Criminal Justice Policy Council
P.O. Box 13332
Austin, Texas 78711
(512) 463-1810

February 1991, Number 12

Criminal Justice Policy Council

TEXAS STATISTICAL ANALYSIS CENTER

Research Analysis

An Overview of Drug Treatment Programs in Prison

The far greater use of drugs among criminal offenders in prison than in the general population makes the identification of intervention strategies to deal with drug offenders and their drug dependent criminal behavior essential. In fact, while the percentage of drug users appears to be decreasing in the general population, drug use and its associated criminality is increasing among offenders (Innes, 1988; Johnston, O'Malley, & Bachman, 1986; Spence, Fredlund, & Kavinsky, 1989).

Note from the Director

Recent studies conducted by the National Institute of Justice show that greater than half of both male and female arrestees test positive for use of at least one drug, with the most prevalent drug of abuse being cocaine. In addition, data show increasing numbers of offenders who are incarcerated for drug crimes, and estimates of lifetime use among incarcerated offenders ranges as high as 87%. These factors demand consideration of treatment programs to stem drug use and its resultant criminal activity and social problems.

At the national level, policy interest is focused on incorporating drug treatment throughout the sanctioning system: pretrial and post-conviction drug testing programs, community treatment programs operated by criminal justice agencies, and treatment programs in prison. In this monograph, Research Specialist Lisa Riechers discusses drug treatment in the prison setting and cites examples of successful treatment programs. It is important to continue to develop and expand — with careful planning and research — upon successful programs in this area.

Tony Fabelo, Ph.D.
Acting Executive Director

Estimates of lifetime users among the incarcerated population range from 80% to 87% (Innes, 1988; Fredlund, Spence, Maxwell, & Kavinsky, 1990). Moreover, a large percentage of offenders in prison for drug violations are currently using drugs and have been under correctional supervision before. For example, in Texas offenders admitted to prison for a violation of the Controlled Substances Act are more likely to be admitted as recidivists, typically for commission of a new crime. Prior to admission to prison, 62% of these offenders report current drug use, by far the highest percentage of offenders admitting to recent drug use. (Fabelo & Riechers, 1989).

Drug treatment in prison is a policy alternative to be considered to alleviate the risks posed by this population. There are successful drug treatment programs nationwide, but they are not available to large numbers of offenders. In fact, at this time only 11.1% of offenders in state facilities nationwide are receiving any type of drug treatment (Chaiken, 1989).

While prison or other components of the criminal justice system may not seem the best environment for initiating therapeutic drug treatment, it is the case that:

- *The vast majority of offenders in the criminal justice system are drug users.* In the drug use forecasting (DUF) studies conducted in 20 major cities in 1988, the percentage of male arrestees testing positive for any drug ranged from 54% to 83% (NIJ, 1990). As previously noted, estimates of lifetime use among prisoners exceeds 80%.
- *One positive outcome of the debate about "what works" in terms of rehabilitating offenders is that researchers are now discovering that there can be positive results from drug treatment programs administered in the prison setting.* In reviewing programs that have been successful in reducing recidivism, researchers have

noted that those programs emphasize discipline and responsibility, impose structure, reinforce successful performance and pro-social behaviors, stimulate cognitive and problem solving skills, and use the community for aftercare (Andrews & Kiessling, 1980; Gendreau & Ross, 1983; 1987). These components are incorporated in the successful "therapeutic communities" established to treat drug dependent offenders.

- *Evidence indicates that the time an offender spends in a treatment program is related to success in terms of recidivism, with 9-12 months being optimum* (Hubbard, et.al., 1989; Wexler, Falkin, & Lipton, 1990). The prison setting can provide offenders time away from other stressors and time to receive the proper treatment. It is also indicated that compulsory treatment as a condition of community supervision is an effective means for retaining addicts in treatment (DeLeon, 1988; Simpson & Friend, 1988).

Types of Treatment Programs

The types of treatment programs offered in prison involve some combination of counseling, education, and referral to community services. The intensity of the treatment varies significantly, however. By far the most prevalent type of program available is educational, but there is no evidence to suggest that this affects drug use in any way (Chaiken, 1989). Some programs consist of group counseling sessions once or twice a week as part of routine prison operations. These programs are typically based on the twelve-step method used by Alcoholics Anonymous or Narcotics Anonymous. Some programs attempt to create separate communities addressing the entire lifestyle of drug dependent offenders. These are the "therapeutic communities" which have been shown to be successful. These programs may incorporate many different types of counseling methodologies, including twelve-step. A brief description of each type follows.

The Therapeutic Community

Therapeutic communities (TC) are by far the most intensive substance abuse treatment program. The goal of the therapeutic community is to "offer a complete change in life-style which includes drug abstinence, elimination of antisocial (criminal) behavior, development of employable skills, and the acquisition of positive attitudes, values, and behaviors which reflect honesty, responsibility, nonviolence, and self-reliance" (DeLeon, 1985, p. 825). The "community" is both physical in the sense that TC treatment is segregated from general prison population, and social in the sense that every individual contributes to the group, having their own duties and responsibilities. Therapeutic communities are highly structured, offering individual and group counseling and education sessions. Offenders in TC's are very involved in planning their treatment and setting goals, and ex-offenders are used as counselors and peer role models.

The Milieu Treatment

Milieu treatment also separates inmates from the general prison population. The milieu treatment is less structured, and does not contain the hierarchical social roles and jobs. Counselors are not ex-offenders or recovered drug users (Wexler, et.al., 1990).

Counseling, Education, Referral

Most programs consist of group counseling, using any combination of counseling techniques, and in some cases individual counseling. These programs typically follow the twelve-step fellowship methodology made popular by AA.

Shock Incarceration with Drug Treatment

The Bureau of Justice Assistance is currently funding two model shock incarceration with drug treatment programs in New York and Texas. Shock incarceration (or "boot-camp") programs are short (3-6 months), military-style programs that emphasize physical training, discipline, and responsibility for youthful, nonviolent offenders. The goals of shock incarceration are to increase responsibility for behavior, instill discipline, improve problem solving and coping skills, and cultivate prosocial values and attitudes which will result in noncriminogenic behaviors. It is believed that the combination of providing drug treatment in a setting where rules are enforced, cooperation and trust is stressed, and prosocial behaviors are modeled and reinforced can enhance the "therapeutic community" setting of drug treatment programs (Gendreau & Ross, 1987; Wexler, Lipton, & Johnson, 1988).

The shock incarceration program in New York is the largest shock program in the nation. The program lasts for six months, and "includes an intensive therapeutic community approach to habilitation,... followed by a full year of intensive parole" (NYDOCS, 1989). The drug treatment component of New York's shock program includes 546 hours of drug treatment, based on the twelve-step methodology and "Network," the New York Department of Correctional Services therapeutic community "living/learning" model. Follow-up and reentry services are emphasized while the offenders are under intensive parole supervision.

The shock incarceration program in Texas (Special Alternative Incarceration Program or SAIP) is a 200-

bed facility located in a trustee camp. Enhanced drug treatment in the SAIP program consists of two phases: educational and counseling. Phase I lasts for 5 weeks and focuses on the physiological, psychological, and social consequences of drug abuse. Phase II involves goal setting and individual and group counseling based on the twelve-step approach, which is provided by a treatment team. Discipline and responsibility are emphasized to compliment the goals of SAIP.

Efficacy of Treatment Programs

A review of the literature on drug treatment of offenders shows that a good deal of research had been conducted on a very small number of programs. Offenders in these programs were followed for a number of years. A therapeutic community (TC) program operated in New York, the Stay n' Out program, has been studied since 1977. A recent report compared the offenders who had been through Stay n' Out from 1977 through 1984 to offenders in counseling and milieu treatment programs, and to offenders receiving no treatment. Significantly fewer offenders who were treated in the Stay n' Out TC were re-arrested (Wexler, et.al., 1990). This finding is especially significant in light of the fact that these offenders had been followed at least two years, with some followed up to nine years.

Perhaps the most interesting finding from the Stay n' Out program is that time in treatment is significantly related to success. A program length of 9-12 months is significantly related to time to arrest and positive parole discharge. However, those offenders who spent more than 12 months in the program, or who went back to general prison population to await parole discharge did not do well. Theoretically, this makes sense in that those offenders have developed expectations of success in a positive, supportive environment, and may get frustrated and become susceptible when exposed to the negative influences in the general prison population. As Wexler, et.al. (1990, p. 89) note, "these findings suggest a dosage model wherein greater exposure to treatment produces a positive effect up to the point of satiation."

Similar positive program length findings and parole outcomes were reported by Field (1989) in researching Oregon's Cornerstone therapeutic community model.

An important point to make about these programs, which are two of the most well established and well known therapeutic communities in prisons, is that the number of offenders served is very limited. Cornerstone has a capacity of 32, with offenders spending 10-12 months in the program. Stay n' Out consists of several "communities," with a total capacity of approximately 150. Stay n' Out has served 1,500 offenders since inception in 1977. These numbers are very small when considering prison populations of 40,000 or more.

The New York Shock Incarceration program has reported some positive results. Preliminary findings, after one year on parole, are that only 23% of shock graduates have returned to prison, compared to 28% of a comparison group with similar offense and demographic characteristics (NYDOCS, 1989). The results from the NY shock program bear watching, since the facilities have a yearly capacity of 7,000. Additionally, well over 50% of the offenders in the program were convicted of drug offenses.

Costs and Benefits of Drug Treatment

It is estimated that correctional drug treatment costs range from $1,000 to $4,000 per inmate per year, depending upon the intensity of the program (Wexler, 1990). When considering the costs of drug treatment programs, however, it is important to consider the costs to society for drug-related crime, medical costs for illness associated with lifetime drug use, and the costs of incarceration for drug dependent offenders, who have a high probability of being reincarcerated. Therefore, a reduction in recidivism and drug use by offenders, and concomitant reductions in drug-related crime and victim impact, should more than balance the additional costs to the state for drug treatment. Recent cost-benefit analyses of the Treatment Outcome Prospective Study (TOPS), a study of over 10,000 participants in residential and out-patient community drug treatment programs in the early 1980's, showed substantial reductions in crime-related costs to the nation both while clients are in treatment and during a one-year follow up. The authors noted that the reduction in costs is at least as large as the cost of treatment (Hubbard, et.al., 1989).

Conclusion

Drs. Gregory Falkin, Harry Wexler, and Douglas Lipton succinctly summarize the status of drug treatment programs in prison when they note (1990, p. 25):

"The complexity of the problem and limitations in both the current state of knowledge and practice, suggests that a period of experimentation with treatment interventions is needed and that new techniques should be thoroughly evaluated... Our assessment of the situation, however, is limited by the fact that the evidence of effective interventions is limited as is the current state-of-the-art in correctional treatment. Accordingly, corrections should expand on what currently works, and it should attempt innovative approaches in the future. These interventions should be carefully evaluated so

that drug treatment in correctional settings can be modified based on the best available scientific knowledge."

Given the large number of drug-dependent offenders who are at risk to recidivate, and given the appropriateness of the prison setting to facilitate drug treatment, programs that can successfully reduce the drug use of offenders should be explored.

— Lisa Riechers
Research Specialist

REFERENCES

Andrews, D.A. & Kiessling, J.J. (1980). Program structure and effective correctional practices: A summary of the CAVIC research. In R.R. Ross & P. Gendreau (Eds.), Effective Correctional Treatment. Toronto: Butterworths.

Chaiken, M. (1989). In-prison programs for drug-involved offenders. Issues and Practices. Washington, D.C.: National Institute of Justice.

DeLeon, G. (1985). The therapeutic community: Status and evolution. International Journal of the Addictions, 20(6&7), 823-844.

DeLeon, G. (1988). Legal pressure in therapeutic communities. In C.G. Leukefeld & F.M. Tims (Eds.), Compulsory Treatment of Drug Abuse: Research and clinical practice (Research Monograph Series 86, pp. 160-177). Rockville, MD: National Institute on Drug Abuse.

Fabelo, T. & Riechers, L. (1989). Drug use and recidivism. Austin, TX: Criminal Justice Policy Council.

Falkin, G.P., Wexler, H.K, & Lipton, D.S. (1990). Hard drugs and hard time: The use of drug treatment for reducing recidivism among offenders. Unpublished manuscript. New York, NY: Narcotic and Drug Research, Inc.

Field, G. (1989). The effects of intensive treatment on reducing the criminal recidivism of addicted offenders. Federal Probation, 53(4), 51-56.

Fredlund, E.V., Spence, R.T., Maxwell, J.C., & Kavinsky, J.A. (1990). Substance use among Texas Department of Corrections inmates, 1988. Austin, TX: Texas Commission on Alcohol and Drug Abuse.

Gendreau, P. & Ross, R.R. (1983). Success in corrections: Programs and principles. In R. Corrado, M. LeBlanc, & J. Trepanier (Eds.), Issues in juvenile justice. Toronto: Butterworths.

Gendreau, P. & Ross, R.R. (1987). Revivification of rehabilitation: Evidence from the 1980's. Justice Quarterly, 4(3), 349-408.

Hubbard, R.L, Marsden, M.E., Rachal, J.V., Harwood, H.J., Cavanaugh, E.R., & Ginzburg, H.M. (1989). Drug abuse treatment: A national study of effectiveness. Chapel Hill: University of North Carolina Press

Innes, C.A. (1988). Drug use and crime. Special Report. Washington, D.C.: Bureau of Justice Statistics.

Johnston, L.D., O'Malley, P.M., & Bachman, J.G. (1986). Drug use among American high school students, and other young adults, national trends through 1985. Rockville, MD: National Institute on Drug Abuse.

National Institute of Justice (1990). 1988 Drug Use Forecasting Annual Report. Research in Action (March). Washington. D.C.: author.

New York Department of Correctional Services (1989). Statement to the United States Senate Committee on the Judiciary. Albany, NY: author.

Simpson, D.D. & Friend, H.J. (1988). Legal status and long-term outcomes for addicts in the DARP followup project. In C.G. Leukefeld & F.M. Tims (Eds.), Compulsory Treatment of Drug Abuse: Research and clinical practice (Research Monograph Series 86, pp. 81-98). Rockville, MD: National Institute on Drug Abuse.

Spence, R.T., Fredlund, E.V., & Kavinsky, J.A. (1989). 1988 Texas survey of substance use among adults. Austin, TX: Texas Commission on Alcohol and Drug Abuse.

Wexler, H.K. (1990). Prepared statement before the Committee on Labor and Human Resources of the United States Senate on Drug treatment in the Criminal Justice System. New York, NY: Narcotic and Drug Research, Inc.

Wexler, H.K., Falkin, G.P., & Lipton, D.S. (1990). Outcome evaluation of a prison therapeutic community for substance abuse treatment. Criminal Justice and Behavior, 17(1), 71-92.

Wexler, H.K., Lipton, D.S., & Johnson, B.D. (1988). A criminal justice system strategy for treating cocaine-heroin abusing offenders in custody. Issues and Practices. Washington, D.C.: National Institute of Justice.

The Policy Council is a statutorily created state agency serving as a research center, information authority, and the Statistical Analysis Center for criminal justice issues in Texas. This newsletter has been funded in part by U.S. Department of Justice, U.S. Bureau of Justice Statistics cooperative agreement 86-BJ-CX-K014.

Criminal Justice Policy Council
P.O. Box 13332
Austin, Texas 78711

ADDRESS CORRECTION REQUESTED

BULK RATE
U.S. POSTAGE PAID
AUSTIN, TX
PERMIT NO. 560