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National Institute of Justice

Research
in Action

James K. Stewart, Director

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Prison Programs for Drug-involved Offenders

by Marcia R. Chaiken

Many drug-involved offenders repeatedly circle through the correctional system. Breaking the cycle of drug use, crime, and incarceration is a high priority for criminal justice practitioners, legislators, and other citizens.

This *Research in Action* outlines the current status of programs for drug-involved offenders in prisons and describes programs and practices for dealing with them. The information was collected for a recent National Institute of Justice *Issues and Practices* report,¹ based primarily on a national survey of prison programs, a review of evaluations of past and current programs and their subjects' postrelease performance, and a study of four programs that surfaced during the review.

Providing programs for drug-involved inmates

Although drug use in the general population appears to be declining over the past decade,² there is no evidence that the number of drug-involved offenders coming into the system will decline any time soon.

A 1979 census revealed 304,844 persons serving time in State prisons.³ Thirty-three percent reported having used drugs regularly—once a week or more often for at least a month.⁴ An estimated

100,000 prisoners had used major drugs—heroin, illicit methadone, cocaine, LSD, or PCP—regularly before their most recent arrests.

By 1986, the number of State prisoners had grown to 465,383,⁵ of whom more than 35 percent—close to 140,000—used one or more of the major drugs regularly before arrest,⁶ and over a quarter of a million reported using other drugs, primarily marijuana or hashish, regularly.

Corrections administrators have responded to the growing numbers of drug-involved offenders by increasing the enrollment of inmates in prison programs. In 1979, for example, an estimated 4.4 percent of inmates in the 50 State corrections systems were in drug treatment.⁷ By 1987, 11.1 percent of inmates were enrolled in treatment programs.

Despite this 150 percent increase, the number of drug-using inmates far exceeds the enrollment level: 62 percent of prisoners reported using illicit drugs regularly before incarceration and 35 percent used major drugs. Over half of all inmates in prisons were regularly involved in using drugs before their last arrest but were not enrolled in programs to treat their drug abuse.

Many drug-involved inmates have been in and out of detention facilities since adolescence. They began using drugs and committing crimes as youngsters. A small proportion of them were violent

drug-involved offenders before they were 16, committing hundreds of crimes including robberies and burglaries each year they are free.⁸ Other high-rate dangerous drug-involved inmates committed crimes for many years before getting caught and sent to prison for the first time.⁹

Entrenched in a lifestyle that includes drugs and crime, many of these offenders when released are very active criminals, robbing and assaulting vulnerable victims, breaking into homes, and distributing drugs. Parole doesn't necessarily deter them, as research suggests that the highest rate, most dangerous drug-involved offenders have a history of escaping supervision.¹⁰ Clearly, releasing these types of drug-involved offenders from prison without changing their behavior is offensive to the public interest.

Four promising approaches: common elements.

Few prison programs have carried out evaluations of the effects of treatment on the subsequent behavior of inmates. The four programs highlighted here were chosen because they had collected such information and they reported relatively low rates of recidivism among program participants. Generally the programs dealt with previously serious offenders, but their recidivism rates after program participation were as low as 16 percent.

The four programs and their founding dates were—

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Cornerstone Program, Oregon, 1976.¹¹

Lantana Program, Florida, 1974.¹²
(This program was converted to a facility for women offenders in January 1989.)

Simon Fraser University Program, British Columbia, 1972.¹³

Stay 'n Out Program, New York, 1977.¹⁴

These four programs share several noteworthy characteristics, especially—

- They have special sources of funds, earmarked for their use and administered separately from other correctional services.

- The programs exist as guests of established host institutions; thus they can focus on program activities rather than such institutional matters as housing and food preparation.

But there are other points in common:

- The programs use a comprehensive approach and wide range of activities that are commonly found in freestanding residential programs rather than in traditional prison drug programs.

- The program providers are more likely to come from professions other than corrections, although they are sensitive to security regulations and willing to work within them.

- Program participants typically were involved heavily in drug use and committed many serious crimes before incarceration.

- In carrying out program activities, these participants learn a range of practical life skills.

- Program staff members maintain contact with participants after release and provide followup support.

Traditional drug programs in prison typically serve criminally active offenders, but they are less likely than residential

programs to include job counseling, vocational rehabilitation, and education.

Over 80 percent of other residential programs incorporate family therapy or counseling, but less than 41 percent of prison programs have provided this service. And while the vast majority of other residential programs provide referral and aftercare followup, fewer than 65 percent of prison programs provide referral, and less than 27 percent follow up.¹⁵

Traditional prison drug programs also are less likely than other residential programs to include the following features, all found in the four programs discussed here:

- Clear statements of the program rules and the consequences of breaking them.

- Obvious concern by program staff about the welfare of participants.

Prognosis improves for rehabilitation

Based on findings, researchers in the last decade generally question whether penal treatment can change the behavior of drug-involved offenders—or any offenders. Studies in the mid-seventies helped promulgate the negative perception of the effectiveness of rehabilitation—“nothing works.”¹⁶

In 1979 the National Academy of Sciences reexamined research results and reported poor prospects for rehabilitation: Although the panel reported that the “literature does afford occasional hints of interventions that may have promise,” it strongly advised against widespread implementation.¹⁷

More recently, however, researchers who doubted the effectiveness of *prison* programs that attempt to change behaviors have expressed cautious optimism about current prison-based programs for *drug-involved* offenders—specifically those who are heroin addicts.¹⁸

- Participant regard for staff members as persons worth imitating.

- Preparation of participants for future problems, including family and job problems.

- Utilization of community resources.

Previous research indicated these components were essential to good program outcomes.¹⁹ Because persistent, drug-involved offenders have many of the same complex social, psychological, educational, and vocational needs no matter where they live, there is reason to believe that the programs reported here could be replicated in other settings.

Funding for longevity

The special sources of funding—usually earmarked by the legislature—help explain the longevity of these programs.

Lantana's moneys came from funds allocated for “youthful offender” programs. Stay 'n Out is administered by New York Therapeutic Communities under contract with the State Department of Correction Services—but its appropriation is a legislatively approved portion of the State Executive Budget.

Cornerstone is administered by the Oregon Department of Mental Health through a cooperative agreement with the Department of Corrections. Funds are legislatively allocated to the Department of Corrections from the beer and wine tax collected by the State Office of Alcohol and Drug Programs. Cornerstone pays rent to the State Hospital but is technically separate from it.

Part of the funds used by the Simon Fraser Program are nationally legislated by the Canadian government for the specific purpose of increasing literacy. The funds pay for courses to train and certify inmates as reading instructors. In turn the inmate-tutors give many more hours of instruction than could teachers drawn from institution staff members.

Seriousness of offenses

Most prison inmates have not committed many serious crimes, but many drug program participants have committed *very* many serious crimes over *long* periods of time. The Simon Fraser participants had an average of six periods of incarceration as adults, an average of three incarcerations as juveniles, and an average age of 15 at first conviction.²⁰

Similarly, Cornerstone participants' average age was 31, but they first started abusing substances at an average age of 12.5 years. First arrest, on average, came at 13.6 years, and the average number of adult arrests was 13.7, with an average of 6.9 adult felony arrests and more than 7 years' incarceration as adults.²¹

Comprehensive approach

Through the broad approaches used and the range of activities provided, the four programs are more typical of free standing residential programs.

Two have essentially created therapeutic communities in prison dormitories. One program has instituted a modified form of therapeutic community for prisoners in a nearby mental hospital unit. The fourth has in essence created university buildings behind prison walls. Each provides such a wide range of activities as to intervene in every aspect of participants' lives: social, psychological, economic, and recreational.

All four regard participants' histories of drug use as only one element of their criminal lifestyles. The programs focus on participants' review of every element of their lives—including destructive interaction with friends, families, and employers; participation in crimes; and drug use. Rather than attempt to persuade participants to give up drugs, the programs provide opportunities to learn and practice more constructive behavior patterns.

Activities and staff

Certain primary activities are clearly mandated. Cornerstone provides a set number of sessions administered by professional staff, as did Lantana; Stay 'n Out provides group sessions run by ex-addicts. Simon Fraser provides a minimum number of classroom hours.

At the same time, all four provide an opportunity to learn and refine organizational and interpersonal communication skills—especially negotiation instead of confrontation—and alternative, gratifying ways of spending leisure time.

Of the four, the Simon Fraser staff most clearly has no ties to the field of corrections. Members are drawn from university faculty with previously demonstrated classroom ability in other contexts. Most Cornerstone staff members come from backgrounds in clinical psychology. Although they may have had experience in dealing with substance abusers, few of their previous clients were prisoners.

The Stay 'n Out staff is primarily ex-addicts. The Lantana staff was drawn from within the Department of Corrections and a variety of outside fields, primarily psychology. All program staffs have realistic goals for participants, tempered by the realization that the clients are not only substance abusers but criminals—many of them highly active predators.

Many staff members say they never forget they are dealing with people who rob or assault other people. They note that these are not people who are mentally sick but individuals whose thought processes had to have been unusual for them to commit the crimes for which they are incarcerated.

Followup and aftercare

Two of the four programs have formal processes for continued affiliation with the program after release.

Cornerstone coordinates services with a parole officer who is assigned only Cornerstone ex-prisoners and works with a Cornerstone staff member who is assigned just before the participant's return to the community. As a condition of parole, participants sign a contract to continue to attend a weekly Cornerstone graduate group, meet weekly with a counselor, and be monitored by urinalysis and breathalyzer approximately three times a week. Counseling is available whenever needed—24 hours, 7 days a week.

Simon Fraser's inmate-students are encouraged to finish their degrees at the main Burnaby campus near Vancouver, British Columbia, where the university makes scholarships, loans, and housing assistance available.

Neither Lantana, nor Stay 'n Out has formal aftercare, but several staff members provide assistance on their own initiative. They provide advice, track down disappearing former participants to see if they need help, and persuade former participants to work with prisoners as professionals in Stay 'n Out (at Lantana, they would have been volunteers).

Barriers to success

Four kinds of barriers to continued success regularly arise:

Changes in priorities. Shifts in program priorities can arise from many different sources—new administrators inside or outside the institution, volunteers who offer to tutor or lead self-help groups, businesses willing to train prisoners but expecting to establish a lucrative prison industry. Although the new priorities may benefit the prisoners, they can disrupt well-established programs, and the staff must retain flexibility.

Constraints on resources. If funding grows short, it obviously restricts the program's viability and effectiveness, but other problems can spring from re-

strictions on space or competition for prisoners' time.

Staff resistance. Ongoing resistance is common from the lowest ranking professionals who must deal with the prisoners daily. But the most critical resistance occurs when the program is first introduced or when there is a change in members of the correctional administration who coordinate activities with the program.

Prisoner resistance. Drug-involved prisoners typically are more persistent and more serious offenders than others. They also resist change harder, displaying cultural resistance to the program, individual resistance to initial participation, or individual resistance to following program activities.

Typical response to such resistance involves negotiation with all parties to determine concerns and needs, development of new program components to meet those concerns, and implementation of the new components in a manner that complements the older components rather than detracting from them.

Mutual benefits

Prison administrators find that in addition to treatment benefits, these programs furnish managerial and administrative benefits. The programs help provide good security, help improve working conditions for correctional staff, reduce staff conflict, and provide a resource for conflict resolution and the potential for positive publicity.

Correctional staff members find the programs excellent "management tools" and program staff has access to a literally captive audience from which to recruit. The prisoners find the programs preferable to other prison routines that they might otherwise follow.

Creating similar programs

To create similarly successful programs, innovative sources of State funds may be

available for legislative earmarking. Funds available through Federal agencies should be used for startup costs only—not for ongoing program costs.

Even the most effective programs that rely exclusively on Federal rather than State funds are likely to be dropped once the funding ceases. Among prison drug programs no longer operating, study results indicated that 70 percent were eliminated because they were dependent on Federal funding that was ended after an initial demonstration.

Before deciding to implement new programs, administrators should examine the existing ones. Programs already in place may be better than newer, more popular ones, and ongoing programs can be replicated under conditions that permit careful tests of their effectiveness.

Program providers from outside corrections may be an excellent resource for new programs if they have long-term experience in working to change participants' lifestyles. Requests for proposals could be brought to the attention of local colleges and universities, private and public community drug treatment centers, mental health agencies, comprehensive health care agencies, and agencies that deal with arrestees who are diverted from the criminal justice system.

Programs may be best housed in State institutions *other* than prisons. While prisons in many States are severely crowded, other potentially suitable residential institutions may be underutilized. Facilities such as mental hospitals require little or no renovation to provide medium or minimum security.

Even if crowding is not a problem, housing a program in another institution may be appropriate if it is near enough for immediate transfer of disruptive inmates back to the prison and if the other institution has adequate units with limited and controlled physical and visual access. For programs targeted on

inmates nearing release, an institution near a community large enough to provide job opportunities and low-cost housing would facilitate gradual release of eligible inmates and supervision of parolees.

Initial implementation

Effective programs require cooperation among diverse agencies, all of which need to realize benefits from the program. Such coordination is best negotiated at the State level. At a minimum, correctional administrators, parole supervisors, and local law enforcement should come on board early.

A plenary committee should produce a contract or other document detailing the division of responsibility for specific services and materials. Although the department of corrections traditionally has a primary role, significant savings can be realized if responsibilities are equitably divided between corrections, the department housing the program, and the program providers.

Responsibility must be assigned for such integral steps as these:

- Selecting participants.
- Disciplinary expulsion of a participant.
- Taking less serious disciplinary action for minor infractions.
- Awarding privileges to participants for achieving goals.
- Structuring activities for discretionary time.

Day-to-day disagreements between program and correctional staffs can be minimized by a quick-acting coordinating or negotiating committee, meeting frequently. Conflicts can also be minimized by starting initially with the smallest number of staff members and participants needed to be cost-effective.

Beginning with a relatively small program will help topple initial barriers.

Selecting participants

Growing evidence indicates that offenders who enter treatment programs because of legal coercion are just as likely as others to respond favorably. In practice, those who entered under coercion *chose* to do so as an alternative to other forms of supervision; for example, they chose drug treatment instead of prison.²²

Legal coercion thus cannot be equated with mandatory participation. Experienced administrators report that mandatory participation does not appear to work. Prisoners assigned against their will are frequently extremely disruptive. However, the programs can provide opportunities such as desired recreational activities that make the program more attractive than a regular prison routine.

An effort to recruit the most serious, persistent offenders is recommended. Many offenders cycle regularly through institutions, and when they are released get by on odd jobs, living with relatives, and an occasional theft or burglary that lands them back in prison or jail.

But a small proportion of offenders are extremely active criminals. When released, they may commit hundreds of crimes a year so long as they have not learned to lead a less criminal life. Recruiting *this* type of offender for treatment is more likely to improve public safety and quality of life for everyone.

Promoting continuity

Program directors should regularly provide documentation of program activities and their impact to legislators, governor's staff, correctional administrators, and other agencies involved. Continuity can also be enhanced by fully briefing

A more complete account of this study is available in the Issues and Practices report on which it is based, *In-Prison Programs for Drug-Involved Offenders* (NCJ 117999), free on request from NCJRS. Call 800-851-3420 to order your copy (in Maryland or Metropolitan Washington, D.C., call 301-251-5500).

new administrators, explaining the benefits for the new administrator's office and meeting its new priorities without compromising the integrity of the program.

Onsite inspection of the program by legislators can increase the positive view of the correctional administration, raise program staff morale, and enhance the prestige of the program among prisoners.

Program evaluators can provide answers to questions like these:

- Who are the participants? Is the program reaching the most serious offenders? Or only offenders who have a low probability of recidivism?
- How long are participants involved in the program? Is this the right length of time for reducing recidivism?
- What are the program activities? Compared with those of prisoners *not* involved in the program, what activities are carried out by participants?
- Who are the staff members in the program? Compared to staff members supervising other prisoners of the same classification, what is the ratio of staff to prisoners and what is the background and training of staff members?
- Compared with similar offenders who have not participated, do program participants commit fewer crimes after release? Are they more socially stable? Are they less involved with drugs?

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