



# National Institute of Justice

## Research Preview

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# Evaluation of Drug Treatment in Local Corrections

*Summary of a Research Study by Sandra Tunis, James Austin, Mark Morris,  
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Arrests for illegal drug use have been a major factor in increasing jail populations, which has created interest in the effectiveness of drug treatment programs in local jails. A recent evaluation, sponsored by the National Institute of Justice, indicates that the greatest immediate benefit of jail drug treatment programs has been to provide a “behavioral management tool” that controls inmates’ behavior, contributing particularly to lower levels of violence.

The programs have had modest positive effects in reducing recidivism within 1 year of jail release. Considering their limitations, however, they have potential for greater success. Limitations included weak or nonexistent aftercare, mismatches between lengths of programs and time in incarceration, budget constraints (such as funds for aftercare), and training issues.

### Study methodology

The research design comprised two major components. The first involved detailed descriptions and analyses of five drug treatment programs: Jail Education and Treatment (JET); Deciding, Educating, Understanding, Counseling, and Evaluation (DEUCE); and Rebuilding, Educating, Awareness, Counseling, and Hope (REACH), all in California; and Substance Abuse Intervention Division (SAID) and New Beginnings, both in New York.

The second study component assessed program completion rates for participants as well as 12-month postrelease outcomes (the probability of being rearrested and convicted within 12 months after release) for participants and matched comparison groups. For most sites, comparison groups included offenders in the same facility who were matched by race, age, primary offense, and sentence length.

### Key program characteristics

**Length of stay.** The five programs recognized length of stay as a challenge to participation, which was voluntary

among inmates with a history of substance abuse who could be housed in minimum- or medium-security facilities. Three jurisdictions required a remaining minimum period of incarceration (usually 90 days) for entrance into the program, although in practice few individuals were rejected on this basis.

For three programs, movement into the next phase of treatment was based on time spent in the previous phase. Some offenders received only the basics of the program because they left jail early; others who were not ready for the next phase were moved into it simply because they had spent time in the first phase. This mismatch suggests that program staff may need to redesign their programs to develop services for those jailed for 3 days as well as for 3 months.

**Types of participants.** About one-third of the participants were Caucasian, more than one-third were African American, and one-fourth were Hispanic. Participants also differed in education level, employment history, marital status, self-reported alcohol- and drug-use patterns, and prior drug treatment participation. The average age across sites was between 31 and 32.

Offenders who were Caucasian, “older” (over 28 years), and had no previous (self-reported) history of mental illness were significantly less likely to leave the programs prematurely or to be expelled. This finding suggests the need to develop specific inhouse or ancillary services for particular groups.

**Treatment issues.** All programs addressed recovery from a physical, psychological, emotional, and social perspective. They offered traditional drug treatment services, including counseling and self-help groups. DEUCE and REACH were primarily curriculum based; the others relied more heavily on counseling. All except SAID continued to conduct drug testing.

The level or intensity of treatment services participants actually received is not clear, however, because of (1) differences in length of stay in jail, (2) differences in needs related to race/ethnicity and age, and (3) difficulty in treating those with both substance abuse and psychiatric problems. One response may be to provide substance abuse information to all inmates while focusing intensive treatment efforts on those who are most likely to benefit from and/or to be in need of services.

**Aftercare.** Although treatment providers recognized the importance of integrated postcustody services, formal aftercare links were limited. Other studies have found that aftercare programs preserve or extend treatment effects.

**Custody-treatment program relations.** At all sites except SAID, agencies such as a school district or substance abuse agency ran the programs. Although all sites offered at least some cross training of custody and treatment staff, more training of custody staff could help gain their support for the programs. Ideally, custody staff should be included in program planning and training.

### Programs' effects

**Infraction rates.** At all sites, program participants were housed in separate living units; in all but one, participants were separated from other prisoners for most daily activities. The infraction rates for these programs were compared with rates for comparable units within each facility. The treatment programs were found to have fewer incident reports in general—there were lower rates of serious behavioral problems (e.g., physical violence) and, to a lesser extent, other behavioral problems (e.g., insubordination and possession of [non-drug] contraband).

**Recidivism rates.** Seventeen percent of the treatment group and 23 percent of the comparison group were recon-

victed at least once during the 1-year followup period, most for property or drug crimes. The differences between the two groups were greatest for older offenders, those with at least two prior convictions, and Caucasians and Hispanics. Among treatment participants, the probability of reconviction was lower for abusers of one drug than of multiple drugs, those who did not prematurely leave the programs, and those who stayed longer than 1 month.

### Future evaluations

Because more complete postrelease outcome data are essential, future studies should include a followup period of at least 2 years. Evaluations should quantify not only the cost of treatment but also costs avoided by positive treatment outcomes. Studies should also assess the impact of programs on jail management and operations, data on prisoner behavior, and costs associated with disciplinary incidents.

The final report, *Evaluation of Drug Treatment in Local Corrections*, prepared under NIJ grant 91-DD-CX-K052, was written by Sandra Tunis, Ph.D., James Austin, Ph.D., Mark Morris, Ph.D., Patricia Hardyman, Ph.D., and Melissa Bolyard, M.A., of the National Council on Crime and Delinquency. Limited copies of the full report are available; contact the National Criminal Justice Reference Service at 800-851-3420, or e-mail [askncjrs@ncjrs.org](mailto:askncjrs@ncjrs.org). Ask for NCJ 159313. The report is also online at <http://www.ncjrs.org>.

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