82
Both	8.51	-	-

1. A chi square test for the proportions on each category was not significant ($X^2 = 6.96$) indicating that the distributions do not differ. The test was limited to the seven categories with frequencies greater than 5.
2. $X^2 = 64.7$, $P < .01$
3. In the present sample, inmates were asked what language they usually speak, not what language(s) they are able to speak. ($X^2 = 64.7$, $P < .01$).

TABLE 7 (cont'd)

4. Province of residence[4]	Population Profile %	Present Sample N	Present Sample %
Quebec	3.68	12	4.36
Ontario	79.46	211	76.73
New Brunswick	1.30	7	2.54
Nova Scotia	3.31	14	5.09
Prince Edward Island	0.21	1	0.36
Newfoundland	0.55	5	1.82
Manitoba	1.39	5	1.82
Saskatchewan	0.71	1	0.36
Alberta	3.28	4	1.46
British Columbia	3.09	7	2.54
Yukon	0.06	0	0.0
None	1.36	8	2.91
5. Major Offense[5]			
murder	13.68	52	18.98
attempted murder	2.38	-	-
manslaughter	4.80	14	5.11
sexual offences	6.74	29	10.58
wounding/assault	6.56	34	12.41
robbery	25.67	93	34.31
break & enter, theft	18.63	75	27.37
fraud	3.90	24	8.76
drug offenses	6.03	28	10.18
possession of stolen goods	2.01	30	10.95

Notes:

4. Survey inmates were asked which province they were raised in.
5. The categories outlined represent the overlap between the survey results and available population statistics. In the survey inmates were asked to report all offenses; the population statistics report only the major offence.

TABLE 7 (cont'd)

6. Length of Sentence[6]

	Population Profile %	Present Sample N	Present Sample %
2 years	4.11	2	0.89
2 3	20.71	54	19.78
3 4	16.32	44	16.12
4 5	8.79	18	6.59
5 6	8.29	20	7.33
6 10	15.11	53	19.41
10 15	6.68	25	9.16
15 20	2.47	6	2.20
20+	2.60	2	0.73
life	14.83	48	17.52

7. Time Served[7]

0-3 months	9.69	36	13.09
3-6	11.14	29	10.54
6-9	10.06	19	6.91
9-12	9.75	32	11.64
12-18	13.44	36	13.09
18-24	10.00	21	7.64
2-3 years	11.14	40	14.54
3-4	6.03	16	5.82
4-5	3.77	10	3.64
5-10	8.54	29	10.54
10+	3.86	7	2.54

8. Number of previous incarcerations

0	66.27	189	68.73
1	15.82	45	16.36
2	10.03	25	9.09
3	3.49	6	2.18
4	2.16	3	1.09
5	1.08	4	1.46
6	0.49	1	0.36
7	0.46	1	0.36
8	0.09	1	0.36
9	0.03	0	0
10	0.03	0	0

Notes:

6. X^2 = 7.16 N.S. based on inmates with sentences 2-20 years in length
7. X^2 = 14.06 N.S.

SOCIAL AND DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE

Social and demographic characteristics of inmates characterized by institution are summarized in Table 8.

The mean age of the sample was 28.8 years with a SD of 6.0 and a range of 18 - 39. Ninety-eight percent of the sample were males, a not surprising finding given that only one institution held female offenders. Seventy-two percent of the sample (71.6) reported that they did not consider themselves to be part of a distinct cultural group, while 6.5% identified with a French culture, 55 with a Native or Metis cultural group, and 17.1% with an "other" cutural group.

The largest proportion of inmates reported having completed some secondary education (53.8%) or less (16%), while approximately 30% reported having completed secondary education or more.

Most offenders reported either unskilled (41.8%) or skilled (41.4%) occupations. With regard to martial status 44% of the sample were single, approximately 12% were married, 17% were co-habiting, 25% were separated or divorced and 3% were widowed.

Forty-five percent of the sample reported having been employed on a full-time basis, prior to incarceration, 9% were employed part-time, 27% were unemployed, 5% were students or were involved in retraining programs, while 13% reported that they were not in the labour force.

Inmates were asked to list all offences for which they were serving time in their present incarceration. The most frequently reported offence was robbery (34.31%) followed by break, enter and theft (27.37%), then murder (18.98%). Approximately 10% of the sample were serving time for a drug-related offence, 11% for possession of stolen goods, 9% for fraud, and 5% for manslaughter.

TABLE 8: DEMOGRAPHIC CHARACTERISTICS OF INMATE SAMPLE

Institution	AGE				SEX
	N	X	SD	Range	
Joyceville	52	27.8	6.0	18-39	98% Male
Pittsburgh	11	29.2	6.9	21-42	
Millhaven	9	30.9	7.6	20-41	
Bath	9	27.2	5.3	20-36	
Collins Bay	72	28.0	6.1	18-45	
Frontenac	10	26.3	4.6	20-35	
Prison for Women	6	33.3	10.6	19-50	
Kingston Pen	55	30.7	8.1	20-54	
Warkworth	51	28.4	7.7	19-47	
Total	275	28.8	7.0	18-54	

Institution	Cultural Group %			
	No Distinct.	French	Native/Metis	Other
Joyceville	73.1	11.2	0	15.7
Pittsburgh	90.9	0	0	9.0
Millhaven	66.7	0	11.1	22.2
Bath	100.0	0	0	0
Collins Bay	69.4	11.1	6.9	12.5
Frontenac	50.0	0	0	50.0
Prison for Women	33.3	0	16.7	50.0
Kingston Pen	74.6	3.6	5.4	16.4
Warkworth	70.6	3.9	5.9	19.6
Total	71.6	6.5	5.0	17.1

TABLE 8 (cont'd)

Drug Use by drug class

	Ever	In last 6 months
Cannabis	85.8	70.5
Barbiturates/Sleeping Pills	56.0	28.7
Benzodiazepines	58.9	36.4
Inhalants/solvents	14.9	1.5
Narcotic analgesics	52.4	32.0
Hallucinogens (not cannabis)	66.5	41.8
Tranquilizers	22.9	5.4
Antidepressants	19.6	6.9
Amphetamines	58.2	38.5
Caffeine	81.1	73.8
Cocaine	52.7	34.9
Nicotine	83.3	77.5
Volatile Nitrates	18.9	4.4

Percent using drugs/alcohol in last offense

	N	%
Alcohol only	71	26.0
Drugs only	36	13.2
Both	109	39.9
Amount		
less than usual	27	9.8
same as usual	75	27.3
more than usual	101	36.7
do not remember	13	4.7

TABLE 8 (cont'd)

	Total	Joyce.	Pitts.	Mill.	Bath.	C.B.	Front.	P4W	KP	Wark.
Education	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Special Education	1.5	1.9	0	0	0	1.4	0	0	1.8	2.0
Elementary	14.9	5.8	0	44.4	22.2	13.9	0	16.7	18.2	21.6
Some Secondary	53.8	59.6	81.8	55.6	22.2	58.3	70.0	16.7	52.7	45.1
Secondary complete	13.8	23.1	9.1	0	22.2	8.3	10.0	33.3	12.7	13.7
Some post-secondary	5.8	1.9	9.1	0	11.1	6.9	0	0	5.4	9.8
Post-secondary complete	2.6	3.8	0	0	11.1	4.2	0	0	0	2.0
Some University	4.7	1.9	0	0	0	2.8	20.0	33.3	7.3	3.9
University complete	2.9	1.9	0	0	11.1	4.2	0	0	1.8	3.9
Usual Occupation (%)										
Unskilled	41.8	44.2	27.3	11.1	33.3	38.9	50.0	16.7	43.6	52.9
Skilled	41.4	40.4	63.6	66.7	44.4	41.7	30.0	33.3	43.6	33.3
Managerial	3.6	3.8	0	0	0	5.6	0	0	3.6	3.9
(Para)Professional	5.4	1.9	0	22.2	0	9.7	0	0	3.6	5.9
Other/missing	7.6	9.6	9.1	0	22.2	4.1	20.0	50.0	5.5	3.9
Marital Status (%)										
Single	44.4	44.2	18.2	0	66.7	48.6	50.0	50.0	34.6	56.9
Married	11.6	7.8	27.3	33.3	0	9.7	0	16.7	18.2	7.8
Cohabiting	16.7	21.2	36.4	33.3	11.1	18.1	20.0	0	12.7	9.8
Separated/divorced	24.7	25.0	18.2	33.3	22.2	22.2	30.0	33.3	30.9	19.6
Widowed	2.6	1.8	0	0	0	1.4	0	0	3.6	5.9

TABLE 8 (cont'd)

	Total	Joyce.	Pitts.	Mill.	Bath.	C.B.	Front.	P4W	KP	Wark.
Employment before incarceration										
Employed Full Time	44.7	42.3	63.6	44.4	44.4	52.8	40.0	16.7	38.2	43.1
Part Time	8.7	9.6	0	11.1	0	4.2	20.0	0	5.4	19.6
Unemployed	26.9	34.6	36.4	33.3	22.2	20.8	30.0	16.7	34.5	17.6
Student/Retraining	5.4	0	0	0	0	8.3	10.0	16.7	9.0	3.9
Not in labour force	12.7	13.5	0	11.1	33.3	13.9	0	0	10.9	15.7
Missing	0.7	0	0	0	0	0	0	16.7	1.8	0

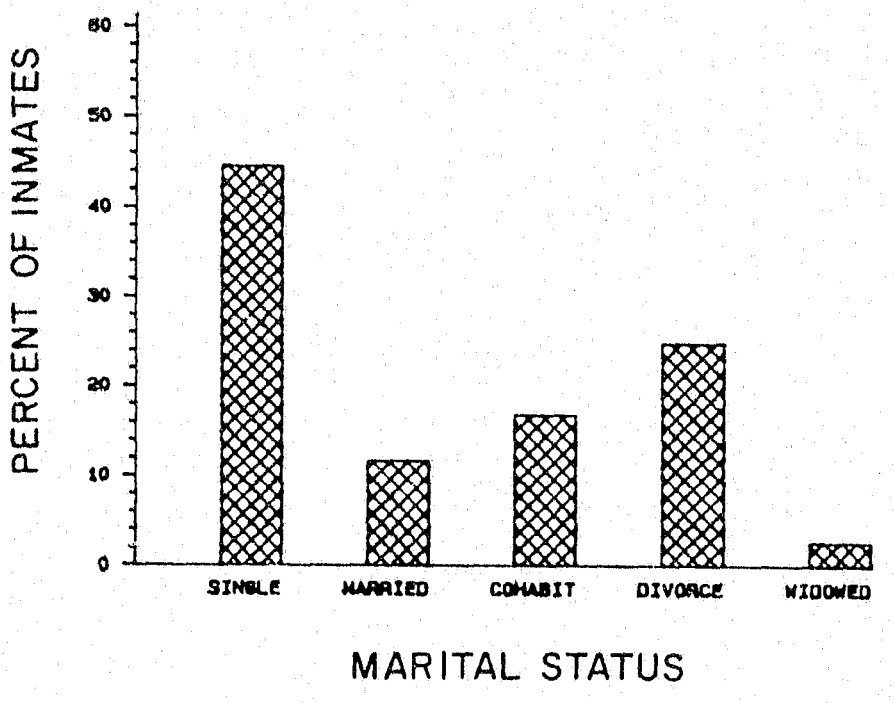
TABLE 8 (cont'd)

Current Offences (%)

	Drug Offenses	B&E /Theft	Robbery /Attempted	Assault Wounding	Sex Offences	Forgery /Fraud	Possession of firearms	Possession of stolen goods
Joyceville	15.4	40.4	50.0	9.6	0	17.3	19.2	15.4
Pittsburgh	9.1	36.4	45.4	18.2	0	18.2	27.3	27.3
Millhaven	0	11.1	33.3	0	11.1	0	11.1	11.1
Bath	22.2	44.4	33.3	11.1	0	11.1	11.1	22.2
Collins Bay	11.1	20.8	33.3	12.5	0	13.9	19.4	6.9
Frontenac	30.0	30.0	30.0	0	0	0	10.0	10.0
Prison for Women	16.7	16.7	33.0	16.7	0	0	0	0
Kingston Pen.	5.4	16.7	20.4	11.1	20.4	0	9.3	1.9
Warkworth	3.9	33.3	33.3	19.6	33.3	3.9	21.6	17.7
Total	10.2	27.4	34.3	12.4	10.6	8.8	16.8	11.0

Current Offences (%)

	Man-slaughter	Murder	Escape	Unlawfully at large	Highway traffic act	Liquor control act	Extortion	Other
Joyceville	3.9	0	3.9	7.7	9.6	9.6	1.9	7.7
Pittsburgh	9.1	0	9.1	9.1	18.2	18.2	0	27.3
Millhaven	0	55.6	0	0	11.1	0	0	22.2
Bath	0	0	11.1	33.3	44.4	11.1	0	11.1
Collins Bay	6.9	15.3	5.6	4.2	5.6	0	0	26.4
Frontenac	0	10.0	0	0	20.0	10.0	0	0
Prison for Women	0	50.0	0	0	0	0	0	33.3
Kingston Pen.	0	48.2	1.9	5.6	5.6	0	0	13.0
Warkworth	11.0	11.8	5.9	7.8	9.8	5.9	1.9	21.6
Total	5.1	19.0	4.4	6.6	9.5	4.4	0.7	17.9



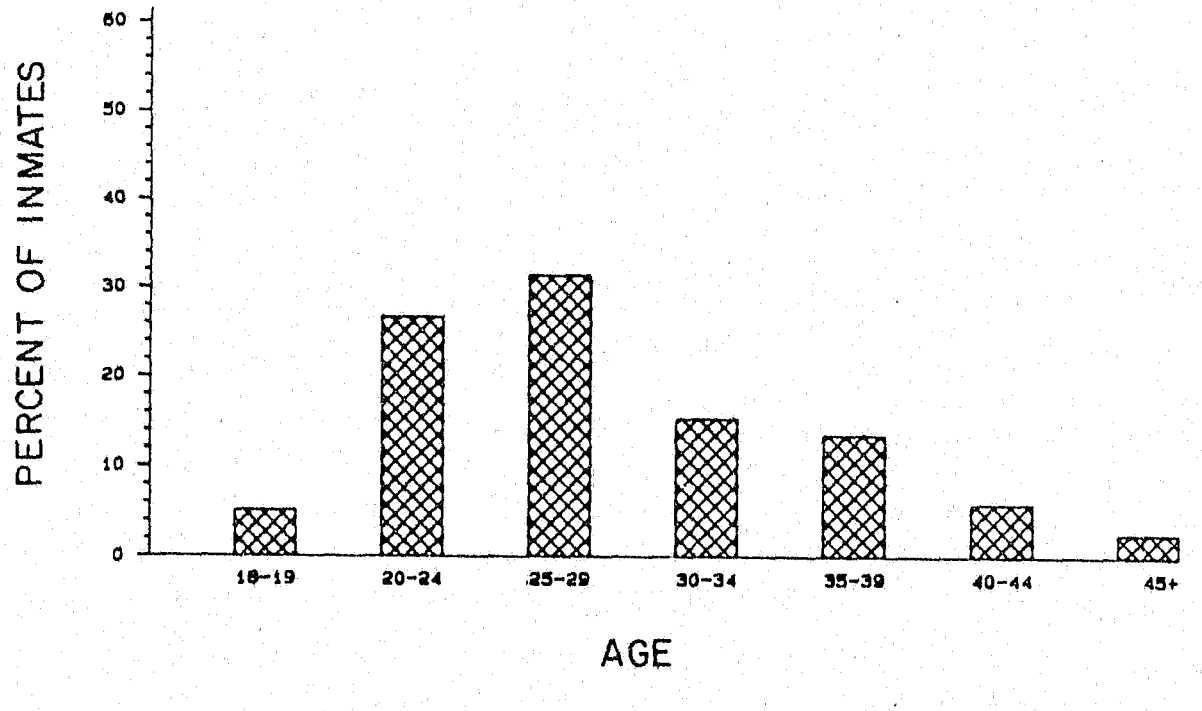


Fig. 2 : Demographic Characteristics of Inmate Sample

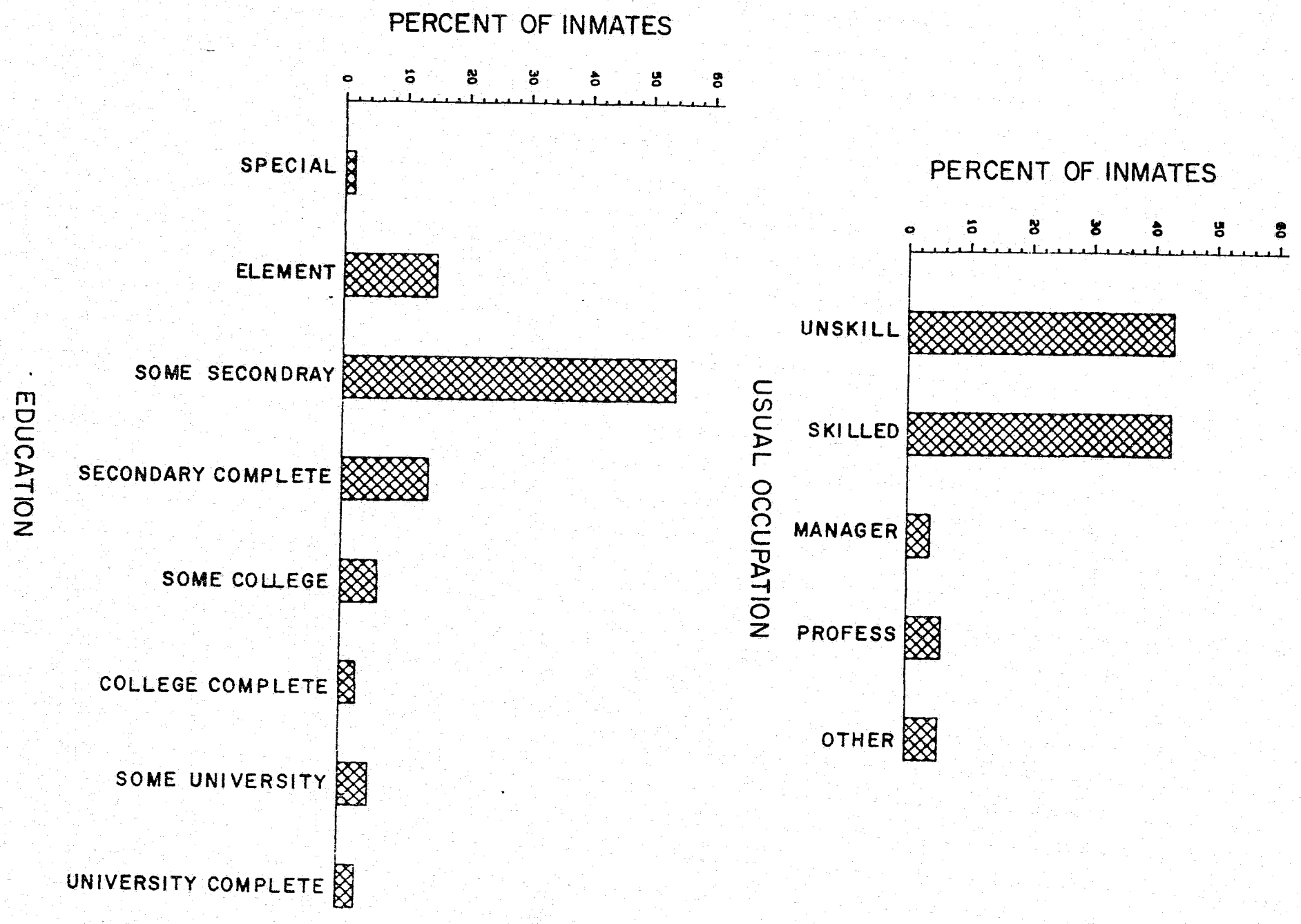

PERCENT OF INMATES
0
10
20
30
40
50
60
SPECIAL
ELEMENT
SOME SECONDRAY
SECONDARY COMPLETE
SOME COLLEGE
COLLEGE COMPLETE
SOME UNIVERSITY
UNIVERSITY COMPLETE
EDUCATION
PERCENT OF INMATES
0
10
20
30
40
50
60
UNSKILL
SKILLED
MANAGER
PROFESS
OTHER
USUAL OCCUPATION

Fig.(cont'd)

A summary of data for standardized variables to self report questionnaire included in Table 9 a - c.

Prevalence of Alcohol Abuse

A variety of measures relating to the nature and extent of alcohol abuse were obatained from inmates. These measures included subjective evaluations by inmates as well as more objective indices of alcohol abuse and dependence, including dose, frequency and pattern of drinking, and the degree of alcohol dependence as quantified by Skinner's (1984) Alcohol Dependence Scale (ADS). These measures are summarized in Table 10, 11 and Figure 3.

Self-definition of alcohol abuse

When asked to describe what kind of drinkers they considered themselves to be, 20.8% of survey inmates described themselves as alcoholic, 33.9% as heavy drinkers, 20.4% as moderate drinkers, 19% as occasional drinkers, while only 5.8% described themselves as abstainers. These self-descriptions are compared to those obtained in a general population survey of Canadian adults (Minister of National Health and Welfare, 1984) in Table 10. Not surprisingly there are more abstainers (16) and fewer heavier drinkers in the general population than among surveyed inmates. On average, inmates reported having started to drink regularly at age 15, and of first developing problems relating to their drinking at about age 18. When asked to describe their typical drinking pattern in the 6 months prior to their current incarceration, inmates reported drinking an average of 14 standard drinks per day!

Inmates were asked to describe life problems they were experiencing prior to incarceration, which they believed were related to their use of alcohol. Seventy-nine (78.5%) percent of surveyed inmates reported experiencing at lease one problem as a consequence of their use of alcohol.

TABLE 9(a): STANDARDIZED VARIABLES[3]

	ADS		DAST		GHQ		OPINION	
	x	SD	x	SD	x	SD	x	SD
Joyceville	11.6	9.2	9.2	5.7	3.7	5.1	37.4	6.3
Pittsburgh	10.2	9.3	9.5	6.0	3.9	6.7	38.0	9.6
Millhaven	14.4	12.6	10.1	6.2	0.8	1.4	41.2	4.1
Bath	16.1	11.2	6.2	4.6	2.7	4.6	33.8	5.7
Collins Bay	11.6	10.5	7.6	5.8	3.2	4.4	35.1	9.8
Frontenac	10.9	9.4	9.1	6.4	2.3	3.1	34.2	8.5
Prison for Women	16.7	17.4	7.2	4.9	2.2	3.0	34.2	6.6
Kingston Pen	16.8	10.0	8.1	6.0	4.6	5.9	33.9	9.0
Warkworth	19.1	11.3	7.6	5.8	2.6	3.4	33.8	9.0
Total	14.3	10.8	8.2	5.8	3.3	4.7	35.3	8.6

	TRAILS A		TRAILS B		WAIS[2]		SHIPLEY C.Q.	
	x	SD	x	SD	x	SD	x	SD
Joyceville	37.3	14.8	83.0	33.5	100.5	10.0	93.8	19.8
Pittsburgh	28.4	8.2	56.5	11.9	102.8	9.0	101.7	19.7
Millhaven[1]	44.2	12.1	77.7	25.5	98.8	9.7	96.5	17.7
Bath	43.7	22.8	83.8	40.2	105.7	12.7	94.4	19.1
Collins Bay[1]	34.8	14.3	84.8	33.7	100.1	11.8	89.1	22.4
Frontenac	46.1	19.2	80.4	39.4	97.8	10.8	90.1	21.7
Prison for Women	30.6	10.7	75.8	45.4	107.3	13.8	96.7	13.4
Kingston Pen	35.6	15.4	80.9	36.4	97.9	11.6	89.0	17.7
Warkworth	35.0	16.8	80.0	32.7	100.7	12.0	91.2	14.2
Total	36.2	15.2	81.0	33.9	100.2	11.4	92.2	17.4

Notes:

1. N missing = 1

2. range 63 - 125
   skewness = -0.37
   kurtosis = -0.34

3. ADS = Alcohol Dependence Scale
   DAST = Drug and Alcohol Screening Test
   GNQ = General Health Questionnaire
   Opinion = Opinion Questionnaire

TABLE 9(b): OTHER DESCRIPTIVE INDICES [1]

	Social Class Index		Social Stability		Employment Stability	
	X	SD	X	SD	X	SD
Joyceville	6.6	1.9	3.6	1.6	4.0	2.9
Pittsburgh	6.5	1.0	4.0	1.8	4.3	3.3
Millhaven	7.2	2.0	4.6	1.0	5.9	3.0
Bath	6.6	2.0	3.2	1.8	3.9	3.2
Collins Bay	7.2	3.0	3.9	1.6	4.8	3.1
Frontenac	6.5	1.6	4.0	1.0	4.1	3.2
Prison for Women	7.4	2.7	5.2	0.4	2.5	2.7
Kingston Pen	6.6	2.3	3.8	1.5	3.8	3.0
Warkworth	6.7	2.8	3.4	1.6	4.6	3.1
Total	6.8	2.5	3.8	1.6	4.3	3.1

	Negative Social Influence		Support of friends		Role of Alcohol/ Drugs in Crime	
	X	SD	X	SD	X	SD
Joyceville	8.0	2.6	5.8	0.9	7.5	2.7
Pittsburgh	7.3	3.0	5.3	0.9	6.9	3.4
Millhaven	6.6	2.4	5.6	1.3	9.3	2.7
Bath	7.0	2.4	6.1	0.6	6.4	3.5
Collins Bay	6.7	2.9	5.7	0.9	6.7	3.2
Frontenac	6.0	2.4	5.9	0.6	6.8	3.4
Prison for Women	8.3	2.0	5.5	1.9	7.5	2.6
Kingston Pen	5.9	2.8	5.2	1.3	8.4	2.8
Warkworth	6.3	2.6	5.6	1.4	9.1	2.3
Total	6.7	2.7	5.6	1.1	7.7	3.0

1. See Appendix A for derivation of these scores

TABLE 9(c): OPINION QUESTIONNAIRE[1]

	Prison Sample[2]	University Students	National Survey
Mean	35.3	25.4	38.9
S.D.	8.6	38.9	10.3

Notes:

1. Authoritarianism measure used in the national survey of ethnic attitudes (Berry, Kalin & Taylor, 1977).

2. The prison sample average score differs significantly from the other two samples ($p < .01$).

TABLE 9(d): TRAIL MAKING A & B

	Prison Sample[1]	Young Alcoholics[2]	Young Non-alcoholics[2]	Skid Row Alcoholics[3]
Part A				
Mean (sec)	36.21	36.8	28.9	52.0
S.D.	15.5	8.8	18.4	26.1
Part B				
Mean	81.03	101.2	63.3	114.5
S.D.	33.9	39.2	16.6	41.5

Proportion Above Cutoffs[4]

	%	N
Part A	26.3	72
Part B	32.1	86

Notes:

1. N = 268
2. Blusewicz et al. (1983, APA).
3. Sanchez-Craig (1980)
4. Cut off = 40 seconds for Part A and
   91 seconds for Part B as proposed by Golden (1979)

TABLE 9(e): GENERAL HEALTH QUESTIONNAIRE[1]

	X	SD	MODE	Median	Range
Total Score	3.3	4.7	0	1	0-28
Subscales					
somatic symptoms	10.4	3.46	8	19	7-21
anxiety & insomnia	13.0	4.44	8	12	8-31
social dysfunction	13.3	3.10	14	14	7-25
severe depression	7.8	3.07	6	6	6-24

Proportion of sample above cut offs for total score

Recommended cut off points	Proportion of sample
4/5 (Goldberg, 1981)	26.5
5/6 (Banks, 1983)[2]	21.3
21/22 (Glaser, 1983)[3]	1.1

Notes:

1. Scoring details are outlined in Appendix B.
2. Based on a validity study on 200 17-year old British students.
3. Glaser (1983) found that alcohol and drug abusers score higher than the general population. Based on a sample of 215 ARF clients he recommends 21/22 cut off for male clients.

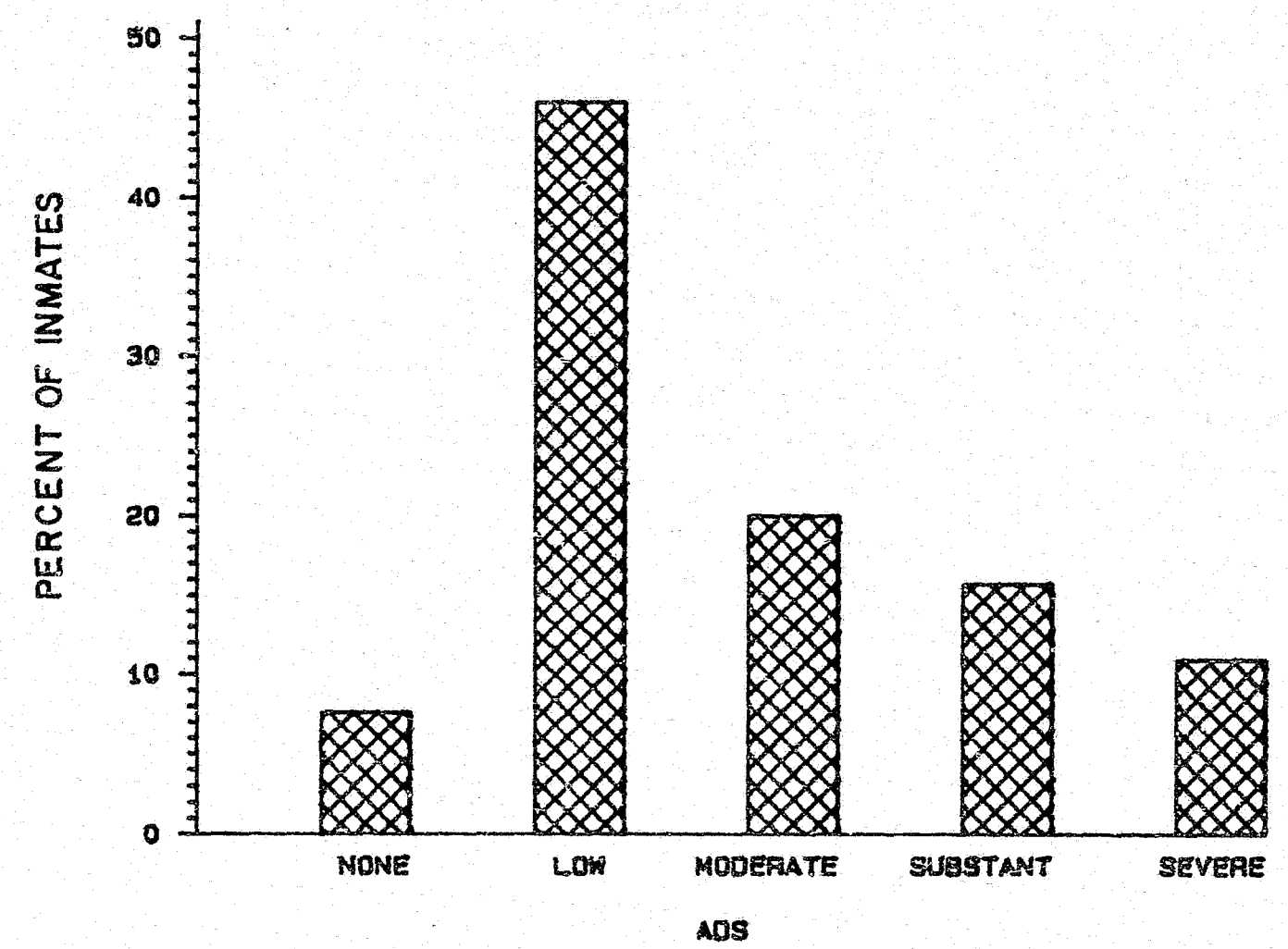

PERCENT OF INMATES
50
40
30
20
10
0
NONE
LOW
MODERATE
SUBSTANT
SEVERE
AOS
ALCOHOL DEPENDENCE SCALE

Fig. 3

TABLE 10: ALCOHOL & DRUG VARIABLES

		X	SD
a.	Age of first regular drinking	15.5 yrs	3.6 yrs
b.	Age of first problems associated with drinking	18.3 yrs	4.9 yrs
c.	Number of drinks per day (drinkers)[1]	14.01	14.4
d.	Litres of alcohol per year[2]	199.0	---

Drinking Risk to Health Index[3]

	N	%[4]
Abstinent	3	1.2
Light	19	7.5
Moderate	12	4.7
Heavy	219	86.6

Problems associated with alcohol

	Prison Sample (%)	Canadians[5] Males (%)	Canadians[5] All (%)
at least one	78.5	12.4	9.7
health	25.2	2.7	2.3
family/friends	56.7	7.6	6.1
law	66.6	1.9	1.3
work/school	36.9	1.5	1.2

Level & Severity of Drinking[6]

	N	%
moderate or less without problems	43	16.0
moderate or less with problems	39	14.5
heavy without problems	17	6.3
heavy with problems	170	63.2

Notes:

1. 57% of drinkers report consuming more than eight drinks per day.
2. The average consumption for Canadians aged 15 and over is 11.27 l/yr.
3. Turner et al. (1981) reviewed epidemilogical studies on risk to health and suggest defining light drinkers as less than 0.4 g/kg/day and moderate drinking as less than 0.8 g/kg/day.
4. Percent corrected for missing values.
5. Minister of National Health and Welfare (1984).
6. Based on an Amount x Problem categorization (Sanchez-Craig et al., 1984).

TABLE 10 (cont'd)

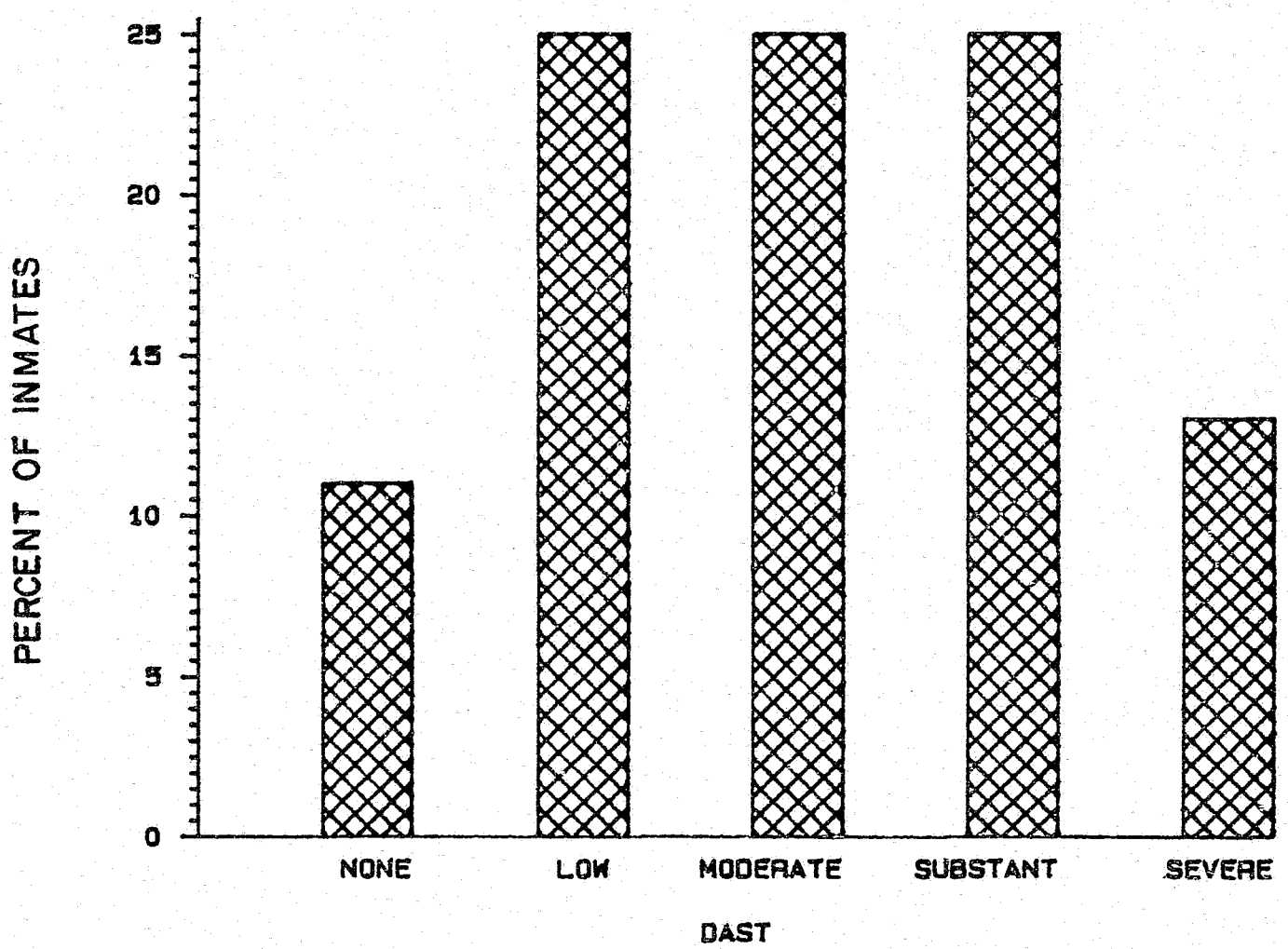
Self-definition of alcohol use

	Prison Sample (%)	Canadian[1] (%)
teetotaller	5.8	16
occasional	19.0	15
moderate	20.4 -	-
heavy	33.9 - 75%	65
alcoholic	20.8 -	-
unknown	--	4

Number of drug classes used

Number of Classes	Used ever		in the last 6 months		in the last 28 days	
	N	%	N	%	N	%
0	22	8.0	52	18.9	53	19.3
1	28	10.2	44	16.0	52	18.9
2	17	6.2	35	12.7	46	16.7
3	26	9.4	35	12.7	30	10.9
4	27	9.8	31	11.3	34	12.3
5	21	7.6	24	8.7	16	5.8
6	27	9.8	27	9.8	20	7.3
7	39	14.2	16	5.8	15	5.5
8	27	9.8	8	2.9	3	1.1
9	24	8.7	3	1.1	6	2.2
10	13	4.7	0	0	0	0
11	4	1.4	0	0	0	0

1. Minister of National Health & Welfare (1984).
2. The drug classes are listed in the next table. Excluded from this total is caffeine and nicotine. Their high frequency of usage distorts the total figure. As with all the data presented these figures refer to drug use before the inmate was charged with the present offense.



DRUG ABUSE SCREENING TEST

Fig. 4

In contrast in a national survey only 12% of Canadian males report experiencing a problem related to their use of alcohol.

The most frequently reported problems among inmates were with the law (67%) with family and friends (57%) and with work or school (37%). Although only 25% of inmates reported health problems related to their use of alcohol, a "Drinking Risk to Health Index" calculated from (Turner et al., 1982) suggests that 87% of surveyed inmates were drinking at levels associated with physical damage.

Combining the daily dosage and life problem information according to a procedure developed by Sanchez-Craig et al. (1984), 63% of surveyed inmates would be classified as "heavy drinker with problems" and a further 15% as moderate (or less drinker with problems).

Thus 78% of surveyed inmates were experiencing life problems related to their use of alcohol.

As shown in Figure 5, inmate scores on the ADS indicate that approximately half the sample had low levels of dependence on alcohol, while 20% were moderately dependent; 16% demonstrated substantial dependence and 11% severely depended on alcohol. Comparison of mean inmate ADS scores to samples of clients in treatment programmes are provided in Table 11 where it can be seen that approximately 26% of surveyed inmates in federal correctional institutions report levels of alcohol dependence which are comparable to those observed in patients attending outpatient or inpatient treatment programmes.

1. A standard drink is one containing 17 ml. of absolute alcohol.

Prevalence of Drug Abuse

The frequency distribution of inmate scores on the Drug Abuse Screening Test (Skinner, 1982) (DAST) are presented in Figure 4.

Thirteen percent of inmates fell into the "severe" range of drug abuse, 25% into the "substantial", 25% into the "moderate" and 25% into the "low" range of Skinner's drug abuse categories. A comparison of inmate scores to samples of drug abusers in treatment programmes is provided in Table 12. Approximately 38% of surveyed offenders had DAST scores equivalent to those observed in clinic samples.

Approximately 80% of surveyed inmates reported having used at least one drug in the six months prior to incarceration. With the exception of caffeine and nicotine, the most frequently used drugs were Cannabis (71%), other hallucinogens (42%), amphetamines (39%), benzodiazephines (36%), cocaine (35%), narcotic analegesics (32%), and barbiturates/sleeping pills (28.7%). Few inmates reported using volatile nitrites (4.4%) or inhalents/solvents (1.5%). In addition few inmates reported using major tranquillizers (5.4%) or antidepressants (6.9%).

When asked what the overall effect of drug use had been on his life 65.3% of inmates reported that drug use had made their lives "worse" or "much worse".

Relationship of Alcohol/Drug Use to Criminal Offence

Following elicitation of information about typical dose and frequency of alcohol and drug use, inmates were asked if they had used alcohol, drugs or both on the day they committed the criminal offence for which they were convicted and if so, how much was used, Seventy-nine(79) percent of surveyed inmates reported having used alcohol and/or other drugs on the day of the offence. Specifically, 26% reported using alcohol alone, 13% drugs alone and 40% reported having used both drugs and alcohol.

TABLE 11: Alcohol Dependence Scale

Score	Dependence level Suggested Interpretation[1]	Prison Sample N	%
0	None	21	7.6
1-13	Low	126	46.0
14-21	Moderate	54	20.0
22-30	Substantial	43	15.7
31-47	Severe	30	10.9

	X	SD	Median	Mode
Prison Sample	14.3	10.8	13	0
Alcohol clients	23	11		
Controlled drinking group clients	14	7		
Inpatient program clients	28	11		

Notes:

1. Categories are based on quartiles of the normative sample (225 Addiction Research Foundation clients, Skinner & Horn, 1984).

2. Norms reported in Skinner & Horn, 1984.

TABLE 12: DRUG ABUSE SCREENING TEST

Score	Suggested Interpretation[1]	Prison Sample N	Prison Sample %	Normative Sample (%) Drug Abusers	Normative Sample (%) Alcohol Abusers	Normative Sample (%) Both
0	None	31	11	0	35	3
1-5	Low	69	25	4	42	8
6-10	Moderate	69	25	22	11	28
11-15	Substantial	69	25	37	8	33
16-20	Severe	36	13	37	4	28
	Mean[2] -	8.16		13.6	3.4	11.5
	Median -	8		13.7	1.2	12.5
	S.D. -	5.8		4.0	4.9	4.9

Notes:

1. Categories based on quartiles of the normative sample (256 Addiction Research Foundation clients, Skinner, 1982).

2. The mean for the total normative sample = 7.0.

TABLE 13: EFFECT OF ALCOHOL AND DRUGS ON LIFE AREAS[1]

	Overall[2]		Alcohol		Drug		Emotional	
	X	SD	X	SD	X	SD	X	SD
Joyceville	18.3	3.9	2.1	0.8	2.1	0.9	2.2	0.8
Pittsburgh	16.8	4.3	2.1	1.0	2.2	0.9	2.5	1.0
Millhaven	16.9	5.1	1.9	0.9	1.5	0.9	1.7	0.9
Bath	19.0	6.2	2.3	1.0	2.6	1.0	2.7	1.1
Collins Bay	18.8	4.6	2.0	1.0	2.2	1.0	2.3	0.9
Frontenac	16.5	1.6	2.1	0.7	1.9	0.6	1.9	0.6
Prison for Women	19.3	5.8	1.7	0.8	1.8	1.0	2.7	1.6
Kingston Pen	17.0	4.3	1.9	1.0	2.3	1.1	2.2	1.0
Warkworth	14.7	4.0	1.5	0.7	2.0	1.0	1.9	0.9
Total	17.4	4.6	1.9	0.9	2.1	1.0	2.2	0.9

	Marital/Living		Friends		Leisure		Employment	
	X	SD	X	SD	X	SD	X	SD
Joyceville	2.2	0.8	2.7	0.9	2.6	1.1	2.1	0.9
Pittsburgh	1.6	0.7	2.2	0.8	2.3	0.9	2.3	0.6
Millhaven	1.9	0.9	2.3	0.9	2.5	1.5	2.1	0.9
Bath	2.1	0.8	2.5	0.9	2.6	1.0	2.4	0.9
Collins Bay	2.1	0.9	2.8	1.0	2.5	1.1	2.3	0.8
Frontenac	1.7	0.7	1.9	0.6	2.4	0.7	2.2	0.8
Prison for Women	2.2	1.2	2.3	1.1	3.0	1.5	2.4	0.9
Kingston Pen	1.7	0.7	2.5	1.0	2.3	1.2	2.0	0.9
Warkworth	1.7	0.7	2.0	0.8	2.0	1.1	1.9	0.9
Total	1.9	0.8	2.5	1.0	2.4	1.1	2.1	0.9

	Financial		Health		Legal	
	X	SD	X	SD	X	SD
Joyceville	2.4	0.8	2.2	0.7	1.6	0.7
Pittsburgh	2.2	1.0	2.0	0.9	1.9	0.8
Millhaven	2.6	0.9	2.2	0.8	1.6	0.7
Bath	2.6	0.9	2.2	0.8	1.9	0.9
Collins Bay	2.5	0.8	2.3	0.8	1.8	0.9
Frontenac	2.2	0.9	1.9	0.3	1.6	0.7
Prison for Women	2.3	0.8	2.4	0.9	1.7	1.0
Kingston Pen	2.5	0.8	2.3	0.8	1.4	0.6
Warkworth	2.2	0.8	1.8	0.7	1.2	0.5
Total	2.3	0.9	2.1	08.	1.5	0.7

1. Inmate rating on a 5 point scale where 1 = "much worse", 3 = "no effect", and 5 = "much better".
2. Overall is the summed ratings over the eight life areas. (coefficient alpha = 0.86). Alcohol and drug questions are excluded.

The Effects of Substance Use on "Life Functioning"

Previous Treatment

Inmates were asked whether they had received treatment for substance abuse problems within the past six months. Treatment was broadly defined in that it included participation in an "educational group", "individual treatment", "self-help group" or "other". The results are summarized in Table 5.

Thirty-seven percent (37.4) of surveyed inmates reported that they had received some treatment in the last 6 months. However, it should be noted that, significantly more inmates who described themselves as heavy drinkers or alcoholics ($x^2 = 19.8$, $df = 4$, $p < .001$) reported having received treatment in the past 6 months, than did inmates who had described themselves as occasional or moderate drinkers.

Thus fifty-six (56%) of self-defined alcoholics and 42% of self-defined heavy drinkers reported having received some kind of assistance with alcohol/drug problems in the past 6 months. In contrast only 20% and 33% of self-defined moderate and occasional drinkers respectively, reported having been involved in treatment in the past 6 months.

The Effects of Substance Use on Life Functioning & Rated Need for Assistance

Offenders were asked to assess the effect of alcohol and drugs on eight areas of life functioning; emotional; marital/living arrangements; friends; leisure; employment; financial; health; legal. The results are summarized in Table 13. On average, inmates judged alcohol and drug use to have negatively affected life functioning in each of the eight life areas assessed.

Inmates were asked to rate their need for assistance in each of the eight areas assessed. The top three areas for which inmates felt they

required assistance were with employment, use of leisure time and with their marital relationship. The results are summarized in Table 14.

Preferred Treatment Modality

Eighty percent of surveyed inmates reported a need for some form of treatment to assist them in dealing with substance abuse problems. When asked what kind of treatment which they felt would be most personally beneficial, the largest number indicated "individual therapy".

Approximately forty percent (39.8%) of inmates indicated that individual therapy represented their treatment of choice, 13.6% reported "AA" and 13.3% reported "life skills" as their treatment preference.

TABLE 14: NEED FOR ASSISTANCE INDICES[1]

	Overall		Alcohol		Drug		Emotional	
	X	SD	X	SD	X	SD	X	SD
Joyceville	20.1	7.0	10.3	4.8	10.5	4.2	10.0	4.8
Pittsburgh	16.1	3.8	8.5	6.1	8.5	4.8	7.5	4.4
Millhaven	17.9	8.2	9.9	5.4	11.4	5.9	9.1	3.4
Bath	14.9	9.2	8.7	5.6	6.0	3.1	6.1	2.4
Collins Bay	18.2	6.5	9.0	4.6	9.0	5.0	9.3	4.6
Frontenac	18.4	7.1	10.6	5.1	9.8	6.2	10.1	4.5
Prison for Women	22.3	6.6	11.0	6.6	10.0	5.4	10.2	4.4
Kingston Pen	19.4	7.0	11.0	4.8	9.5	4.7	11.1	4.4
Warkworth	17.9	6.6	11.2	4.9	8.9	5.1	10.0	5.0
Total	18.6	6.8	10.1	4.9	9.4	4.9	9.8	4.6

	Marital/Living		Friends		Leisure		Employment	
	X	SD	X	SD	X	SD	X	SD
Joyceville	11.7	5.0	10.6	3.4	11.5	4.4	13.0	3.8
Pittsburgh	9.5	3.4	8.3	3.7	7.6	3.3	10.1	4.4
Millhaven	9.2	3.9	7.8	4.1	12.1	6.3	11.2	5.8
Bath	5.3	1.2	6.6	2.9	6.3	1.2	9.8	5.6
Collins Bay	10.4	5.2	8.1	3.5	10.3	4.3	11.3	4.7
Frontenac	9.4	3.8	7.9	3.3	10.4	4.6	12.9	4.2
Prison for Women	10.5	2.7	9.0	4.2	9.2	2.6	12.5	3.6
Kingston Pen	11.0	4.2	9.7	4.2	10.6	4.4	12.2	3.7
Warkworth	11.0	5.0	9.2	3.9	11.3	4.6	11.4	4.9
Total	10.6	4.8	9.0	3.8	10.6	4.4	11.8	4.4

TABLE 14 (cont'd)

	Financial		Health	
	X	SD	X	SD
Joyceville	8.9	4.5	9.5	4.4
Pittsburgh	7.5	3.8	10.2	4.5
Millhaven	6.2	2.7	4.9	0.3
Bath	8.0	5.7	8.6	5.1
Collins Bay	8.5	4.8	9.8	4.6
Frontenac	8.3	4.5	11.7	5.6
Prison for Women	10.3	4.2	11.2	4.6
Kingston Pen	7.6	3.8	10.0	4.5
Warkworth	8.4	4.7	8.5	4.4
Total	8.3	4.4	9.4	4.6

1. Need for assistance indices for specific areas are based on the summed total for four items. Three are ratings given by the inmate (How worried have you been about ...? How important is help now for...? How important is help after release for...?) and one is the interviewer's subjective rating of the inmate's need for assistance. Coefficient alphas indicating the internal consistency of the summed items ranged from 0.72 to 0.86 with the average equal to 0.79. The overall need for assistance is the sum of the "How important is help now..." question for the nine life areas (Coefficient alpha = .76).