

A black and white photograph of a person in a white shirt behind vertical prison bars. A syringe is visible in the lower-left foreground. A blue rectangular overlay is positioned in the middle-right section of the image.

Reducing Offender Drug Use

*Through Prison-
Based Treatment*

More than 1.9 million American adults were in Federal prisons, State prisons, and local jails at midyear 1999—a number as large as the population of Houston, Texas.¹ More than half of these prisoners said they had used drugs in the month before their offense, 16 percent said they had committed their offense to get money for drugs, and two-thirds were actively involved with drugs prior to their admission to jail.²

These statistics can change if inmates with substance abuse problems are treated. According to the Office of National Drug Control Policy, treatment while in prison and under postincarceration supervision can reduce recidivism by roughly 50 percent.³ According to calculations by the National Center on Addiction and Substance Abuse at Columbia University, the cost of treatment in conjunction with education, job training, and health care averages \$6,500 per year. The benefit of each inmate who completes the program and becomes a law-abiding, tax-paying citizen would—after 1 year—add up to 10 times the amount spent on the inmate's rehabilitation.⁴

In light of these statistics, Congress passed the Violent Crime Control and Law Enforcement Act of 1994, which directs the Department of Justice to support States in their efforts to provide treatment to

offenders by making funds available for the Residential Substance Abuse Treatment (RSAT) for State Prisoners Formula Grant Program.⁵ The funds are provided by the Corrections Program Office (CPO), which is part of the Department of Justice's Office of Justice Programs.

RSAT funds enhance residential substance abuse programs by providing individual and group treatment activities for offenders in residential facilities operated by State and local correctional agencies.

All States are eligible to participate in the RSAT program, but they must meet certain criteria to receive funding. For example, individual program sites are funded if:

- The offender participates in the program for 6 to 12 months.
- The residential treatment facilities are set apart from the general correctional population.
- The program focuses on the substance abuse problems of the inmate.
- The program develops the inmate's cognitive, behavioral, social, vocational, and other skills to solve the substance abuse and related problems.
- The program agrees to implement or continue to require urinalysis and/or other proven, reliable forms of drug and alcohol testing of individuals

assigned to RSAT programs in correctional facilities.

In addition to these requirements, States are encouraged to adopt comprehensive approaches to substance abuse testing and treatment for offenders, including relapse prevention and aftercare services. Aftercare services should involve coordination between the correctional treatment program and other human service and rehabilitation programs, such as education and job training, parole supervision, halfway houses, and self-help and peer group programs, that may aid in rehabilitation.

To help States develop, implement, and maintain RSAT programs, CPO provides technical assistance and training on effective substance abuse treatment strategies and programs.

In addition, CPO provides funds to NIJ for the evaluation of the State grant program. Since the RSAT NIJ/CPO evaluation program began, 56 evaluation grants have been awarded—55 individual local program evaluations and 1 national evaluation. To avoid potential conflicts of interest that can occur when program offices oversee evaluations of their own programs, CPO is collaborating with NIJ in the management of the evaluation component.

The evaluations fall into two types: outcome and process. Reports from the outcome evaluations will begin to be available in late 2000. In the meantime, findings from the process evaluations are laying the groundwork for understanding the effectiveness of RSAT. For example, process evaluations provide data about program treatment models and integrity, participant characteristics, comparison groups, valid and reliable measurement tools, and implementation barriers and solutions.

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Evaluation Reports Available on the RSAT Process

The following reports are available by visiting the database of the National Criminal Justice Reference Service (NCJRS) at <http://www.ncjrs.org/database.htm>, or by calling NCJRS at 1-800-851-3420.

Delaware

Steve S. Martin, Clifford A. Butzin, Christine A. Saum, James A. Inciardi, Hilary L. Surratt
"Factors Affecting Client Motivation in Therapeutic Community Treatment for Offenders in Delaware, Summary Report, 1999," University of Delaware, NCJ 182358.

Steve S. Martin, Clifford A. Butzin, Christine A. Saum, James A. Inciardi
"Three-Year Outcomes of Therapeutic Community Treatment for Drug-Involved Offenders in Delaware: From Prison to Work Release to Aftercare," *The Prison Journal*, September 1999, p 294-320, vol. 79, no. 3, NCJ 180311.

Florida

C. Aaron McNeece
"Evaluation of the Florida Department of Corrections Residential Substance Abuse Treatment for State Prisoners Program—Final Technical Report," Florida State University, NCJ 180107.

Michigan

William C. Birdsall, Maureen Okasinski
"Process Evaluation of a Residential Substance Abuse Treatment Program for State Prisoners: The W.J. Maxey Boys Training School," University of Michigan, NCJ 181402.

James Austin, Kelly Dedel Johnson, Wendy Naro
"Process Evaluation of the Michigan Department of Corrections'

Residential Substance Abuse Treatment Program," National Council on Crime and Delinquency, NCJ 181650.

Missouri

Donald M. Linhorst
"Report of a Process Evaluation of the Ozark Correctional Center Drug Treatment Program: Final Report," University of Missouri—Kansas City, NCJ 181648.

Jeffrey E. Nash
"Final Report of Outcomes for the Ozark Correctional Center Drug Treatment Program," University of Missouri—Kansas City, NCJ 181649.

New Mexico

Paul Guerin, Robert Hyde, Mitzi Wyatt
"Process Evaluation of the Genesis Program at the Southern New Mexico Correctional Facility," University of New Mexico, NCJ 179986.

Pennsylvania

Douglas Young, Rachel Porter
"Collaborative Evaluation of Pennsylvania's Program for Drug-Involved Parole Violators," Vera Institute of Justice, Inc., NCJ 180165.

South Carolina

William Ruefle, J. Mitchell Miller
"Evaluation of the South Carolina Residential Substance Abuse Treatment Program for State Prisoners—Final Report," Washington State University, NCJ 181050.

Texas

Kirk von Sternberg, Joseph Carbonari
"An Evaluation of the New Choices Substance Abuse Program in the Harris County Jail, Houston, Texas," University of Houston, NCJ 182364.

Virginia

Jill A. Gordon
"Qualitative Examination of the Implementation Process at Barrett Juvenile Correctional Center," Virginia Commonwealth University, NCJ 178737.

Amy Stichman
"Correctional Program Assessment Inventory: Conducted on Barrett Juvenile Correctional Center," Virginia Commonwealth University, NCJ 178738.

Washington

Clayton Mosher, Dretha Phillips
"Collaborative Intermediate Evaluation of the Pine Lodge Pre-release Therapeutic Treatment Community for Women Offenders in Washington State," Washington State University, NCJ 181406.

Wisconsin

Kit R. Van Stelle, D. Paul Moberg
"Process Evaluation of the Wisconsin Residential Substance Abuse Treatment Program: The Mental Illness—Chemical Abuse Program at Oshkosh Correctional Institution," University of Wisconsin—Madison, NCJ 174986.

National Evaluation

Douglas Lipton, Frank S. Pearson, Harry K. Wexler
"National Evaluation of the Residential Substance Abuse Treatment for State Prisoners Program: From Onset to Midpoint," National Development and Research Institute, NCJ 182219.

Findings from the process evaluations reveal the following features:

- RSAT programs are using the following modalities as their primary treatment approach—therapeutic community, cognitive skills/behavior, 12-step (the abstinence and support process used by groups such as Alcoholics Anonymous), and a combination of these tactics.
- Where significant delays in program implementation have occurred, the difficulties appear to be in locating appropriate facilities, constructing facilities, recruiting trained treatment staff, and contracting with treatment providers because of State bidding and proposal processes.
- The need to keep the prison's treatment beds separate from the prison's general population can be compromised by the need for additional beds for the general population.
- The structural and substantive changes that occurred in some RSAT programs were so extensive that treatment of participants did not become standardized for a significant length of time.
- Without aftercare programs in the community, treatment gains in prison are frequently lost after release.
- Treatment staff frequently need specific curriculum training to ensure that uniform treatment is given to all participants.

Preliminary indications—which will be confirmed by the outcome evalu-

ations—indicate that (1) the RSAT initiative has helped States increase their substance abuse treatment capacity within correctional facilities, and (2) the development of screening and assessment tools that identify appropriate inmates for the substance abuse treatment programs resulted in a better use of correctional resources.

Outcome findings from the Delaware program indicate that effects on inmates are significant and remain so for clients who complete secondary treatment in a therapeutic community work release center. Clients who receive continued aftercare are more likely to remain drug- and arrest-free for longer than clients who do not. Effects on inmates in other sites will be reported as they become available.⁶

NIJ plans to produce a compendium in late 2000 summarizing the process evaluations. The compendium also will contain an overall synthesis that includes commonalities and important findings that cut across all or several of the local-site reports and the national evaluation.

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Notes

1. Beck, Allen J., *Prison and Jail Inmates at Midyear 1999*, Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics, April 2000 (NCJ 181643).
2. Wilson, Doris James, *Drug Use, Testing, and Treatment in Jail*,

Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics, May 2000 (NCJ 179999).

3. *The National Drug Control Strategy, 1998*, Washington, D.C.: The White House, February 1998. Available from the Office of National Drug Control Policy at <http://www.whitehousedrugpolicy.gov/policy/98ndcs/contents.html>.
4. National Center on Addiction and Substance Abuse at Columbia University, *Behind Bars: Substance Abuse and America's Prison Population*, New York: Columbia University, January 1998 (NCJ 171660).
5. *The Violent Crime Control and Law Enforcement Act of 1994*, P.L. 109-122.
6. Martin, Steve S., Clifford A. Butzin, Christine A. Saum, and James A. Inciardi, "Three-Year Outcomes of Therapeutic Community Treatment for Drug-Involved Offenders in Delaware: From Prison to Work Release to Aftercare," *The Prison Journal*, September 1999, 79(3): 294-320 (NCJ 180311).