

FORUM

on Corrections Research

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Features issues



Focusing on Alcohol and Drugs

Perspectives

Profiles

Programs



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FORUM reviews applied research related to corrections policy, programming and management issues. It also features original articles contributed by staff of the Correctional Service of Canada and other international researchers and practitioners.

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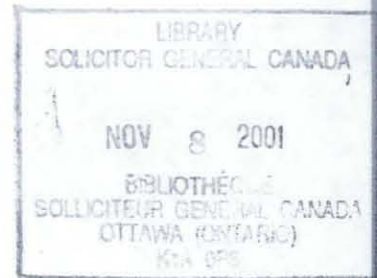
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FORUM

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Articles should be written in plain language. Complicated research and statistical terms should be avoided. However, if they are unavoidable, a clear explanation of the meaning of the term should be provided. FORUM reaches about 6,000 individuals in more than 35 countries, including academics, the public, journalists, corrections staff (from front-line staff to senior managers) and members of the judiciary. Our goal is to present reliable research to a **lay audience**.

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Ideally, articles should be 1,000 to 1,500 words in length (six double-spaced pages). Feature articles must be no longer than 2,000 words.

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Canada's National Drug Strategy

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Substance abuse is placing a significant burden on health care and social services infrastructure in Canada. Persons who abuse alcohol or drugs are at greater risk of health consequences.² They are more prone to a variety of diseases and medical complications than similar persons are in the general population. They experience health problems more frequently than others do and their illnesses are often more severe.

The drug problem in Canada

Canada has adopted a social development approach to the broader issues surrounding illicit drug use, recognizing the significant human, social and economic costs to Canadian society. The most recent figures in 1992 estimated an annual cost of \$8.9 billion. The largest cost was due to lost productivity, illness and premature death. The overall rate of illicit drug use in Canada has remained relatively stable with 23.9 percent of Canadians reporting using one or more illicit drugs during their lives in 1994.

In July 2000, the Canadian Centre for Justice Statistics reported the lowest crime rate since 1979, with declining trends in violent and property crime, as well as a 21 percent drop in the youth crime rate in the last decade. The only area of increased crime was with drug offences. The overall police reported rate of drug offences increased 12 percent, representing an upward trend that began in 1994. The vast majority of drug offences involve cannabis — approximately 75% in 1999, however, most of these offences are in combination with other types of offences.

Three inter-related federal government strategies address issues related to drugs, crime and health — Canada's Drug Strategy, the National HIV/AIDS Strategy and the National Strategy for Safe Communities and Crime Prevention — all of which have components to address drug detection and/or treatment.

Canada's Drug Strategy

The impetus for a concerted Canadian effort to address substance abuse problems emerged in 1987 in response to mounting concerns in North America about increasing rates of drug-related problems. Drug-related problems were posing a long-term and serious threat to the health and well being of Canadians. Fourteen federal departments, including Correctional Service of Canada (CSC), united their efforts under the leadership of Health Canada to launch Canada's Drug Strategy in 1987.

The Strategy promotes a balance between restricting the supply of drugs and reducing demand for drugs. It does not alter the government's lack of tolerance for trafficking; however, it positions substance abuse as being primarily a health issue rather than an enforcement issue. The long-term goal is to reduce the harm associated with alcohol and other drugs to individuals, families and communities

The objectives of the strategy were to raise awareness and educate the public about the problems associated with substance abuse, to enhance the availability and accessibility of treatment and rehabilitation, to energize enforcement and control, coordinate national efforts, and cooperate with international organizations to promote a balanced approach to the global drug problem.³ The Strategy is based on the following key principles:

1. *Balance between supply reduction and demand reduction* is needed. This principle is best accomplished by

strong partnerships between health and enforcement sectors.

2. *Prevention* is considered to be the most cost-effective intervention

3. A variety of *multisectoral partnerships* is key among federal government departments,

The Strategy promotes a balance between restricting the supply of drugs and reducing demand for drugs. It does not alter the government's lack of tolerance for trafficking; however, it positions substance abuse as being primarily a health issue rather than an enforcement issue.

provincial/territorial governments, addiction agencies, non-governmental organizations, health, social, professional, and law enforcement agencies, multilateral organizations, the private sector and community groups. Collaboration among jurisdictions and levels of government brings together the support and expertise required to deliver programs and to sustain efforts.

4. Programs and policies should be formulated with *sensitivity to gender, culture and life-stage*.
5. *Involvement of target groups* in research, program planning, development and delivery is fundamental. Integral involvement of those who will be the ultimate recipients of programs, resources, and services is essential to appropriateness, relevance, and success.
6. Prevention, treatment and rehabilitation programs must *meet the needs of drug users* many of whom use more than one drug at a time.
7. Prevention, treatment and rehabilitation programs must *consider the determinants of health* and address the underlying factors associated with substance abuse.
8. An appropriate and comprehensive *legislative framework* is necessary.
9. In relation to supply reduction, *targeting the upper echelon of criminal organizations* involved in the domestic and international drug trade is critical, requiring an increased focus on investigating and prosecuting proceeds of crime offences.

Related federal government strategies

The National Strategy for Safe Communities and Crime Prevention has a broad goal to encourage and facilitate local communities to develop and deliver innovative community safety and crime prevention initiatives. Emphasis is placed on crime prevention through social development, extending beyond the justice system. On December 9, 1998, the Solicitor General of Canada and the Minister of Justice announced a federal government commitment of \$1.6 million over four years to a pilot project aimed at moving addicts out of jail and into treatment. This project, the Toronto Drug Court, recognized that some people who are drug-dependent are better served in the health system, rather than the criminal justice system. The program is open to non-violent,

drug-dependent offenders charged with possession, possession for the purpose of trafficking, or trafficking in small quantities of crack, cocaine or heroin. The key benefit of the new drug court is that it addresses the underlying medical and social needs of the accused.

The National HIV/AIDS Strategy includes an Action Plan to address HIV, AIDS and injection drug use and includes recommendations specific to the correctional environment, to Aboriginal peoples and to women. The strategy reports that the number of infections among injection drug users is increasing dramatically. Also, Aboriginal peoples are over-represented in groups at high risk, women represent an increasing percentage of new cases. The report also indicates that those becoming infected are younger and younger, with the median age of new infection having dropped from 32 years to 23 years.⁴

Conclusion

The great diversity of needs and capacities across the many sub-populations and communities affected by illicit drug use generates significant challenges for corrections. Across CSC, considerable progress has been made in developing initiatives to address both drug and health issues. However, the backdrop of social, moral, cultural and political values around drug use often clashes with the realities of life for substance abusers. Achieving consensus on an appropriate range of responses is difficult.

In this context, CSC is now partnering with other levels of government in Canada, with non-government organizations and with other correctional jurisdictions throughout the world. CSC will continue to focus on developing programs and services that work to reduce recidivism, with the ultimate goal of enhanced community safety and public health. ■

¹ 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9

² "Substance Abuse-Related Infectious Diseases"; Chapter 7 of Treatment for Alcohol and Other Drug Abuse, Opportunities for Coordination; Treatment Improvement Exchange.

³ Canada's Drug Strategy, 1998.

⁴ HIV, AIDS and Injection Drug Use: A National Action Plan, May 1997, Canadian Centre for Substance Abuse and the Canadian Public Health Association.

The national drug strategy for the Correctional Service of Canada

Michel Roy¹

Corporate Development, Correctional Service of Canada

The fundamental purpose of Correctional Service of Canada's (CSC) Drug Strategy initiative is to address and promote two key messages: to control the supply of drugs in our institutions and to reduce the demand for drugs among federal offenders through prevention and treatment.

Canada's Drug Strategy

In brief, drug related problems were posing a long-term and serious threat to the health and well being of Canadians. During the 1980's a concerted effort to address substance abuse emerged and several federal government departments, including Correctional Service of Canada, united their efforts in a partnership to raise awareness and educate the public about the problems associated with substance abuse. The Canadian drug strategy reaffirms its non-tolerance of illicit trafficking and positions substance abuse primarily as a health issue rather than an enforcement issue; with the view that prevention through education and awareness being a more realistic and effective strategy.

Correctional Service of Canada's National Drug Strategy

There is a growing national and international recognition of the need for alternative approaches to address the human and financial costs of substance abuse. Since 1995, there has been a general acknowledgement that focusing primarily on enforcement has not worked.

In this context, Canada's Drug Strategy (1998) promotes a more balanced approach to not only control the supply of drugs but also to reduce the demand for both drugs and alcohol. Substance abuse is viewed from a public health perspective rather than a criminal perspective.

CSC clearly specifies both drugs and alcohol as part of its strategy, since most of society view alcohol use differently from other drug use. This is due primarily to the fact that alcohol use is not only legal but also socially acceptable. However, an analysis of offender intake data for admissions in the past three years found that the majority of offenders have problems with both drugs and alcohol (45%), than with alcohol alone (13%) or drugs alone (18%). Only 24% do not have a problem with drugs or alcohol.

Substance use and abuse is a serious problem for federal offenders. Approximately 70% have some identified level of problems with drugs and/or alcohol, and approximately 56% were intoxicated while committing their current offence.

Correctional Service of Canada research indicates the relationship between substance abuse and crime increases dramatically as the severity of offenders substance abuse problems increase. More than 50% of offenders with low severity problems used alcohol or drugs on their present offences compared with over 90% of those with serious problems. A similar pattern is evident across offenders' criminal histories. About 25% of the crime committed by offenders with low severity problems is associated with substance use, compared to over 80% for offenders with severe substance abuse problems.

The presence of infectious diseases among federal offenders poses a serious threat not only to staff and other offenders, but also to their families and communities on release. Each year, approximately 5,000 offenders are released back to the community.

The number of federal inmates known to be living with HIV or AIDS reached 200 for the first time in April 1999 — an increase of nearly 100 percent since 1994. The rate of Hepatitis C is estimated at between 25% to 40% of the offender population.

CSC undertook several evaluations of detection and intervention initiatives during the 1999/2000 fiscal year: search and seizure operations; the urinalysis program; core substance abuse programs; and Phase I of the Methadone Maintenance Treatment Program. In addition, the Correctional Service of Canada Task Force on Security addressed aspects of security operations that impact on the effectiveness of efforts to control drug trafficking and the use of drugs and alcohol by offenders. The results of these studies will be incorporated into policy and standard operating practices.

CSC has been recognized as an international leader in the research and treatment of addictions in a correctional context. Two of CSC's core substance abuse programs — the *Offender Pre-Release Substance Abuse Program* (OSAPP) and the community-based *Choices* program — have been accredited by an international panel of substance abuse experts.

CSC's national substance abuse programs are showing positive effects in assisting offenders to change their behaviour. A recent study² of the Offender Pre-release Substance Abuse Program (OSAPP) indicated that, compared with a matched group of offenders who did not take the program, program participants yielded *reductions* in overall readmission rate, new convictions and violent offences.

Other CSC data indicate that while most offenders choose abstinence, offenders who completed OSAPP with the goal of moderating their use of alcohol and other drugs were reconvicted at a significantly *lower* rate than those who were attempting to abstain completely from all intoxicants.

Correctional Service of Canada continues to actively pursue identification of "best practices" from provincial/territorial correctional systems as well as from the international corrections community to address both substance abuse and health-related issues.

The service has also collaborated with five Federal/Provincial/Territorial committees, under the leadership of Health Canada, to develop a federal government response to the Canadian HIV/AIDS Legal Network Report on "Injection Drug Use and HIV/AIDS: Legal and Ethical Issues". This work examined issues around needle exchange programs, methadone maintenance and other public health interventions for offenders.

Conclusion

Within a framework for action, Correctional Service of Canada's strategic position and priorities in concert

with Canada's Drug Strategy is an initiative that must be carried forward with due care and diligence. Our strategies and policies must complement the balance advocated by federal government strategies, while working within the current legal framework.

Correctional Service of Canada is in a unique position to play a key leadership role in developing strategies, which complement both federal government strategies and community initiatives to address drug and health issues for offenders.

Correctional Service of Canada is in a unique position to play a key leadership role in developing strategies, which complement both federal government strategies and community initiatives to address drug and health issues for offenders. Much is known about the offender population. There are different types of traffickers (generally with links to gangs and organized crime), pushers in institutions, and drug users. Within the group of drug users, there are recreational users and those with moderate, severe and chronic substance abuse problems. These differences necessitate a range of responses.

Extensive collaboration with communities, criminal justice partners, staff and offenders will be essential to achieving commitment to developing strategies that work. It is also important to recognize that what works in other countries or in other communities may not be directly transferable to the Canadian or CSC environment. All stakeholders must be engaged in the progress to ensure that all-possible

options, opportunities and barriers are identified and addressed. ■

¹ 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9

² T³ Associates (1999). *An outcome evaluation of CSC Substance Abuse Programs: OSAPP, ALTO, and Choices, Final Report*. Ottawa, ON: Correctional Service of Canada.

Don't be shy

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Drugs in federal corrections — The issues and challenges

Fraser McVie¹

Correctional Operations & Programs, Correctional Service of Canada

The problems and challenges of substance abuse within our society are significant. The scope and diversity of substance abuse issues within our correctional system are magnified by the fact that the federal offender population tends to reflect a high concentration of persons with serious and long established substance abuse behaviour coupled with poorly developed cognitive skills and a criminal lifestyle. There is a need for research, dialogue and cooperation amongst all partners in the criminal justice system in order to further our collective understanding and effectiveness in addressing the problem of substance abuse.

Drug and alcohol abuse is a major concern in federal corrections. Upon admission to federal custody, almost 70% of federal offenders are assessed as having some level of substance abuse problem requiring intervention. According to results obtained on an inmate survey, 34% of offenders admitted to injection drug use prior to incarceration and 11% indicated they have injected since they have been in custody. Twenty-five percent of inmates reported that they are under pressure to smuggle drugs into the institution.²

The problems of substance abuse are disproportionately represented amongst our aboriginal and women offenders, especially with respect to the incidence of serious and long-standing substance abuse.

The dramatic rise in the number of federal offenders suffering from infectious diseases such as HIV / AIDS (1–2%) and Hepatitis C (30–40%) in the past decade is linked in large measure with the substance abuse practices and associated lifestyles of many of these offenders. This mirrors a rise in the incidence of infectious diseases amongst drug users in the community, however, it is a very significant problem in our prison population, which is a closed environment where the concentration of offenders with a severe substance abuse problem substantially increases the risk of disease.

The demand for drugs amongst our federal offender population represents not only significant health risks but poses threats to the security of our facilities due to trafficking activities and the high potential for violence associated with trafficking. The problem of preventing drugs from entering our institutions is extremely difficult. There is a very high volume of

movement within a correctional facility on a daily basis, making detection of all contraband, especially drugs very problematic. For example one of our medium facilities housing 650 offenders has approximately 1905 individuals (visitors, staff, contractors, deliveries inmates) entering the institution on a weekly basis.

Drug seizures within our facilities tend to show a significant relationship with a decrease in the number of positive urinalysis tests following seizures. While there is some evidence that there may be a correlation between increased drug seizures and a lower rate of violent incidents, this is an area where more research is needed.

It is well established that gangs and organized crime groups are on the rise in our communities and most certainly exist within our prisons. We have identified at least 49 separate gangs or gang types with members represented in our offender population. It is well established that these gangs derive much of their financing from involvement at various levels in the transportation and sale of drugs.

Substance abuse amongst our offender population creates a high demand that the dealers will undertake significant efforts that ensure a supply. When supply is reduced, sometimes through effective interdiction efforts, prices are increased and offenders and their families and visitors are pressured to pack drugs into our facilities, perpetuating an underground economic cycle characterized by threats, intimidation and, too often, violence.

The fight for control of this underground economy creates security concerns as rival individuals fight with each other over the control of drug distribution. Many institutional incidents are linked in some way to the use and traffic in contraband drugs and alcohol. These problems are not endemic to the Correctional Service of Canada (CSC) alone. They are experienced in varying degrees by all correctional systems and societies worldwide. The problems of substance abuse, associated health issues and the growth of organized crime supported by illegal drug trade are increasingly international in nature reflecting the globalization of business, trade, communications and travel.

While it is perhaps good news that we are not the only ones with these problems, it underlines the need for more comprehensive and complex solutions involving national and international partnerships amongst experts in treatment, programming, health care, law enforcement, education, and research to name a few.

I also would like to dispel a myth that is sometimes perpetuated when we discuss our substance abuse challenges. It is sometimes suggested that the situation is totally out of control and is not being addressed. In other words, there is false impression that all offenders are freely using drugs and alcohol throughout their sentence and efforts to deal with the problem are ineffectual.

On the contrary, although 70% of our offenders arrive with a history of some level of substance use and abuse, our urinalysis random testing suggests that approximately 12% of our offenders test positive for drugs or alcohol at any given time. Of these, approximately one-half test positive for THC as opposed to harder drugs. While any level of positive tests is not desirable, and while these random tests may underestimate the problem to some extent, it is clear that the vast majority of persons under federal sentence are not actively using alcohol or drugs.

It is encouraging that the current priorities of the federal government include a strong endorsement of the Canada Drug Strategy that emphasizes a balanced and integrated approach to the problems of substance abuse. The Solicitor General has been championing the cause of safe communities through a renewed emphasis on research and treatment of offender substance abuse problems coupled with a strong emphasis on effective prevention and law enforcement, with a particular focus on combating organized crime.

Within the Correctional Service of Canada we are working towards a comprehensive approach. Our accredited substance abuse programs OSAPP and Choices have been very successful in reducing substance abuse and helping significant numbers of offenders to reintegrate into the community without relapsing. These programs are being augmented by the establishment of Intensive Support Units in many of our facilities which create positive drug free environments to encourage offender reintegration and relapse prevention.

Research has been a major factor in the development and evaluation of our programs and the recent establishment of the Addictions Research Centre located in Montague, Prince Edward Island, will further encourage and enhance our efforts.

We have had good success with the implementation of the methadone maintenance program and there may be an opportunity to expand this program in coming years based on evaluation of results. Contraceptives and bleach kits have been introduced to help reduce the incidence of communicable disease. While these measures have been controversial, they are part of a balanced and comprehensive approach to reduce harm caused by substance abuse.

For a number of years, an extensive program of urinalysis testing has been in place. We believe this program has been highly effective in acting as a deterrent and reducing the number of offenders actively using drugs or alcohol. When the program was first introduced we had some results over 30% positive on random selection while this quickly dropped to about 12% or less over the subsequent years since implementation. Urinalysis has also been a useful adjunct and control mechanism for monitoring offenders who are participating in certain programs or who have conditions of abstinence on conditional release.

While some inmates and outside groups suggest that the urinalysis program has driven inmates from soft drugs to harder drugs, this has not been evidenced in the random testing results where 49% of the positive tests continue to demonstrate THC use. The second drug of choice is opiates (19%), benzodiazepines (prescribed medications) and cocaine account for 13% and 14% respectively. Inmate use of opiates within federal institutions decreases as one travels west to east.

In the past year we have completed the implementation of ION Scanners in all of our maximum and medium facilities. These devices are very effective in helping to detect the presence of or exposure to drugs. Consistent use of this equipment to screen persons entering our facilities is a deterrent as well as a means of detection of illegal drugs that might be smuggled in. Positive indication on an ION Scanner is combined with other search methods and a security assessment to determine whether a person will be permitted to enter, be offered a closed visit or held for possible arrest by the police.

Drug dogs have proven to be very effective and reliable in detecting the presence of drugs. We are currently augmenting our capacity to have drug dogs available in all facilities through a program to purchase and train our own dogs in every facility. The drug dog program is supported by establishment of a position of Search Coordinator/ Dog Handler for each major facility. This individual manages the drug dog program but also develops and coordinates overall search plans for the institution.

We are working actively with our police partners to develop shared intelligence and strategies to identify and combat organized crime and gangs operating in our institutions and communities. In this regard I am pleased to report that the police community is currently very supportive of working closely with us and recognizes the value of intelligence and expert support from corrections. The issues of drug trafficking and organized crime are very high on the law enforcement agenda and corrections is viewed as a key partner.

As a member of the Canadian Chiefs of Police Substance Abuse Committee, CSC is able to take an active role in contributing to a better understanding of the correctional perspective within the police community. I am impressed that the Police share a view very similar to ours; that the problem of drugs must be tackled in a balanced way through effective prevention programs, education, enforcement, and treatment.

In conclusion, there is no question that the problem of substance abuse is a key criminogenic factor, a health threat, a security and safety concern and, if not treated effectively, a barrier to effective corrections and reintegration of offenders.

Substance abuse has many victims. The offender, his/her family and friends, the victims of crime, victims of drug related intimidation or violence, staff and offenders exposed to increased risk of disease, and the community at large which suffers increased risk to personal safety, economic loss and increased health care demands.

The problem is one of both supply and demand and both aspects must be addressed in a comprehensive way if we are to have any long term success. This can only be accomplished by partnerships amongst all key agencies and groups. A strict enforcement model has been tried many times in many places and does not work. Similarly, a preoccupation with prevention and treatment with ineffective enforcement will not work in isolation.

What about zero tolerance policies? This is tough talk and it has highlighted much of the approach to drugs in North America over the past few decades. But is it a realistic strategy that addresses and solves the problem? We know from experience that while it remains a worthwhile goal it is perhaps too rigid and does not embrace the full scope of strategies in prevention, enforcement and treatment that might be brought to bear in an integrated way towards

achieving meaningful results. Certainly enforcement and detection must be effective and the law must be upheld, but there is some flexibility and room for informed reason in how we sanction and treat persons who abuse drugs. This is why a harm reduction strategy must be fully explored and developed that encompasses a full understanding of the complexity of the problem and balances prevention, enforcement, treatment, maintenance and relapse prevention.

There is a great benefit to develop compatible approaches and strategies through collective dialogue and partnership. Research should be focused on all aspects of the equation. Our goal should be better prevention, better enforcement and better programs of treatment and assistance to offenders in managing their substance abuse problems.

We need to develop our interdiction approaches and sanctions with a view not only for the immediate situation, but also with a view to how they can promote and support our long term treatment and program strategies. The solution is not to isolate offenders or their families indefinitely, but find ways to encourage change and support for both the offender and the family so they can deal with the problem and continue to cope with it when the offender is eventually released.

A strong educational and prevention component is needed, which focuses not only on the offender but also provides meaningful and timely information and support to the family or other significant persons in the offender's life.

There are many opportunities to work with aboriginal communities and with women's support organizations to develop specific institutional and community programs that target the special needs of women and aboriginal offenders with substance abuse problems. This needs to be done.

I am convinced that together we can build on the many very good initiatives and approaches now in place. Through information sharing and research there is significant opportunity to enhance our understanding of and response to the problem of substance abuse. ■

¹ 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.

² Alksnis, C., and Robinson, D. (1995). *1995 National Inmate Survey: Final Report*. Special Report - 2A. Ottawa, ON: Correctional Service of Canada.

Alcohol and drugs: A perspective from corrections in the Province of Saskatchewan

Don Head¹

Corrections Division, Saskatchewan Justice

All correctional jurisdictions within Canada have been grappling with the issue of alcohol and drug abuse by those individuals that enter their systems. Saskatchewan is no different than any other province. However, the overall response to this issue requires more than just increased enforcement or programming. It requires an approach that recognizes all aspects of the problem and involves a multi-faceted response.

Basic facts

To understand the extent of the problem within Saskatchewan, it is worth noting some of the challenges the province must deal with in mounting a strategy to address alcohol and drug abuse. Saskatchewan had the highest crime rate in Canada in 1999 with 12,155 incidents per 100,000 population. It also had the highest violent crime rate in Canada (1,589 incidents per 100,000 population) and the second highest rate for property crimes (5,724 incidents per 100,000 population).

Approximately 75% of those involved in the criminal justice system, both as offenders and/or victims, are of aboriginal ancestry. This is almost seven times the representation rate for aboriginal peoples when looking at the provincial census data.

Saskatchewan had the highest rate of incarceration for any province in 1998-99 (161 per 100,000 population) even though the rate has been declining for the last 5 years. On average there are approximately 1,200 incarcerated offenders and 5,100 offenders under community supervision in the provincial system. Approximately 30% of the incarcerated population are being held as remands and the average length of time for a sentenced inmate is 12 months.

Extent of alcohol and drug use and abuse

Alcohol and drug abuse has been a problem in the correctional system for over 100 years. In reviewing historical data related to correctional admissions, between 25% to 30% of admissions at the turn of the

century were related to substance use. Currently, up to 93% of provincial offenders have some to serious problems with substance use/abuse even though the actual admissions for alcohol or drug related offences are less than 4% of the total admissions. Also a recent study of women offenders in the Prince Albert area has identified that 75% of the women have been or are intravenous drug users and 30% of the women have been or are involved in a methadone maintenance program.

During 1999/2000, there were 90 drug seizures in the correctional facilities. Of these 90 cases, 10 were referred to police for outside charges. In addition, 145 urine tests were requested, resulting in 103 positive tests. Based on the seizures and the drug tests, the drugs of choice appear to be: marijuana, THC products, hash-oil papers, illicit use of prescription drugs, and benzodiazepine. More recently, seizures have also included small quantities of heroin, cocaine, and Talwin and Ritalin.

One of the problems experienced by officials is how the police respond to drug seizures within the correctional facilities. The police do not normally get involved with the drug seizures when small quantities are involved. This leads to operational problems when the inmates realize that they can avoid further criminal charges when they keep the quantities they are importing small.

Recent developments associated with the admission of suspected gang members have impacted on drug activity within the correctional facilities. The number of cases of inmate assaults and "muscling" have been increasing over the last year and this seems to be most significant when alleged gang members are present within the offender population.

Effective correctional response

Over the last three years, Saskatchewan Corrections has developed a basic framework for defining an "effective correctional response". The four key elements are prevention; assessment; intervention;

Saskatchewan Corrections has developed a basic framework for defining an "effective correctional response". The four key elements are prevention; assessment; intervention; and continuum of care.

and continuum of care. Our response to the alcohol and substance use/abuse is grounded in relation to this framework and we have identified a series of opportunities that would strengthen our response to this issue.

Prevention opportunities

Based on the current environment within the province, Saskatchewan Corrections has identified several activities that will strengthen our overall prevention response. One of the key activities is related to communications. Saskatchewan Corrections has taken steps to increase communications with local police units and the Correctional Service of Canada (CSC) through the use of gang/drug liaison staff members. This will increase our ability to take proactive steps to eliminate the introduction of illicit substances within our facilities and to monitor high profile offenders or visitors who may be involved in the drug trade.

Saskatchewan Corrections is actively involved in sharing information with other correctional jurisdictions on various security matters. This includes sharing information about significant security incidents or investigations. Over the last three years Saskatchewan Corrections has been receiving CSC Security Bulletins and sharing this information with our staff as a means of enhancing our overall response to drug and alcohol use.

Every opportunity that facilitates a standardized approach to dealing with HIV/AIDS and infectious diseases within our correctional environments must be pursued. The time for discussing these issues is over and preventative measures must be put in place.

There also needs to be an active discussion about legislative amendments that address the introduction of illicit substances into correctional facilities. The belief that small quantities of drugs or the introduction of "soft drugs" into a correctional environment is not a problem is misguided and dangerous. Muscling, assaults, overdoses and an underground economy are major issues within correctional institutions.

Assessment opportunities

It is apparent that in order to make any inroads in relation to addressing offender substance abuse issues, a standardized approach to assessment is required. This not only applies to correctional jurisdictions but to other agencies or organizations involved in substance abuse assessment/treatment.

Opportunities need to be explored that would facilitate the sharing of substance abuse assessment information between jurisdictions/agencies. One of the obvious benefits would be a more timely

offender intake assessment process for correctional jurisdictions. However, the sharing of information with other agencies could facilitate ongoing treatment when an offender moves from one jurisdiction or agency to another.

The assessment of ongoing substance use by offenders while in a correctional system is another area where opportunities exist. The current approach to drug testing (urinalysis) is entrenched in a disciplinary regime. However, the use of new techniques which would allow staff to monitor offenders' substance use in a more timely fashion and one focused on effective relapse prevention is an area to be explored.

Intervention opportunities

One of the findings in reviewing our Primary Risk Assessment data is that a significantly high number of offenders are expressing their motivation to participate in programs. Unfortunately, the length of sentence for provincial offenders, the limited number of available program facilitators, and some other factors preclude a prompt response to this high level of motivation. It is clear that the more times that individuals come into contact with the correctional system their motivation to participate in programs drops off. Consequently, the correctional system must seize upon the opportunity to provide programs while the motivation levels are high.

Saskatchewan Corrections and CSC have been engaged in cross-training program facilitators for the last three years. These kind of opportunities need to be explored on a regular basis in other jurisdictions as the benefits to delivering, supporting and maintaining a common set of programs are clear.

In conjunction with having a common set of programs, both Saskatchewan Corrections and CSC are able to establish complementary program delivery schedules. This allows offenders in either jurisdiction to be able to attend a program in a timely manner. Currently, parolees, probationers and low security provincial inmates have been able to attend joint program sessions.

One opportunity that exists in almost all provinces is the ability for jurisdictions to participate in provincial networks dealing with substance abuse issues. Traditionally, provincial health and Non-Governmental Organizations representatives and Canada-Base officers representatives have attended these forums. These forums are also accessible by provincial and federal corrections representatives and these opportunities should be actively pursued.

The enhancement of methadone treatment programs in correctional facilities is another opportunity that should be pursued. This includes both maintenance

programs and initiating methadone treatment for offenders entering the correctional system.

Continuum of care opportunities

One of the most significant concerns related to correctional programming is the relapse prevention and community support network that are required once an offender leaves the correctional system. Correctional jurisdictions must establish meaningful and long-lasting linkages with provincial inter-departmental committees dealing with social development issues. This would allow for the establishment of partnerships to deal with such issues as employment, education, health, and housing.

Another opportunity that should be actively pursued is training non-correctional community substance abuse workers in program delivery/maintenance methodologies that are consistent with the approaches and programs of the correctional service. This would provide the ongoing support to offenders, while capitalizing on their programming accomplishments and the capacities of their home communities to assist with relapse prevention and program maintenance.

Opportunities exist for exploring the use of "halfway-back" options. An example is how Saskatchewan Corrections uses its Community Training Residences for probationers who are encountering difficulties in the community. This approach provides an opportunity to deal with offender relapses in a reparative mode as opposed to an enforcement mode.

Establishing "reintegration" agreements with individual communities is another opportunity that can be actively pursued by jurisdictions. It allows for structured release planning using an integrated case management approach with community agencies and support networks.

Partnerships

There have to be meaningful and effective partnerships established in order to pursue or initiate action in relation to any of the opportunities that have been mentioned. It is no longer acceptable for communities or other government departments to assume that a correctional service in any jurisdiction has full responsibility for the issue of substance abuse. It is equally important for correctional

jurisdictions not to try to accept sole responsibility for this issue.

Partnering requires clear and agreed expectations, balanced expectations and capacities, clear roles and responsibilities, and a process for review and evaluation. This is critical even when the obvious partners' roles may be evident.

Partnering on the matter of substance abuse requires internal integration within a correctional service. Often there are competing interests that impede any progress that can be made when pursuing an opportunity. Balancing the security and programming goals, the research and evaluation interests, and the managerial and the operational expectations is critical.

It is also important to clearly identify all the partners needed to be involved in substance abuse issues using the same model for defining an effective correctional response. Partners must be identified for each element of the model: Prevention (e.g., schools, police, prosecutions, family), Assessment (e.g. researchers, physical and mental health professionals), Intervention (e.g., health care workers, community program facilitators) and Continuum of Care (family, health care workers, education professionals, housing, employment agencies, etc.).

Conclusion

The issue of substance abuse has been around for over 100 years in the Saskatchewan correctional system. The traditional approaches to dealing with this issue have only resulted in questionable progress. It is critical that a more comprehensive approach to addressing this issue is pursued in a manner that involves all applicable agencies and communities. The approach that Saskatchewan Corrections is pursuing is one that builds upon the elements of our effective correctional response framework and recognizes that significant partnerships must be in place to achieve the desired outcomes. We are quite hopeful that our integrated approach will allow offenders, communities and criminal justice partners to make the right decisions for the future. ■

Correctional jurisdictions must establish meaningful and long-lasting linkages with provincial inter-departmental committees dealing with social development issues.

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Substance abuse — The perspective of a National Parole Board member

Michael Crowley¹

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It is clear that alcohol and other drug problems constitute a major problem for both incarcerated offenders and those who are on some form of conditional release. It is estimated that about 70% of offenders have substance abuse problems that are in need of treatment, and that more than 50% of their crimes are linked with substance use and abuse.²

The mandate of the National Parole Board is to make decisions with respect to the timing and conditions of the release of offenders, which will contribute to the protection of the public by facilitating their reintegration into the community as law-abiding citizens. In meeting this primary mandate, the Board must assess the risk posed by each offender, and then examine the proposed plan for conditional release that is offered by that person. In essence, the Board will grant the release if it is determined that the offender is not likely to re-offend, that the risk is not undue, and that the release will facilitate the offender's reintegration.

It follows then that the Board will need to review information about each offender's criminal history, risk factors and criminogenic need factors that have been identified, both at the time of incarceration, and as the sentence unfolds.

Board members are quite cognizant of the Principles of Effective Treatment as described by Andrews, Bonta and Hoge in 1990. These are the common characteristics of offender programs that reduced recidivism.³ The four principles are Risk, Need, Responsivity and Professional Discretion. From the Board's perspective, the two more relevant principles are risk and need. The Need Principle suggests that effective treatment programs must be able to differentiate offenders in their risk to re-offend and then match their risk to the level of service (and supervision) that they require. Thus, higher risk offenders require more intensive services, while lower risk offenders require very little or no services.

The service that is offered must address what are referred to as criminogenic needs. These are offender needs that, when changed, are associated with changes in recidivism. Employment problems are an example of a criminogenic need. Self-esteem, for example, is not. Clearly, substance abuse is another example of a criminogenic need. That is, a reduction

of an offender's reliance on, or use of alcohol or drugs, should result in a reduction in the likelihood of re-offending.

While it is clearly evident that an offender who is serving a federal sentence will likely have a number of criminogenic needs, it is evident that substance abuse may well be one that is most common among inmates. This fact has been recognized by the Correctional Service of Canada (CSC), and a range of treatment programs is available throughout all regions, both institutionally and in the community. In addition to the programs that have been developed by CSC, a number of other substance abuse treatment programs are available in many communities throughout Canada.

In some respects, it would appear that the task of a Board Member is relatively straight-forward when it comes to substance abuse issues and decision-making relative to offender release. There should be file information that indicates whether an offender has a substance abuse problem, the nature (drugs or alcohol, or both) of it, and its severity. There should also be information that confirms whether there is a direct link between the substance abuse problem, and the individual's criminal history. Furthermore, there should be an indication that a treatment program has been identified, and that it is a part of the offender's correctional plan. There should then be a report on the program that the individual attended, that will contain an indication of any benefits evident from programs, and recommendations (if any) regarding further treatment. Finally, if further treatment in the community is suggested, this should be addressed in the Assessment for Decision and Correctional Plan Progress Report that are available at the time that a decision is required. Simply stated there should be an assessment of the problem, a treatment report, and specific recommendations for any follow-up.

Life, of course, is not always that simple, and the Board must deal with substance use issues both prior to a release decision, and following release. There are a number of problems that may arise, and interfere with the "ideal" scenario. For example, there are times that while an offender may require treatment, it is not available at the right location. In that case, the Board members must determine if

his/her risk for re-offending will remain undue without that treatment prior to release, or whether a community-based treatment program will be sufficient. There will be other times when, in spite of successful program completion, the offender has been caught using either drugs or alcohol prior to release. In addition, it is logical to assume that at least some offenders are not always truthful with people in authority as they are processed during their early stages in federal custody. As a result, the assessment of the severity of a substance problem may not be accurate; if so, an offender will not likely receive the level of intervention, or treatment that is required.

The aforementioned are not untypical examples, and are an indication of the types of issues that may require a Board member, during a panel hearing, to ask a number of questions related to the offender's history of substance use (or abuse).

A Board member must be satisfied that the information that is contained in an offender's file is accurate regarding their history of drug or alcohol use. In the end, a Board member needs to determine whether an individual's substance abuse history is actually linked to their criminal history, or index offence. There are times when there appears to be a link, but it is not actually causal. That is, an offender may have been drinking prior to an offence, but it was not related to the decision to commit a crime. In addition, a Board member should know the benefits of any treatment that the offender has participated in — at any time, not just during the current sentence. It is often the case that an offender has attempted to cease their drug or alcohol use at some time prior to the current sentence. If the previous treatment was considered successful, and the individual returned to substance use which is then linked to the current offence, knowing why the previous treatment 'failed' might be useful in determining if the current treatment will be more successful.

In essence, each Board member's task is to determine the risk that the offender may pose for returning to substance use and (ultimately) criminal activity.

Ultimately, it is the task of the Board member to determine whether substance abuse is a current criminogenic factor. And if it is, whether the risk for re-offending is manageable, or not, in the community. For an inmate whose release plan includes participating in a substance abuse treatment program while in the community, the risk for returning to substance use is still present. It is

necessary, therefore, to determine whether the treatment program is sufficiently intensive, and whether it will be starting close to the inmate's release date.

Current research in the field of substance abuse strongly suggests that one of the most important predictors of relapse is an individual's inability to deal effectively with various stressors, or negative life events. The ability to 'cope' may be enhanced by other programming, particularly ones that improve an individual's ability to solve problems and make appropriate decisions, and evidence of this will likely be available through the offender's file, or during the hearing.

The Board's involvement in issues related to substance use does not end with a releasing decision, or in adding Special Conditions to abstain from drug or alcohol use (or both). Offenders do violate those conditions once released, and the Board must make further decisions each time it is notified by CSC of such a violation. The Board has a limited number of options when so informed. It may take a "no action" decision; it may add a new condition, or modify an existing one, or it may take the extreme step of directly revoking the offender's release. The decision that is made is based, primarily, on the assessment of risk for re-offending that is currently posed by the offender. It is likely that if an offender returns to the type of substance that is linked to his offence history, the Board will take a more serious response than it might otherwise.

It is clear that the Board, and its members must be knowledgeable about substance use; as well as treatment programs and research that is currently available. The Correctional Service of Canada is the normal source for such information, and should be encouraged to include the Board as it disseminates its research knowledge. It is through such information sharing that Board members will increase their abilities to make decisions that are based on empirical evidence, thus improving the quality of those decisions. ■

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² Weekes, J. R., Moser, A. E., and Langevin, C. (1999). *Assessing Substance Abusing Offenders for Treatment*. Ottawa, ON: Correctional Service of Canada.

³ Andrews, D. A., Bonta, J., and Hoge, R. D. (1990). Classification for effective rehabilitation; rediscovering psychology. *Criminal Justice and Behaviour*. 17, 19-52.

United States federal prisons: Drug users, drug testing, and drug treatment

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This article describes the fundamentals of the extent of drug use among Bureau of Prisons (BOP) inmates highlighting differences between State and Federal offenders. We also characterize the Bureau's drug screening program and the treatment offered to inmates. However, to understand the scope of the problem, we first depict the continuing growth of the BOP inmate population.

From year end 1990 to midyear 1999, the rate of incarceration in the United States prison system increased from 1 in every 218 residents to 1 in every 147 residents. During this time period, the average annual increase in the number of inmates was higher for the federal prison system than for the average of all of the individual State prison systems. The average increase for the Federal and State prison populations and the local jail population were 8.5%, 6.1% and 4.6% respectively.³ On May 7, 2001 the Bureau of Prisons had 151,308 inmates in its custody, many of whom had drug treatment needs.

History of drug use: Comparison of State and federal inmates

The Bureau of Justice Statistics (BJS) Survey of Inmates in State and Federal correctional facilities, which is conducted every 5 to 6 years with a representative sample of State and Federal inmates, provides information on drug use histories of inmate populations. The most recent surveys were conducted in 1991 and 1997.⁴

Using the results of the BJS surveys, Table 1 shows that in 1997, almost three-quarters of federal inmates reported ever having used drugs as compared with approximately 60% in 1991. While the percentage of Federal inmates who ever used drugs was lower than that of State inmates, the gap narrowed between 1991 and 1997. This is because the percentage of inmates using drugs increased more among federal inmates than among State inmates, 12.8% and 3.6% respectively.

Other indicators of previous drug use — regular use of drugs (that is, use at least once per week for at least one month), use in the month before arrest, and use at the time of offence — also confirmed higher rates of drug use among State inmates than among federal

Table 1

Federal and State Inmates Reporting Drug Use — Bureau of Justice Statistics Survey of Inmates 1991 and 1997

		Ever used drugs	Used drugs regularly	Used drugs in the month before arrest	Used drugs at the time of the offence
State	1991	79.4%	62.2%	49.9%	31.0%
Federal	1991	60.1%	42.1%	31.8%	16.8%
State	1997	83.0%	69.6%	56.5%	32.6%
Federal	1997	72.9%	57.3%	44.8%	22.4%

Source: Mumola, 1999⁵

inmates. For example, 57.3% of federal inmates reported having used drugs regularly in the past as compared with 69.6% of State inmates. In addition, 44.8% of federal inmates used drugs in the month before arrest as compared with 56% of State inmates.

Among those who used alcohol or drugs, a lower percentage of federal inmates reported engaging in various behaviors while under the influence of alcohol or drugs (see Table 2). For example, more than one-quarter of State inmates reported having had job or school problems because of alcohol or

Table 2

Experiences While Under the Influence of Alcohol or Drugs: State and Federal Inmates — Bureau of Justice Statistics Survey of Inmates 1991 and 1997

	State	Federal
Ever driven car or other vehicle while under the influence of alcohol/drugs	64.3%	58.6%
Ever had arguments with spouse, family or friends while or right after drinking/using drugs	56.0%	41.2%
Ever lost a job because of drinking/using drugs	22.0%	10.7%
Ever had job or school problems because of drinking/using drugs	28.0%	15.5%
Ever been arrested or held at a police station because of your drinking/using drugs	44.6%	30.3%
Ever gotten into a physical fight while or right after drinking/using drugs	48.5%	28.3%

Source: Mumola, 1999⁶

Table 3

Drug Use in The Year Before Arrest — Men and Women Drug Users in the Bureau of Prisons Drug Treatment Evaluation		
Type	Men (n = 1,842)	Women (n = 473)
None	38%	32%
Alcohol only	18%	8%
Marijuana only	10%	9%
Marijuana and alcohol	6%	3%
One hard drug without alcohol	11%	22%
One hard drug with alcohol	8%	12%
Two hard drugs without alcohol	5%	9%
Two hard drugs with alcohol	4%	5%

drug use as compared with 15.5% of federal inmates. Similarly, State inmates (48.5%) were more likely to report having gotten into a fight under the influence of alcohol or drugs than Federal inmates (28.3%).

Characteristics of drug users in federal prisons

Information on drug users within the federal prison system is available from the Bureau of Prisons' three-year, multi-site evaluation of its residential drug treatment programs. The data are from a sample of 2,315 individuals who were either enrolled in a residential drug treatment program or were comparison subjects who had a history of drug use.⁷

Thirty-eight percent of the men and 32% of the women in this sample had no daily drug use in the year before arrest (see Table 3). Among those who were using drugs on a daily basis before arrest, men (18%) were more likely to have used alcohol as compared to women (8%). In contrast, women (48%) were more likely to have used one or more hard drugs (e.g., illegal drug other than marijuana) than men (28%).

Table 4 presents information on various characteristics of the sample of inmates with a drug use history. Similar percentages of men (34%) and women (39%) inmates with a history of alcohol or drug use reported having previously received treatment. The percentages reporting alcohol treatment were small, 6% and 4% respectively for men and women. Gender differences were apparent in social relationships. More than twice as many women (55%) reported having been married to an individual with a drug problem than did men (23%). In addition, almost three times as many women (45%) reported having had a spouse with an alcohol problem than did men (16%).

Similar percentages of men and women reported having been hospitalized due to a drug problem, 21% and 18% respectively. On the other hand, a greater percentage of men (54%) than women (43%) reported using drugs at the time of their instant offence. Furthermore, men (38%) were more likely to have reported an increase in criminal activity associated with increased drug use than women (28%).

Drug testing in the federal prison system

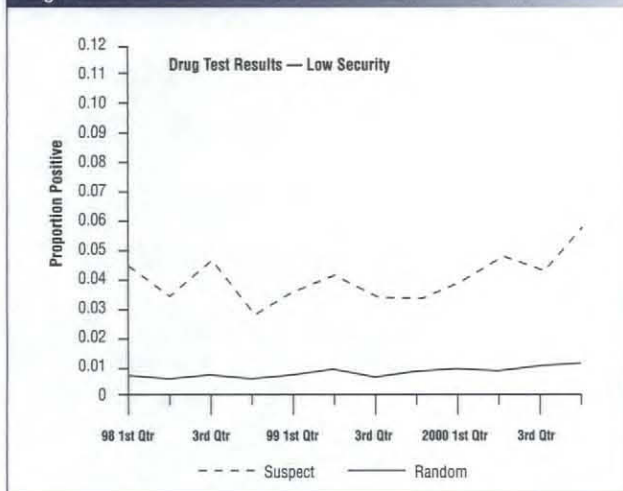
Drug testing policies of the federal Bureau of Prisons are used to control drug use within institutions. These policies mandate several types of drug testing procedures. The two groups having the highest numbers of drug tests are the "suspect" and the random sample groups. Inmates who fall in the "suspect" category are identified through intelligence gathering and these individuals are tested for at least three consecutive months. However, the primary method of controlling drug use is through the testing of a random sample. Each month five percent of the population at each prison, except maximum and minimum security, is tested for drug use. The percentage is three percent at minimum security level prisons and ten percent at high security level prisons.

The urinalysis testing screens for the following drugs and/or metabolites: morphine, methadone, codeine, other opiates, barbiturates, amphetamines, cocaine, cocaine metabolite, phencyclidine (PCP), and marijuana. Testing positive for drug use is classified among the most serious of disciplinary infractions. Sanctions for a positive drug test include forfeiture of statutory good time, recommendation of parole date rescission (if applicable), disallowance of good conduct time credit, and disciplinary segregation. In addition, an inmate may forfeit a halfway house placement.

Table 4

Selected Characteristics of Men and Women Drug Users in the Bureau of Prisons Drug Treatment Evaluation		
	Men (n = 1,842)	Women (n = 473)
Ever had spouse with drug problem	23%	55%
Ever had spouse with alcohol problem	16%	45%
Received drug treatment in past	34%	39%
Received alcohol treatment in past	6%	4%
Ever hospitalized due to a drug problem	21%	18%
Used drugs at the time of crime	54%	43%
Reported criminal activity increased with increased drug use	38%	28%

Figure 1



Figures 1 and 2 provide information on the proportions of positive drug test results at two different security level prisons: low security and high security. These figures provide quarterly proportions for calendar years 1998 through 2000. Not surprisingly, Figures 1 and 2 show that in both low and high security prisons, there was a higher proportion of individuals who tested positive for drug use among the "suspect" group than among those randomly selected for testing. The proportion of positive drug tests found among the randomly selected sample has remained stable in both low and high security prisons over the past three years. However, the proportion of positive drug tests was greater in the high security prisons than in the low security prisons, the proportion hovered around 0.01 at low security prisons but at 0.02 in high security prisons.

The proportion of positive drug tests for the "suspect" groups varied considerably from one quarter to

another between 1998 and 2000 at both security levels. As with the random sample, the overall proportion of positive drug tests was greater at high security prisons than at low security prisons.

Drug treatment programs in the federal prison system

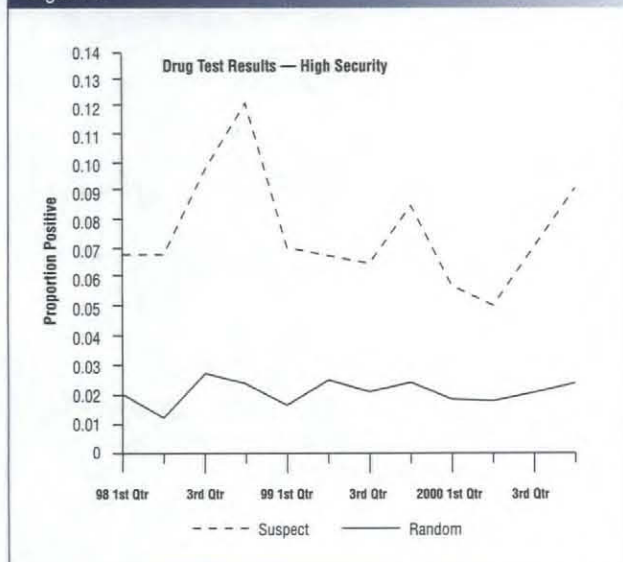
Treatment programs available to federal prison inmates with a drug use history range from drug education to outpatient and residential treatment. Drug education is required of inmates if there is evidence in their Presentence Investigation Report that substance use contributed to their instant offense; if they received a judicial recommendation to participate in drug treatment; if they violated community supervision due to alcohol or drug use; or, if they have a history of alcohol or drug use.

Residential drug treatment programs are currently available at 47 institutions. These programs are offered at all security levels and at both men and women prisons. The residential programs provide a minimum of 15 hours treatment each week for 9 months.

The programs admit only inmates who meet the DSM-IV criteria for a diagnosis of alcohol or illegal drug abuse or dependence and who volunteer to participate in the program. The diagnostic information must be supported by official records. Inmates who successfully complete the in-prison residential program and also complete their halfway house placement, where they receive outpatient aftercare services, are eligible to receive up to a 12-month reduction in their sentence.

Non-residential programs are available at all prisons for inmates who do not meet the admission criteria for the residential programs. Treatment consists of individual and group counseling. Some prisons also provide support through self-help groups such as Alcoholics Anonymous or Narcotics Anonymous. ■

Figure 2



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³ Beck, A. J. (2000). *Prison and jail inmates at midyear 1999*. Washington, DC: Bureau of Justice Statistics.

⁴ Mumola, C. J. (1999). *Substance abuse and treatment, State and Federal prisoner, 1997*. Washington, DC: Bureau of Justice Statistics.

⁵ Ibid. Mumola, 1999.

⁶ Ibid. Mumola, 1999.

⁷ Pelissier, B. M., Rohdes, W., Saylor, W. G., Gaes, G. G., Camp, S. D., Vanyur, S. D., and Wallace, S. B. (2000). *TRIAD drug treatment evaluation project: final report of three-year outcomes: Part 1*. Washington, DC: Federal Bureau of Prisons.

Alcohol and drugs: A perspective from New Zealand

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As a small country of less than four million people, New Zealand has only one national corrections system dealing with incarcerated and community-based offenders and those held in custody on remand. There are around 6,000 people incarcerated including approximately 800 on remand and 300 women.

New Zealand has a range of sentence alternatives between fines and imprisonment including home detention, compulsory program attendance and work in the community. There are approximately 21,000 offenders undergoing non-custodial sentences at any point in time.

New Zealand has problems with drugs and alcohol within its corrections' system similar to other countries. Research shows that 83% of prison inmates have had a problem with alcohol or drugs at some point in their lives compared to about 32% of the general population. Within the prison system, 15% of women and less than 8% of men show drug offending as their most serious offence.

These statistics under-report the overall influence of drugs and alcohol on offences and offenders. A review of new offender assessment processes in New Zealand indicated that 80% of offenders had used drugs or alcohol immediately prior to committing offences. Between 130 and 150 people are in prison at any point in time for driving while under the influence of alcohol. In 1999, 36% of drug offences resulted in a community-based sentence with a further 55% receiving a fine or other non-custodial sanction.

Philosophically, Corrections in New Zealand see alcohol and drugs as:

- A medical problem;
- Part of the offence cycle; and
- Within prisons, an issue in the safe management of institutions in terms of contraband, and anti-social behaviour.

Considerable effort has gone into managing the supply of drugs into prison. These include use of drug detection dogs, improved physical security, visitor restrictions and searching, and drug intelligence. These initiatives often involve working in collaboration with the police.

When random drug testing was introduced in March 1998, 35% returned a positive sample. The most

recent monthly result is down to 16%. Of those testing positive; 97% are for cannabinoids.

This reflects New Zealand's fortunate situation as a small and isolated country that has escaped some of the impact of harder drug use in both the community at large and in the correctional system. There is growing use of harder drugs within the correctional system including amphetamine/metamphetamine and so called "party drugs" such as GHB (gamma-hydroxybutyrate). The increase to some extent reflects the impact of drug testing and enforcement initiatives forcing inmates to switch to substances which are easier to smuggle and harder to detect.

Managing offenders with drug and alcohol problems is done through the Integrated Offender Management (IOM) process. IOM involves the use of structured decision tools to determine the management of offenders. Such tools cover inmate security classification, risk of reoffending and need for intervention. Management in both a prison and community environment involves the development of a comprehensive sentence plan involving induction, assessment, sentence management and re-integration.

Key interventions are around a suite of cognitive-behavioural programs designed to address criminogenic need, although the quality of staff interaction, the offender's environment and other (not strictly criminogenic) interventions are also important. Drug and alcohol abuse is a core criminogenic need and IOM seeks to address these problems in a number of ways.

New Zealand currently spends \$NZD1.9 million (approx. USD800,000) on drug and alcohol programs covering both incarcerated and community-based offenders. This covers a variety of treatment programs including three drug treatment units within the prison system of which two are contracted to an external agency.

Using the IOM framework, those offenders at high risk of reoffending and with a high need for treatment for drug and alcohol problems are identified. For those assessed as needing treatment, three levels of intervention are envisaged for both incarcerated and community-based offenders:

- Brief harm reduction involving group treatment. The cost of this is approximately \$100 NZD per intervention.
- Group treatment plus some individual therapy. This costs approximately \$700 NZD per intervention.
- Intensive treatment in a 182 day residential program. The 400 people a year expected to be targeted for this intervention will cost approximately \$20,000 NZD each.

As government funding and our own ability to reallocate expenditure permit, we expect to move over time to treating up to 14,000 offenders a year. The majority of these will be treated in the community.

While difficult to measure, it is anticipated that each \$1 spent on program delivery in this area will yield \$19 in benefits over a five-year period. Half of these benefits relate to savings to Corrections from reduced recidivism and half to reduced workloads of Police, Courts, Welfare and Health Departments. Other benefits to society at large are not included.

In addition to drug programs and treatment units, we also have a number of drug-free units within the prison system where inmates receive additional privileges for adopting a drug-free life-style. This is part of a deliberate strategy to adopt a more normalized and pro-social environment to mitigate the adverse effects of a custodial environment.

Some drug and alcohol interventions are delivered as part of a treatment process by psychologists and some as part of Maori culturally-based interventions.

Within the overall offender population, there are three distinct sub-sets:

- Maori. New Zealand's indigenous population make up 50% of the offender population but only 12% of the overall population.
- Women. Women make up only 5% of the prison population and 24% of those on community-based sentences. They are over-represented in drug and alcohol abuse statistics and are more likely than men to be involved in harder drugs.
- Community-based offenders.

There are a number of programs which use Maori culture as the basis of intervention. Many of these include a drug and alcohol component. An example is "Te Wairua o nga Tangata" (The Spirit of the People), a 70 to 80 hour program for Maori offenders. Two of the seven modules in this program deal with drug and alcohol abuse. This program was delivered to almost 400 Maori on community based sentences in the 2000/01 year.

Standard programs include material and examples to enable Maori offenders to relate better to course material.

Within the prison system, there are four Maori focus units throughout the prison system which house 220 Maori inmates in dedicated units. These units promote the use of cultural values to address offending and aid rehabilitation. Part of the participation in these units involves a commitment to remain drug free.

Women inmates have access to a drug free unit following completion of an intensive drug and alcohol program. This program is operated by the National Society for Alcohol and Drug Addiction.

Community based sentences involve both alternatives to incarceration and the post-release supervision of prison inmates. These sentences are operated from over 100 locations nationally. Treatment programs are generally run by local providers and are frequently generic programs not designed for a correctional context. These programs are being gradually phased-out in favour of dedicated programs designed to operate within the IOM framework.

The future of drug and alcohol treatment for offenders in New Zealand holds many challenges.

- The IOM process is still in the implementation stage. Reintegration of offenders, and relapse prevention, are particular areas within IOM where further development of the model is occurring. Formal evaluation of the success of IOM in reducing re-offending will be undertaken.
- Interagency cooperation in the management of drug and alcohol offenders merits further attention.
- There is potential for increased service delivery by Maori and community groups.
- Further work is needed on program design to determine whether the substance abuse needs of specific groups including Maori, Pacific people, women and youth are sufficiently different to warrant different or modified programs.
- Consideration is being given to "drug offender units" to house persistent drug users in a more restrictive environment. These will supplement existing "drug free" and "drug treatment" units.

As mentioned earlier, New Zealand faces similar issues with respect to treatment of offenders with drug and alcohol problems as other countries. Integrated Offender Management is the key to New Zealand's strategy to address these issues. ■

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Drugs, alcohol, and criminal behaviour: A profile of inmates in Canadian federal institutions

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The scientific literature often mentions that there is a statistical connection between alcohol and drug consumption and criminal behaviour. However, there is little information available which would make it possible to quantify this connection, and specify the impact that drugs and alcohol have on criminal behaviour.

Consumption of psychoactive substances has two major effects: intoxication and addiction. These effects are related, respectively, to the psycho-pharmacological and economic-compulsive models of the connection between drugs and crime.⁵ The first model associates drug use and intoxication with a decrease in cognitive functions and a lack of self-control, leading to aggressive impulses, violence and lack of inhibitions. The second model refers to the huge costs that are associated with being addicted to certain drugs. A person addicted to these drugs would need to engage in lucrative criminal activities in order to pay for them.

This article explores and attempts to further define the links between alcohol, illicit drugs and criminal behaviour, taking into account the types of drugs consumed and the types of criminal behaviour displayed.

Methodology

Upon incarceration in a Canadian penitentiary, every offender is asked to fill out a Computerized Lifestyle Assessment Instrument (CLAI) questionnaire. This questionnaire takes approximately two hours to complete. It examines different aspects of the everyday life of the offender before incarceration, including state of health, relationships with family members, friends and members of the community, alcohol and drug consumption, as well as the criminal profile of the offender. Table 1 summarizes the main subjects covered by the CLAI.

Robinson, Porporino and Millson tested the viability and validity of some of the components of the instrument using a sample of 503 offenders. They concluded that the instrument demonstrates good psychometric properties and accurately reflects the information found in inmate files.⁶

The Study group

Since the early 1990s, offenders entering a Canadian federal institution have filled out the CLAI directly

Table 1

Aspects of the everyday life of the offender examined by the CLAI				
Health	Social functioning	Drugs	Alcohol	Criminal behaviour
Nutrition	Spouse	Initiation	Initiation	Initiation
Physical activity	Family	History of drug use	History of alcohol use	Criminal history
Smoking	Friends	Impact on different aspects of everyday life	Impact on different aspects of everyday life	Estimated impact of drugs/alcohol on the crime
Sleep habits	Community	Profile (before 18 years)	Profile (before 18 years)	Number of crimes
Physical health		Profile (6 months before arrest for current sentence)	Profile (6 months before arrest for current sentence)	Most serious crime for the present period of incarceration
Mental health		Profile (28 days before arrest)	Profile (28 days before arrest)	
		Drug Abuse Screening Test (DAST)	Alcohol Dependence Scale (ADS)	
		Treatment		

on computer screen. As a result of this procedure, it was possible to compile data on a total population of 8,598 offenders admitted to federal institutions from 1993 to 1995. This was the period chosen for the study, since the most comprehensive data was collected during this time.

The CLAI asks the offenders for their thoughts on the instrument. The answers provided indicated that 80% of offenders felt that the assessment was "easy" to do on the computer, 16% said it was a "little difficult" and the remaining 4% said that it was "quite" or "very" difficult. Among the participants, 81% indicated that the length of the assessment was "just right", while 12% indicated it was "too long" and 7% felt it was "too short". More than half (53%) of the participants understood the instructions and the questions "very well", while 42% understood them "reasonably well" and 5% did not understand them very well. Most of the participants (91%) responded yes to the question: "Overall, did you like doing the Lifestyle survey?" and 90% of the participants would encourage a friend to complete this assessment.

The instrument can be used to identify the individual and sociodemographic characteristics of new inmates (all men). From this information, it can be concluded that, from 1993 to 1995 for the study sample, nearly one offender out of five (18.0%) was born outside of Canada and more than one quarter of new inmates (26.2%) were not white. Aboriginal offenders made up 5.9% of the total number of new inmates, while Black offenders accounted for 9% and Asian offenders 2.8%. The average age of new offenders admitted during the study period was 32 and the median age was 30, with a standard deviation of 9.7 years; 4% were under 20 years old, while 13 were over 70; 6% never attended school, while an additional 7% had a level of education equal to or lower than grade 6.

Profile of alcohol and drug use among inmates

Historical profile

The study revealed that offenders reported that they had typically consumed large amounts of alcohol or illicit drugs at some point in their lives: 95.1% had consumed alcohol at least once (average age of first consumption: 14.5 years; standard deviation: 4.3 years), while 62.7% were regular users of alcohol (average age of regular consumption: 18 years; standard deviation: 4.7 years). Four offenders out of five (80.5%) had reported using illicit drugs at least once (average age of first consumption: 16.4 years; standard deviation: 5.9 years) and more than half

(52.1%) were regular users of drugs, that is, they used drugs at least once a week for an extended period of time (average age of regular drug use: 17.7 years; standard deviation: 5.7 years). It took less time for an experimental drug user to become a regular drug user than it took for an experimental user of alcohol to become a regular drinker (1.3 years compared to 3.5 years). Although cannabis was the most common gateway drug (in 85.6% of the cases), 4.1% of offenders reported to have used cocaine as a gateway drug and 1% used heroin, one of the most expensive drugs on the market.

Recent use of alcohol and illicit drugs

Three quarters of the offenders reported to have consumed alcohol at least once in the 6 months prior to their arrest, with 56.8% having done so in the 4 weeks prior to their arrest. Half of the offenders used illicit drugs at least once in the 6 months prior to their arrest, with 45.8% having done so in the 4 weeks prior to their arrest.

While 19.1% of drug users took drugs nearly every day, only 13.3% of alcohol users drank nearly every day. Daily consumers of both drugs and alcohol were much more rare (5.7%). Drugs most commonly used either by themselves or with alcohol on a near-daily basis were cannabis, cocaine and heroin (see Table 2). More importantly, nearly half of the offenders (44.4%) consumed alcohol at least once a week, more than one third (33.7%) used drugs at least once a week and 18.1% were weekly users of both alcohol and illicit drugs. The drugs most commonly used at this frequency, either exclusively or with alcohol, were cannabis (24.5% of inmates), followed by cocaine (17.9%) and tranquilizers (6.4%). Heroin was used one or more times a week by 6.4% of the study group.

Table 2

	Frequency of consumption of psychoactive substances among inmates in the 6 months prior to arrest	
	Every day or almost every day	At least once a week
Alcohol	13.3%	44.4%
Drugs + alcohol	5.7%	18.1%
Drugs	19.1%	33.7%
- cannabis*	10.8%	24.5%
- cocaine*	9.0%	17.9%
- heroin*	2.7%	4.2%
- tranquilizers*	2.1%	6.4%

* These categories are not mutually exclusive.

Type of drugs and alcohol used on the day of the most serious crime

Let us examine the types of drugs used by offenders on the day they committed the crime for which they received the longest sentence (in the case of multiple sentences) (see Table 3).

According to the survey, half of the offenders reported they did not consume alcohol or use drugs on the day of the crime. However, 21% of offenders consumed alcohol, 16% used illicit drugs, and 13% used a combination of both. Violent crimes were the most common type of offence committed by offenders who consumed alcohol on the day of the crime: there were proportionately more instances of alcohol consumption (without drugs) on the day of the crime among offenders incarcerated for committing violent crimes, including assault (38%), murder (31%) or sexual assault (30%), than for any other crime.

Driving Under the Influence (DUI) offences and consumption of alcohol on the day of the crime are systematically linked (83% of DUI offenders drank alcohol on the day of the crime, and another 10% used both drugs and alcohol). The relationship between DUI charges and drug use, however, is far weaker (only 1% of DUI offenders used drugs alone on the day of the crime, while 10% used a combination of alcohol and drugs).

Drug use, either exclusively or combined with alcohol consumption, on the day of the crime is more strongly linked to crimes of acquisitiveness. There were proportionately more instances of drug use (either exclusively or combined with alcohol consumption) on the day of the crime among offenders incarcerated for committing theft (47%), robbery (42%), and breaking and entering (36%) than for any other crime. It should be noted that two types of crime, fraud and drug-related offences, are mostly committed by people who have neither consumed alcohol nor used drugs on the day of the crime. This is likely because the need to appear calm and presentable while committing fraud causes offenders (or at least 78% of them) to refrain from using any substances in order to avoid looking suspicious.

Finally, it may appear surprising that 72% of offenders who committed a drug-related crime did not use drugs or consume alcohol on the day of the crime. It is important to note that offenders sentenced to imprisonment in a penitentiary because of a drug-related offence are generally those who traffic in, cultivate or smuggle large quantities of drugs, but they do not necessarily use them.

Table 3

Percentage of inmates who stated they used drugs, consumed alcohol, or a combination of both on the day they committed the most serious crime for which they are being incarcerated (by type of offence)

	Alcohol	Illicit drugs	Both	Neither
Driving under the influence	83%	1%	10%	6%
Assault	38%	9%	22%	31%
Murder	31%	8%	19%	42%
Sexual assaults	30%	3%	11%	55%
Break and enter	20%	24%	12%	44%
Theft	19%	30%	17%	34%
Robbery	15%	25%	17%	44%
Fraud	10%	10%	2%	78%
Drug-related offences	5%	18%	6%	72%
Total	21%	16%	13%	49%

Intoxication and criminal activity

The connection between illicit drugs, alcohol and criminal behaviour can be explained, in part, by the level of intoxication of the offender.⁷ An intoxicated person could experience a loss of cognitive functions, which would cause them to act differently than if they were sober. There are no questions in the CLAI which allow for clear identification of the level of intoxication of the offender at the moment the crime was committed. It is, however, possible to estimate the proportion of offences linked to the use of psychoactive substances.

It has been previously noted that 21% of participants stated they consumed alcohol, 16% stated they used illicit drugs, and 13% used a combination of both on the day of the crime. However, for some people, the use of psychoactive substances is a part of everyday life, and rarely do these people make it through a day without consuming some sort of substance (as shown in Table 2). In cases such as these, it is difficult to establish a direct correlation between the alcohol or drug consumption and the criminal act. However, there is a question in the CLAI which does allow us to further understand the drug-crime relationship; it asks the offender whether he believes he would have committed the crime for which he is serving the longest sentence had he not been under the influence of a substance. Among the participants, 79% of alcohol users and 77% of drug users stated they would not have committed the offence in question if they were sober. These percentages can be applied as a reduction factor to the proportion of

Table 4

Proportion of crimes associated with drug use, alcohol consumption, or both			
Substances	Proportion of crimes associated with consumption	Correction factor	Proportion of crimes associated with consumption (corrected)
Alcohol	0.21	0.79	0.17
Drugs	0.16	0.77	0.12
Both	0.13	0.86	0.11

crimes attributable to the influence of psychoactive substances. The last column in Table 4 shows the estimated proportion of crimes associated with drug or alcohol consumption, once the reduction factor has been applied.

According to the information obtained by applying the factor, 60% of crimes do not appear to be associated with consumption of psychoactive substances. After correction, the percentage of crimes associated with alcohol consumption alone is slightly higher than that of crimes associated with drug use alone (17% compared to 12%). In addition, 11% of crimes were associated with both alcohol and drug use. It is interesting to note that this last group contained the fewest offenders who would have committed the offence even if they had not consumed any psychoactive substances.

Intoxication is not the only factor explaining the association between drug and alcohol consumption and criminal behaviour.

Addiction and criminal activity

Another possible explanation for the link between criminal activity and the use of psychoactive substances is the onset of addiction, and the amount of money required to feed the addiction. Money necessary to buy drugs or alcohol could be obtained using criminal means (economic-compulsive model).

The data collected using the Alcohol Dependence Scale (ADS) and the Drug Abuse Screening Test (DAST) shows that 7% of inmates show signs of alcohol addiction, 22% show signs of drug addiction and 6% show signs of both alcohol and drug addiction.

However, not all addicts commit crimes in order to obtain their drugs. The CLAI explores this by directly asking participants if they committed the crime in question in order to obtain alcohol or drugs for their personal consumption. The answers to this question show that 2% of the offences were

committed by persons addicted to alcohol, 11% were committed by drug addicts in order to obtain an illicit substance and 6% were committed by persons addicted to both drugs and alcohol in order to feed their addictions.

Note that there is a risk of counting the same offence twice when considering drug-crime relationships: a person may have committed a crime in order to obtain an illicit substance while in an intoxicated state. Therefore, it would be incorrect to simply add the number of offenders who consumed alcohol on the day of the crime to the number of offenders who committed the crime in order to feed their addiction; it is important to consider the intersection of these two groups. If addicts who were under the influence of drugs and alcohol on the day of their crimes (already counted) were excluded from the group of offenders who committed crimes to feed their addictions, the proportion of crimes associated with alcohol addiction, drug addiction, or a combination of the two, only amounted to 2%, 1% and 3% respectively. In conclusion, 17% of the most serious crimes committed by offenders admitted to Canadian federal institutions from 1993 to 1995 appear to be related solely to alcohol, 13% solely to illicit drugs and 14% to a combination of both, for a total of 44% of crimes associated with either the consumption of, or addiction to, a psychoactive substance (see Table 5).

Conclusion

The data summarized above show that offenders consume a large amount of psychoactive substances, and although recent drug use is prevalent among offenders, alcohol remains the most commonly used substance before incarceration.

Table 5

Proportion of crimes associated with use of and addiction to alcohol, illicit drugs, or both			
Substances	Corrected proportion of crimes associated with drug and alcohol intoxication	Proportion of crimes associated with drug and alcohol addiction	Proportion of crimes associated with a combination of drug and alcohol intoxication and addiction
Alcohol	0.17	0.02	0.17
Illicit drugs	0.12	0.11	0.13
Both	0.11	0.06	0.14
Total	0.40	0.19	0.44

More specifically, half of the offenders were under the influence of drugs, alcohol, or a combination of both on the day they committed the crime for which they received the longest sentence. The most common substance consumed was alcohol, either exclusively or in combination with illicit drugs. There seems to be a connection between alcohol and violent crimes, crimes which attract the greatest amount of interest and cause the most concern in society. We conclude, in agreement with Roth, that we must not exclude an in-depth study of alcohol consumption when examining the connection between crime and thought-altering substances.⁸ In terms of drug use, cocaine was the most commonly used drug on the day of a crime. It was used far more often than cannabis, the second-most commonly used drug. We must note, however, that the effects caused by each substance could determine whether it would be consumed prior to committing a crime. Cocaine is a stimulant, which would better serve the offender's needs. While evaluating the connection between drugs and crime, it is important to note that a number of offenders who consumed an illicit substance before committing their crime report that they would have committed the same crime while sober.

Financial need is also associated with the crimes committed by offenders addicted to cocaine and heroin in particular, as these drugs command a high price on the black market. In this case, criminal behaviour is a means to acquire these drugs for the purposes of consumption. However, according to Hunt, consumption is not the only factor explaining the connection between drugs and criminal behaviour.⁹ Other factors, such as the price of a drug compared to a user's income and the level of the user's dependence, must be considered. It is

important to note that not all people addicted to drugs commit crimes in order to feed their addictions.

To conclude, the study clearly shows that there is a connection between drug and alcohol consumption and criminal behaviour. However, the study also shows that this connection can assume various forms. Intoxication can hamper cognitive functions, and thus facilitate criminal activity and even exacerbate an individual's aggressive behaviour. In this regard, the use of alcohol, more so than the use of drugs, is associated with crime, and in many cases with violent behaviour. Where criminality is associated with drug addiction, the crimes are often of an acquisitive nature. Therefore, there is every reason to believe that financial difficulties associated with drug addiction, coupled with high black market prices, cause addicts to resort to lucrative criminal activities. ■

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Coming up in *FORUM on Corrections Research*

The January 2002 issue of *FORUM* will focus on "Academic Contributions to Corrections".

The May 2002 issue of *FORUM* will focus on "Health Care".

Profiling the drug offender population in Canadian federal corrections

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This article presents a comparison between drug offenders serving sentences in federal corrections for trafficking, importation, cultivation (including production) and/or possession offences by institutional and conditional release status, admissions and releases, criminal histories, and identified needs at admission as well as on conditional release. Additional comparisons are made between the drug offender groupings and non-drug offenders on type of offence and amount of time served in custody.

Comprehensive information was obtained for profiling the federal drug offender population² through Correctional Service of Canada's Offender Management System (OMS), Offender Intake Assessment (OIA) process,³ and Community Intervention Scale (CIS).⁴

National and regional distribution

As of December 31, 2000 review of the Correctional Service of Canada's OMS, identified 5,779 (or 26%) drug offenders under federal jurisdiction. More specifically, 3,890 (or 18%) were serving sentences for drug trafficking, 621 (or 3%) for importation, 225 (or 1%) for cultivation, and 2,221 (or 10%) for possession of illicit drugs. Note that we included possession of narcotics (or other illicit substances) for the purpose of trafficking with drug trafficking.

The Service's Quebec and Ontario regions account for the most drug offenders, being responsible for almost one-third and one-quarter of the drug offender population. There are more drug offenders in the Quebec region relative to their proportion of all federal offenders.

Institutional population (stock)

The end-of-2000 review also determined that there were 2,548 (or 21.3%) drug offenders in federal

institutions. More specifically, 1,613 (or 13.4%) were serving sentences for drug trafficking, 113 (or 0.9%) for importation, 82 (or 0.7%) for cultivation/manufacturing and 1,318 (or 11%) for possession of illicit drugs. Some offenders might be represented in more than one drug offence category.

Slightly more than one-quarter of federally incarcerated drug offenders were held in maximum-security institutions, about one-half were in medium-security institutions and the remainder were in minimum-security institutions.

Conditional release population (stock)

As well, this review determined that there were 3,231 (or 32.3%) drug offenders on conditional release. Again, 2,312 (or 23.1%) were serving sentences for drug trafficking, 508 (or 5.1%) for importation, 145 (or 1.5%) for cultivation and 946 (or 9.5%) for possession of illicit drugs.

About three-fifths of drug offenders were on full parole, one-seventh on day parole and one-quarter on statutory release.

Drug offender population trend

The drug offender population under federal supervision has continued to grow — particularly in the conditional release population. Over a recent five year period (31 December 1995 to 31 December 2000) the total drug offender population has increased by 8.8%, the drug offender population in institutions has decreased by nearly 2% and the drug offender population under community supervision has increased by 19% (see Table 1).

Table 1

National Distribution of Drug Offenders

	As of 31 December 1995	As of 31 December 1996	As of 31 December 1997	As of 31 December 1998	As of 31 December 1999	As of 31 December 2000
Institutional	2,590	2,899	2,659	2,398	2,574	2,548
Community	2,720	2,716	2,856	3,039	3,186	3,231
Total	5,310	5,615	5,515	5,437	5,760	5,779

Drug offender admissions (flow)

The absolute number of drug offenders in federal institutions declined very slightly by 0.1% over the 2000 calendar year (see Table 2). The Ontario and Pacific regions experienced decreases in the absolute number of drug offenders (-11.5% and -0.7%, respectively). The Atlantic, Quebec and Prairie regions showed increases in drug offenders in federal custody (+4%, +0.5% and +6.4%, respectively).

Table 2

Region	Institutional Population 1999 [stock]	Admissions 2000 [flow]	Institutional Population 2000 [stock]	Flow-to-stock Ratio	Growth %
	Atlantic	198	245	206	1:0.84
Quebec	901	678	906	1:1.34	+0.5
Ontario	643	532	569	1:1.07	-11.5
Prairie	575	682	612	1:0.90	+6.4
Pacific	257	187	255	1:1.36	-0.7
Total	2,574	2,324	2,548	1:1.10	-0.1

When you compare regional "flow-to-stock ratios", the Quebec and Pacific regions retained a greater number of drug offenders in federal custody relative to the other regions. The Atlantic region retained the least numbers of drug offenders relative to the other regions.

Drug offender releases (flow)

The number of drug offenders supervised under some form of conditional release increased by 1.4% over the 2000 calendar year (see Table 3). Note that we removed from the release figures any offender who was at the end of their sentence.

Regionally, the Prairie region has experienced the most growth in the absolute number of drug offenders under community supervision, with an increase of 91 cases. However, an examination of the regional flow-to-stock ratios reveals that the Quebec region experienced the lowest retention in drug offenders under community supervision during 2000 relative to the number of community supervision releases.

Time served

The average time served (at the end of 2000) for drug offenders in federal custody was about 2.2 years,

ranging from 0.03 to 30 years (revoked cases removed). On conditional release, drug offenders had accumulated, on average 3.7 years of time served, ranging from 0.03 to 30 years.

Table 3

Region	Conditional Release Population 1999 [stock]	Releases 2000 [flow]	Conditional Release Population 2000 [stock]	Flow-to-stock Ratio	Growth %
	Atlantic	258	285	237	1:1.46
Quebec	1,127	754	1,072	1:1.54	-4.9
Ontario	906	620	901	1:1.45	-0.6
Prairie	592	665	683	1:1.03	+15.4
Pacific	302	232	338	1:1.46	+11.9
Total	3,185	2,556	3,231	1:1.26	+1.4

Not surprisingly, the average amount of time served for drug offenders across the various groupings (see Table 4) was found to be substantially shorter than non-drug offenders (e.g., homicide, sex, robbery), in institutions and on conditional release.

Table 4

Population	Trafficking	Importation	Cultivation	Possession	Non-drug
Institutional	1.89 (.03-28)	1.48 (.03-7)	0.88 (.05-5.1)	2.52 (.04-31)	3.82 (.03-45)
Conditional release	3.5 (.04-30)	4.6 (0.1-29)	2.2 (0.1-13)	3.6 (.03-33)	6.84 (.03-60)

Overlap with other major offence categories

To examine overlap with three major offence categories (homicide, sex, and robbery) across the four drug offender groupings, we separated the end-of-December 2000 institutional (stock) and conditional release (stock) populations (see Table 5).

We can see from Table 5 that drug offenders in federal custody who are serving sentences for trafficking and possession offences are also likely to be serving sentences for other offences, particularly robbery.

Table 5

Distribution of Overlap with Other Major Offence Categories

Population/Offence	Trafficking	Importation	Cultivation	Possession
Institutional/	13.4% (1,613)	0.9% (113)	0.7% (82)	11.0% (1,318)
Homicide	8.6% (138)	0.9% (1)	2.4% (2)	10.3% (154)
Sex	6.5% (104)	0.9% (1)	3.7% (3)	8.8% (136)
Robbery	33.9% (546)	8.0% (9)	23.2% (19)	46.9% (704)
Drug:				
Trafficking	—	38.1% (43)	67.1% (55)	32.0% (422)
Importation	2.7% (43)	—	1.2% (1)	0.9% (12)
Cultivation	3.4% (55)	0.9% (1)	—	1.7% (22)
Possession	26.2% (422)	10.6% (12)	26.8% (22)	—
Conditional Release/	23.1% (2,312)	5.1% (508)	1.5% (145)	9.5% (946)
Homicide	3.0% (70)	0.0% (0)	4.8% (7)	7.2% (68)
Sex	2.0% (46)	0.2% (1)	0.0% (0)	4.1% (39)
Robbery	13.7% (316)	2.2% (11)	17.2% (25)	39.6% (375)
Drug:				
Trafficking	—	23.6% (120)	73.8% (107)	44.0% (416)
Importation	5.2% (120)	—	3.5% (5)	1.4% (13)
Cultivation	4.6% (107)	1.0% (5)	—	3.7% (35)
Possession	18.0% (416)	2.6% (13)	24.1% (35)	—

Profiling men and women drug offenders

The Correctional Service of Canada's Offender Assessment (OIA) process collects and stores information on each federal offender's criminal and mental health background, social situation and education, factors relevant to determining criminal risk (such as number/variety of convictions and previous exposure/response to youth and adult corrections) and factors relevant to identifying offender needs (such as employment history, family backgrounds, criminal associations, addictions, attitudes). While the results help determine institutional placement and correctional plans, a distribution of selected *criminal history* and *case need* variables can result in a comprehensive profile of the federal offender population.

In November 1994, the OIA process was implemented Service-wide. Six years later we extracted case-specific information on available OIAs contained in OMS. To facilitate comparative analyses we focused on men and women offenders who had full OIAs and were under federal supervision on December 31, 2000. Note that these results are generalized to a recent admission population (within the last six years).

Profiling criminal history

As mentioned, the OIA process collects extensive information on each federal offender's criminal history record at time of admission to federal custody. In Table 6, we present comparative statistics on selected criminal history variables for federally sentenced men and women offenders across four drug offender groupings.

With respect to drug trafficking offenders there are statistically meaningful differences between men and women offenders in each of the selected young and adult offender history variables. As a group, men offenders serving sentences for drug trafficking possess more extensive criminal history backgrounds than their women counterparts. Among drug importation offenders there are statistically meaningful differences between men and women offenders at admission in young offender histories, however, men offenders are more likely than women offenders to have an adult offender history.

While there were negligible women offenders for whom a drug cultivation/manufacturing offence was recorded, the majority of men in this category

Table 6

Variable	Criminal Histories across Drug Offender Groupings							
	Trafficking		Importation		Cultivation		Possession	
	Men (2,873)	Women (198)	Men (336)	Women (109)	Men (202)	Women (1)	Men (1,597)	Women (41)
Young offender history								
Previous offences	34.5%	22.2%***	12.5%	6.4% ^{ns}	31.7%	—	52.5%	34.2% ^{ns}
Community supervision	24.5%	13.8%***	7.5%	4.6% ^{ns}	20.4%	—	38.4%	19.5%*
Open custody	17.2%	7.6%***	3.0%	1.8% ^{ns}	16.4%	—	28.6%	9.8%**
Secure custody	18.4%	7.6%***	5.1%	0.9% ^{ns}	18.3%	—	32.7%	17.1%*
Adult offender history								
Previous offences	82.2%	67.2%***	53.4%	31.2%***	90.2%	—	94.1%	90.2% ^{ns}
Community supervision	66.8%	48.3%***	35.5%	19.3%**	77.8%	—	84.5%	68.3%**
Provincial term(s)	64.3%	46.0%***	27.3%	11.9%**	71.4%	—	85.5%	70.7%**
Federal term(s)	31.6%	6.7%***	13.7%	0.9%***	28.6%	—	53.6%	22.0%***

Note: n's may vary slightly due to missing cases, statistical significance men/women.
 *** = The difference is statistically significant $p < 0.001$; ** $p < 0.01$; * $p < 0.05$; ns = not significant.

had extensive previous adult criminal histories. Although men and women drug offenders serving sentences for drug possession were found to have had previous young offender histories, particularly men, both had extensive previous adult criminal histories.

Identified needs at admission

Earlier, we noted that the Service has an automated means of collecting offender criminogenic needs levels organized in seven need domains at time of admission to federal custody (see Table 7). OMS currently contains the identified need levels gathered since implementation of the OIA *Case Needs Identification and Analysis* (now known as the Dynamic Factors Identification and Analysis). This information can be retrieved at any time to provide caseload snapshots.

Among drug trafficking offenders there are statistically meaningful differences between men and women offenders at admission in every need area. Similarly, among drug importation offenders there are statistically meaningful differences between men and women offenders at admission in every need area except personal/emotional orientation (see Table 7). Men drug trafficking and importation are more likely than women counterparts to be problematic in the area of associates whereas women offenders are more likely to be needy in the areas of employment and marital/family relations. While there was no woman offender for whom a drug cultivation/manufacturing offence was recorded,

men offenders in this category were most needy in the area of associates. Although men and women drug offenders serving sentences for drug possession were found to be needy in most need areas, women offenders were more likely to have been experiencing difficulties in the areas of employment and marital/family relations at time of admission to federal custody.

Identified needs on conditional release

The Service has an automated means of monitoring offender risk/needs levels in the community. OMS currently contains the overall risk/need and identified need levels gathered since implementation of the *Community Risk/Needs Management Scale* (now known as the Community Intervention Scale or Reintegration Potential Reassessment). This information can be retrieved at any time to provide caseload snapshots.

A national overview of seven separate identified needs (ratings of "some need for improvement" or "considerable need for improvement") in the conditional release population shows there is some variation across these need areas between drug offender groupings and gender specific offender categorizations (see Table 8).

Among the various drug offender groupings there were very few statistically meaningful gender differences while on conditional release for most of the need areas. Women offenders serving sentences for drug trafficking and importation were more likely

Table 7

Identified Needs of Drug Offenders at Admission

Variable	Trafficking		Importation		Cultivation		Possession	
	Men (3,423)	Women (203)	Men (419)	Women (112)	Men (215)	Women (1)	Men (2,109)	Women (44)
Employment	54.9%	74.4%***	49.9%	67.0%**	39.5%	—	63.0%	72.7% ^{ns}
Marital/family	29.9%	63.1%***	17.4%	34.8%***	24.7%	—	40.9%	63.6%**
Associates	75.3%	70.4%*	69.5%	56.3%**	70.7%	—	77.8%	79.6% ^{ns}
Substance abuse	61.5%	68.0%*	33.4%	13.4%***	59.5%	—	81.8%	81.8% ^{ns}
Community functioning	33.5%	43.8%**	32.9%	44.6%*	25.6%	—	46.9%	43.3% ^{ns}
Personal/emotional	71.7%	83.3%***	56.6%	60.7% ^{ns}	63.6%	—	85.8%	81.8% ^{ns}
Attitude	56.3%	25.6%***	51.3%	16.1%***	62.3%	—	62.4%	40.9%**

Note: statistical significance men/women.

*** = The difference is statistically significant $p < 0.001$; ** $p < 0.01$; * $p < 0.05$; ns = not significant.

than men offenders to be experiencing problems in the area of marital/family relations. In Table 8, we also see that drug trafficking offenders on conditional release are most needy in the area of associates and personal/emotional orientation. Among drug importation offenders, the major areas of difficulty were in employment and associates. Interestingly, there were no women offenders on conditional release who had been sentenced for drug cultivation/manufacturing. Finally, both men and women offenders serving sentences for drug possession were found to be needy in most areas while on conditional release.

Discussion

The capacity to produce meaningful, timely and accurate profiles of selected offender characteristics can raise awareness about the composition of the federal drug offender population. In Canada, drug offenders under federal supervision are accumulating.

As a group, drug offenders are likely to have been convicted of another serious offence (such as robbery), have had previous involvement with the criminal justice system as youth and/or adult, have some unique criminogenic needs (e.g., negative peer attachments). These findings point to offering specialized programs and services to drug offenders. As well, careful attention should be paid to these individuals while in custody and during the reintegration process. ■

¹ 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.

² Motiuk, L. L., and Vuong, B. *Homicide, Sex, Robbery and Drug Offenders in Federal Corrections: An End-of-2000 Review*. Research Brief B-25, Ottawa, ON: Correctional Service of Canada.

³ Motiuk, L. L. (1997). Classification for correctional programming: The Offender Intake Assessment (OIA) process. *Forum on Corrections Research*, 9(1), 18-22.

⁴ Motiuk, L. L. (1997). The Community Risk/Needs Management Scale: An effective supervision tool. *Forum on Corrections Research*, 9(1), 8-12.

Table 8

Identified Needs of Drug Offenders on Conditional Release

Variable	Trafficking		Importation		Cultivation		Possession	
	Men (1,405)	Women (73)	Men (187)	Women (35)	Men (93)	Women (0)	Men (750)	Women (14)
Employment	40.1%	42.5% ^{ns}	33.2%	48.6% ^{ns}	31.2%	—	54.5%	42.9% ^{ns}
Marital/family	22.9%	42.5%***	12.8%	25.7%*	21.5%	—	36.3%	50.0% ^{ns}
Associates	46.2%	52.1% ^{ns}	34.8%	37.1% ^{ns}	49.5%	—	56.1%	57.1% ^{ns}
Substance abuse	37.1%	48.0% ^{ns}	21.1%	8.6% ^{ns}	36.6%	—	62.9%	64.3% ^{ns}
Community functioning	27.0%	30.1% ^{ns}	26.5%	31.4% ^{ns}	21.5%	—	41.3%	28.6% ^{ns}
Personal/emotional	47.7%	46.6% ^{ns}	29.6%	20.0% ^{ns}	43.0%	—	68.3%	64.3% ^{ns}
Attitude	29.6%	21.9% ^{ns}	15.5%	5.7% ^{ns}	33.0%	—	37.9%	35.7% ^{ns}

Note: statistical significance men/women.

*** = The difference is statistically significant $p < 0.001$; ** $p < 0.01$; * $p < 0.05$; ns = not significant.

The role and function of addictions research in the Correctional Service of Canada

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The Addictions Research Centre (ARC) situated in Montague, Prince Edward Island, was established in November 1999, and officially opened on May 18, 2001 by the Solicitor General of Canada, Lawrence MacAuley, P. C., MP. The Centre is responsible for all addictions research and development activities within the mandate of the Correctional Service Canada (CSC). The creation of ARC has provided the Service a greater focus for addictions research and development, and ensures coordination of CSC's research related activities in addictions.

The majority of offenders admitted to the federal corrections system have problems with alcohol and drugs. A recent study indicated that, on admission, 70% of offenders have substance abuse identified as a criminogenic need. In addition, approximately 56% of these offenders report that they were using drugs or alcohol at the time they committed their offences.²

Role statement

The primary role of the Addictions Research Centre is to advance the management of addiction issues in criminal justice towards the goal of contributing to public protection. In support of this role, the Centre is committed to enhancing corrections policy, programming and management practices on substance abuse through the creation and dissemination of knowledge and expertise.

The first part of the role statement, consistent with the Mission of the Correctional Service, states that the work at the Centre must be directed to contributing to the protection of the public. Treatment of addictions, both in penitentiaries and in the community will help the Service in meeting this commitment.

The second part of the role statement refers to the creation and dissemination of knowledge and expertise. Knowledge creation will be accomplished through innovative research that takes into account both addictions and corrections issues. This is consistent with objectives of the Correctional Service.

Goals

Five goals were established for the ARC. Achieving these goals will ensure the Centre fulfils its role within the Correctional Service. In addition, achieving

these goals will ensure that addictions research in corrections is expanded and developed.

1. Applied research and development

The first goal of the ARC is meeting the applied research needs of the Correctional Service of Canada. In the first year of operation the ARC initiated a number of projects to meet the Service's needs. In the future, research initiatives will be identified and prioritized through a broad consultation process.

Intensive Support Units

Intensive Support Units (ISU) were established at five institutions, one in each of CSC's administrative regions, providing a secure environment and opportunity for offenders who want to deal with their particular addiction(s). As a prerequisite to live in the ISU, offenders must sign a consent form agreeing to more frequent urinalysis and searches for alcohol or drugs. In addition, staff on the units receives training about issues associated with addictions. This enables them to better assist offenders while they are undergoing treatment, after their specialized treatment has ended, or who are dealing with the temptation of drugs within the prison environment. While not directly responsible for managing these units, the ARC is responsible for conducting research to determine if the units are having the expected benefits. In particular, the research is looking at what offenders and staff expect to achieve through living on these units, how living on the units impacts their release and how it impacts their outcome after release into the community.

Fetal Alcohol Syndrome

Fetal Alcohol Syndrome and Fetal Alcohol Effects (FAS/FAE) result from the impact on the human fetus of alcohol use during pregnancy. Not all children exposed to alcohol during the prenatal period will develop FAS/FAE, but for those who do, the effects include learning difficulties, delayed development, characteristic facial features and associated behavioural problems, thereby making it difficult to learn from experiences. These impacts may result in conflicts with parents, teachers and eventually the legal system. At present, there is insufficient data available that provide a reliable estimate of the number of FAS/FAE offenders in the

federal correctional system. In addition, identifying adult offenders with FAS/FAE is difficult because characteristic facial features disappear, as the child becomes an adult. The research to be conducted will first attempt to develop an estimate of FAS/FAE within the federal correctional population using admissions to penitentiaries. In addition, screening tests will be evaluated as part of the research to determine if they can be used to effectively identify cases that require more thorough assessment. The results of the research will allow the Service to develop interventions that will meet the need of offenders afflicted with FAS/FAE.

High Intensity Substance Abuse Program

The High Intensity Substance Abuse Program (HISAP) was developed by some of the Substance Abuse Program Coordinators working for the Service. The program development team has been assisted by the ARC through funding of the national pilot and through the development of the research protocol that is accompanying the program. Analysis of the data collected from the pilot program will be used to modify the program, to demonstrate its effectiveness with the most severely addicted offenders, and to assist the Programs Branch and the program developers in having the program approved by the international accreditation panel.

Random drug testing

Random drug testing has been underway in the Correctional Service since 1994 and a considerable amount of data has been collected. To date, however, there have been limited opportunities to examine these data. The ARC is now looking at the data to determine changing patterns of drug use, the degree of randomness in the testing, and how we can use these data as part of ongoing management of the drug problem. A more detailed article, by Patricia MacPherson, describing some of the work on random drug testing appears in this issue of *Forum*.

Women offenders Substance Abuse Program

A review by an international panel of experts identified a number of deficiencies in the substance abuse programming available for women offenders. To address these limitations, the ARC initiated the development of a new program. This program, guided by an expert panel, will provide state of the art treatment to women offenders. The program is being designed to meet the specific needs of women offenders taking account of their pathways to addiction and its impact on their lives.

Aboriginal offenders

Aboriginal offenders have unique needs in the area of substance abuse based on their social and cultural

experiences. Accounting for more than 15% of offenders in federal penitentiaries, it has been long recognized that specialized programming would be more effective for these offenders than current core programs. The ARC is working towards the development of new programming, based on Aboriginal needs, that will better meet the treatment goals of these offenders.

Computerized Substance Abuse Assessment

The Computerized Lifestyle Assessment Instrument (CLAI), first developed to assess the severity and nature of substance abuse problems, requires redevelopment because of recent upgrades in computer technology and the inclusion of many items that are not relevant to substance abuse treatment. Presently, the CLAI is being designed to focus on substance abuse recognition/treatment issues, and to improve its administration. The new system will include an audio component that will allow offenders to have questions read to them, rather than having to read them. New methods of transferring data to other systems are being investigated to reduce the need to re-enter data in different systems and ensure a fully integrated assessment system.

2. Partnerships

Developing partnerships with other addictions and corrections agencies will assist the ARC in exploring new approaches to the treatment of addictions. As well, it will help to understand addiction issues as they apply to corrections.

At present, the ARC has a joint project with the John Howard Society of Moncton, New Brunswick, to develop and implement a community based program for working with the addicted offenders when they are released from custody. Using a process called "wrap-around" this new and innovative approach will see a coordinated effort by community agencies to deal with the problems of recently released offenders. The goal is to ensure that other agencies are comfortable working with offenders, and to ensure that there is no duplication of services by different agencies.

In addition, the ARC is working with community and health agencies in Prince Edward Island to evaluate a smoking cessation program. We are sharing our research expertise and are learning about the range of health and social issues related to smoking cessation programs. Cooperation of this nature ensures both organizations are learning and advancing through joint projects.

3. Research facilities

The second goal of the ARC is to provide a setting for both Canadian and internationally recognized experts working on addictions issues of importance to criminal justice agencies. These facilities include meeting and office space as well as access to computers and data. The Correctional Service of Canada, through its automated systems produces an enormous amount of valuable data. However, to make this information useful, the data must be studied and analyzed for any emerging trends and patterns. The provision of facilities for researchers to come to the ARC will be making effective use of the information resources we have.

4. Promote research

The third goal of the ARC is to promote research and development in the areas of addictions and corrections. We need high quality effective research if we are to understand the problems of addictions, and to determine which types of interventions will be effective with our offender population. However, research does not happen by itself. It must be encouraged and developed, and ARC will play a leadership role in this activity. A priority of ARC is to work to develop partnerships with other government departments, other levels of government and non-government organizations, and to encourage their participation in addictions research.

Increasing the capacity for research in addictions and corrections will require close cooperation with the academic community. Encouraging university based researchers to increase their attention to the problems of addictions, not only ensures high quality research, but sets the stage for developing the next generation of researchers being trained in academic institutions. Providing students with work experience and training placements at ARC will further develop the talents of young researchers.

An additional method of encouraging research will be to organize small conferences and meetings. The goal of these meetings will be to share information and knowledge, and to develop approaches to identify existing gaps in our knowledge. Research can then be designed to address the gaps.

5. Research training and development

Conducting research in addictions and corrections requires a wide variety of skills. By encouraging people from addictions and corrections agencies to come and work at the Centre, we will be able to achieve our fourth goal of providing research training and development experience. For example, an agency may have a specific project that they

would like to have completed, but do not have the resources or staff available with the necessary expertise. Their staff could be seconded to the Centre where they would work on the project under the guidance of ARC staff, and then return to their home organization with both the results of their work and a new set of skills they can use on future projects.

The training and development goals will also be achieved through the provision of short courses designed to meet specific needs. For example, courses in measurement, research methodology, use of archival data etc. could be developed and delivered at the Centre. These courses might be particularly useful for people from developing countries.

Facilities

The Centre has office space for 20 permanent staff and 4 visiting experts. The majority will be social scientists with responsibility for managing, in-house, contract, and joint projects with other agencies.

The Centre has conference rooms and a resource centre with video conferencing facilities making it possible to hold meetings with staff at National Headquarters in Ottawa. Many of the projects undertaken by the Centre will require extensive consultation with other branches within the Correctional Service including Health Care, Programs, Security, Aboriginal Issues, etc.

The Resource Centre is being developed to provide traditional printed library materials, video and computer based training, access to scientific research journals through electronic data bases, and access to other research data bases. The Resource Centre also provides space for larger meetings (up to 40 people) and a place for staff at the Centre to meet informally to discuss projects. It is anticipated that the Resource Centre will also be the location for invited experts to deliver lectures for staff and visitors.

Summary

The Addictions Research Centre exemplifies a state of the art for addictions research. ARC's objective is to encourage and support progressive addiction related research and evaluation. This will contribute to the continual development of scholarly excellence and knowledge base. As well, it will link Regional and National objectives, and promotes the creation of both public and private sector opportunities for discussion and exchange of information. ■

¹ 23 Brook Street, Montague, Prince Edward Island C0A 1R0.

² Correctional Service of Canada. *The Safe Return of Offenders to the Community: Statistical Overview*, November 2000. Ottawa, ON: Research Branch.

A dedicated facility designed for correctional researchers: The Addictions Research Centre

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An increasingly wired world provides an opportunity to create a research environment that returns to design basics, in an inspiring setting.

In April 2001, the Addictions Research Centre of the Correctional Service Canada moved into its new office facility, in Montague, Prince Edward Island. The Division was recently created to provide an internationally recognized center for research into addiction issues, particularly as they relate to the field of criminal justice.

The new facility is comprised of two buildings located on the banks of the Montague River — an 1,100 m² office building and an adjacent residence for visiting researchers and experts in the field of addictions. The main building provides offices for 24 researchers and administrative staff, a multi-media resource library and related support space.

An increasingly wired world has permitted the establishment of this international research facility in a setting well known for its wonderful scenery. While the new center includes the latest technologies for information retrieval, communications and multi-media presentation, it also provides a return to some of the more basic design considerations relating to work, interaction and comfort.

From the initial site selection to the design of landscape elements, an underlying design tenet in the development of this new facility was a belief that, as technology becomes more pervasive, there is an increased need to create an environment that supports occupant well-being and encourages human interaction. Researchers spend a considerable part of their day individually submerged in the technological world — drilling through layers of information, communicating electronically and viewing the world through the “eyes” of a 19 inch monitor.

These technologies provide essential tools to getting the job done, and, indeed, formed an important consideration in the design of this facility. However, it is some of the more subtle design attributes that respond to the needs of the specific occupancy, by providing a comfortable and dynamic work environment that encourages personal communication.

The overall building is arranged in two wings, emanating from a double height reception area. One wing comprises administrative offices and general

use areas including a conference room, staff lounge, computer hub and file data room. The other wing consists of two floors of research offices arranged around a double height resource center. Unlike the prevailing trend towards open office environments, the center consists largely of individual, enclosed offices. This approach recognizes the nature of the work, which requires a high level of work related privacy, personal concentration and often involves the review of sensitive information over an extended period of time.

It was considered important that the arrangement of spaces, according to organizational structure, and the use of enclosed offices not diminish the sense of team or the opportunity for face-to-face communication. The design of connecting spaces — including circulation, reception and resource center areas — provided a means of addressing these concerns. Flowing one into the other, these spaces provide a physical and visual connection between all office areas and occupants.

Accented by the natural finish of the exposed post and beam structure, bathed in natural light from a variety of angles and orientations and containing a variety of spatial configurations, these common areas go beyond their utilitarian purposes. It is intended that they will provide a backdrop for a range of activities to occur — from quiet personal reflection to spontaneous and animated small group discussions to formal presentations and meetings.

The first of these connecting spaces — the main entry lobby — serves as the primary organizing element in the plan — with views to all parts of the facility as well as a visual connection between the public, entry face of the building and the more private, water side. The double height space, capped on either end by glass curtain walls, provides a “public forum” for information sharing, presentations and “public” events. The use of exposed post and beam structure, floor-to-ceiling glazing and internal windows looking into the space are meant to create a sense of an outdoor, “public” street connecting the two facades and the two wings of the building.

The more “public type spaces” such as conference and meeting rooms and the director’s office are located immediately off of the main reception area, facilitating access by visitors, while also providing a

buffer to the more private offices beyond. This layering of spaces, from public to private, respects the nature of the various functions, while also facilitating building security.

Building security, which is generally directed towards the general protection of contents and, in particular, sensitive information, is largely unobtrusive. It commences with the proper zoning of spaces within the building. File data and computer rooms are afforded additional protection with the installation of door and room alarms and the use of card or key pad access. The main building entries are similarly card access controlled, providing increased security, built-in monitoring and graduated levels of access. The latter feature also facilitates use of the building after hours and by a changing group of visiting experts.

Moving into the administrative wing, corridors are wide and culminate in another double height space, topped with clerestory windows. This open area is located immediately outside of the staff lounge and boardroom and is meant to serve a number of purposes — for health breaks during conferences, as a production area for the assembly of major reports and as an informal meeting space. Open office areas have been positioned so as to provide ample daylight into these areas, in addition to that coming from above and via borrowed light from the staff lounge. The resulting space provides a hub for the administration wing and a source of natural light into the interior of the building.

In the case of the two storey research wing, the organizing element is the resource center. Beyond its primary purpose as a multi-media library, this two story space connects all research offices visually and physically. Circulation space around the mezzanine level has been designed to encourage informal discussions and sharing of information, with wider and higher than normal corridors and ample natural light. Additionally, all fixed elements in the space have been placed around the periphery, leaving the area available for a variety of furniture configurations and uses, including public presentations.

Each research cluster contains open and closed offices, a meeting room, student and visiting expert office spaces and an informal discussion area. While the research clusters are organizationally separate entities and physically located on two floors, the design of the resource center and adjacent circulation spaces attempts to promote a sense of team and encourage a sharing of information and ideas. The location of cluster meeting rooms, overlooking the

main reception area, further reinforces the connection between the various research teams.

Individual offices were designed to create comfortable, acoustically separate work environments that would respond to a range of personal preferences and work habits. Each office has been fitted with its own environmental controls for heating, cooling and ventilation, permitting occupants to create a work environment that is most comfortable for them. This individual approach to mechanical systems also recognizes that researchers often work during non-core office hours, permitting portions of the building to be selectively energized. Similarly, multiple switching of ceiling lights and the provision of desk top lighting permits a variety of lighting conditions, suitable to the individual and the task. As an additional conservation measure, room occupancy sensors control lighting and ventilation systems, switching systems off when the space is unoccupied.

Perhaps the most visible design feature in the individual offices is the size of the exterior window. In addition to providing impressive views, the large and low sill windows visually extend the relatively modest office space by connecting the office to the landscape beyond. Daylight and visual relief provides a means of obviating the demands of concentrated focus required during intensive research and data analysis.

The emphasis on basic design considerations extends beyond the building to the exterior. While the site of the new facility is less than two acres in size, its location provides ample opportunities for visual relief to the daily demands of the job. The building configuration and orientation, the extension of spaces into outdoor areas and the creation of a pleasant landscape strive to connect the building to its surrounds and extend its uses to the exterior.

Research has always benefited from advances in technology. Its latest contribution, and perhaps one of its most important, is the freedom that it affords to locate research operations in such inspiring settings. The design of a facility for research should seize and further this opportunity by promoting the attributes that are important to all work environments — a pleasant setting, natural light, view, comfort, personalized environmental control, and a range of spaces for personal interaction. ■

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Correctional Service of Canada's Core Substance Abuse Programs: OSAPP, ALTO, and Choices

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Beginning in the late 1980's, the development and introduction of three major substance abuse treatment programs represented an important step in the Correctional Service of Canada's (CSC) efforts to provide high quality effective treatment for federal offenders in Canada. The design of each program was based on the principles of effective correctional treatment and a model of intervention that linked substance abuse need assessments with empirically based substance abuse programming techniques. These three programs are: the Offender Substance Abuse Pre-Release Program (OSAPP), the Community Correctional Brief Treatment, Relapse Prevention and Maintenance Program (referred to as Choices), and the Programme prélibératoire en toxicomanie (referred to as ALTO). This article describes these programs, and provides characteristics of the participants. It provides also a synopsis of an outcome evaluation of their effectiveness.

Background

The implementation of OSAPP, Choices and ALTO followed a deliberate effort on the part of CSC to overhaul its offender reintegration programming strategy. There was a growing awareness among program planners within the Service that substance abuse represented a major criminogenic need among federal offenders. Evidence regarding the proportion of offenders with substance abuse problems and existing research on the link between substance abuse and criminal activity were major background factors leading to the initiation of the Task Force on the Reduction of Substance Abuse by CSC in 1989.² The final report of the Task Force recommended that a comprehensive approach be introduced to addressing substance abuse within the Service.

Following the tabling of the Task Force report, the Program Development Division of CSC issued a *Model for the Provision of Substance Treatment*.³ An important tenet of the model was the recognition that substance abuse program was integral to the overall goal of reintegrating offenders as "law-abiding citizen". Hence, substance abuse interventions were viewed as important tools for reducing recidivism. Accordingly, the model focused treatment attention on offenders for whom substance abuse was regarded as a criminogenic

factor. The selection of offenders for interventions was to be based on systematic assessment using technology that would adequately differentiate offenders at admission according to the severity of their substance abuse needs. As the substance abuse treatment delivery system in CSC evolved, offender assessment has continued to develop as a critical driving force. Program developers have argued convincingly that valid self-report substance abuse assessment techniques should be used at the program referral stage and periodically throughout delivery of treatment to measure offender performance.⁴

Another critical component of the proposed model concerned the techniques used to deliver substance abuse interventions. It was recognized that many of the treatment methods that were supported by empirical evidence of effectiveness were sometimes at variance with other approaches that tended to be more prevalent in the wider substance abuse treatment community. More importantly, there was a relative absence of programs based on techniques which were supported by the correctional treatment literature.

Miller who first reviewed a number of controlled studies that showed promising evidence of effectiveness for these approaches relative to more traditional treatments.⁵ Coincident with these empirical developments was a growing optimism that criminal offenders tended to be very good candidates for substance abuse treatment. It is within this context that OSAPP, ALTO, and Choices were developed and introduced as alternatives that employed state-of-the-art correctional programming techniques for addressing the substance abuse needs of federal offenders.

The three programs are primarily based on a social-learning model of substance abuse intervention. As such, the theoretical models on which the programs were constructed are "in-step" with the dominant model employed by CSC to intervene with offenders in a variety of criminogenic need domains in both institutional and community settings.

OSAPP

This program targets offenders who exhibit moderate to severe substance abuse problems. OSAPP has been widely implemented within CSC's institutions

in the Atlantic, Ontario, Prairies, and Pacific regions (Quebec uses ALTO).

Initially, *OSAPP* was assessed in terms of its ability to affect offender performance during the program using pre-test/post-test assessments. This first pilot evaluation of the program with federal inmates indicated that participants made significant gains on drug related knowledge and appropriate attitudes toward alcohol and drug use.⁶ The participants also provided positive feedback regarding their satisfaction with the program. Following the pilot, the program was revised to take in account feedback from participants as well as from the group leaders who delivered the program.

The revised version of *OSAPP*, reflecting the program that is currently in use within CSC, was piloted in 1989 in the Ontario region.⁷ The evaluation involved an examination of pre-test/post-test changes as well as qualitative information about the program process. The participants showed significantly positive changes on a number of measures (attitude toward alcohol and drug use, knowledge and attitudes toward employment, and problem solving). The remaining measures, including knowledge of drugs, communication, assertiveness, showed non-significant trends in the expected direction. As in the first pilot, feedback from participants indicated highly favourable attitudes regarding the program. The study was based on a very small sample of inmates ($n = 15$) who participated in the program at Joyceville institution, in Ontario.

Another study extended the analysis to include post-release outcome variables as part of the evaluation of *OSAPP*.⁸ This study employed a considerably larger sample ($n = 283$) of participants who completed the program in Bath institution, in Ontario, between 1990 and 1992. An important contribution to this study involved the use of recidivism data in the analysis of pre-test/post-test performance data. The authors were able to demonstrate that *OSAPP* participants who had the best program performance were also the most successful candidates following release.

Generally, the early research on *OSAPP* has been highly positive to date. The data suggest that the program participants make positive gains on various program target measures over the course of their participation in *OSAPP*. In 1999, a study was undertaken by T³ Associates to examine the impact of the CSC substance abuse programs on a number of outcomes.⁹ These included program performance data as measured by client self-reports, granting of release, and post-release outcomes as assessed through official recidivism records. The study also examined how well the program performance data predicted post-release outcomes.

Program participants

The national database of *OSAPP* participants analyzed by T³ Associates contained 2,731 offender records at the time of the latest evaluation study. This sample was inclusive of all the program participants whose assessment and program performance information was entered in the national CSC database. Of those who were enrolled in the *OSAPP* program, 2,432 offenders completed the program. In 1994/95 and 1995/96, the Ontario region had the highest *OSAPP* participant rates with 39.9% and 42.7% respectively, followed by the Atlantic region with 46.7% and 32.2%, the Prairies region with 37.8% and 30.8%, and the Pacific region with 34.9% and 30.8%.

The participation rates were noticeably lower in 1996/97. The Atlantic and the Ontario regions had the lowest participation rate (7.6% and 12.9% respectively). The Pacific region had the highest participation rate (30.0%), followed by the Prairies region (26.9%) (12.9%).

Characteristics of *OSAPP* participants

The average age of all program participants was close to 32 years with the majority (64.8%) ranging between 20 and 34 years of age. Nearly 17% were of Aboriginal status. Over one-third of participants (36.7%) had achieved education levels of grades 9 or 10, while 41.1% had completed between grades 11 and 13. The average sentence length was 4.2 years and 7.9% were serving life sentences. According to the risk level for recidivism, close to 35.5% were in the low risk category, 39.0% were in the moderate risk category and the remaining 25.5% were identified as high risk.

Offence types

T³ Associates categorized the program participants by the types of offences according to a hierarchy of violent crime, robbery, drug offence, break and enter/theft, and other. For example, an offender convicted of both a violent and robbery offence would be ranked in the more serious offence category of violent. According to this approach of offence rating, results showed that 48.4% were incarcerated for a violent crime (e.g., assault, sexual assault, etc.) while almost 24% were serving a sentence for robbery, 12.1% for break and enter/theft and about 10% for a drug-related offence.

Substance abuse severity

Using the Alcohol Dependence Scale (ADS), the Problems Related to Drinking Scale (PRDS), and the Drug Abuse Screening Test (DAST) scores as indices of substance abuse severity, approximately 40% to 45% of the offenders in the sample reported

moderate to severe alcohol problems and 59.4% moderate to severe drug problems. A five level composite index of substance abuse severity was constructed to classify offenders according to the highest level of substance abuse problem (i.e., alcohol, drugs, or combined alcohol and drugs) for each offender on any of the three screening measures. The results of this composite index were as follow: 12.8% of offenders were identified as having low level of substance abuse problems, 33.8% had moderate problems, 36.2% had substantial problems, and 14.1% were evaluated as having severe substance abuse problems. Interestingly, 3.0% of the offenders in the sample were not assessed as having either an alcohol or drug problem.

Taken together, these findings indicated that approximately 85% of the participants presented with alcohol problems, drug problems, or combined alcohol and drug problems of sufficient severity to warrant participation in OSAPP. The remaining 15% were accepted into the program on the basis of additional information obtained from other sources (e.g., case file information, interviews, etc.) that identified them as appropriate program candidates.

Offender performance

The offenders increased their knowledge of the consequences of alcohol and/or drug use. They enhanced their understanding of how other people affect their use, and gained skills for declining offers to use substances. They increased their ability to communicate with peers about managing their substance abuse problems, and increased problem-solving skills necessary for controlling substance abusing behaviour.

Post-release outcomes

An important set of findings reported by T³ Associates concerned the combined or interactive effects of participating in OSAPP along with other CSC programs. OSAPP participants who attended other substance abuse programs in the community (i.e., Alcoholics Anonymous (AA), Neurotics Anonymous (NA) had superior outcomes than offenders who did not participate in such programs. OSAPP appeared to combine very efficiently with AA/NA and other community programs to promote lower recidivism.

A total of 1,216 OSAPP participants were considered eligible for inclusion in the follow-up sample. Only offenders who had been released at a point in time that allowed a minimum of 12 months of post-release were included in the follow-up sample. A breakdown of post-release outcomes for three categories of OSAPP participation: all participants,

only program completers, and only program dropouts. The rates for reconviations varied considerably when OSAPP completers were compared to dropouts. OSAPP completers had a lower proportion of reconviation (15.1%) when compared to dropouts (19.7%). There was also a 53% reduction in new convictions for violent offences.

In terms of differential outcomes across sub-groups of offenders, the largest effects of OSAPP on recidivism were associated with offenders who had the highest levels of substance abuse severity and the lowest level of risk. Violent offenders also showed very good response to the program (9.4% of OSAPP participants reconviated compared to 16.7% of their matched comparison cases).

Findings

OSAPP seems to provide measurable benefits which can contribute significantly to the offender reintegration efforts of the Correctional Service of Canada. Three sets of important findings are emerging:

- OSAPP targets an appropriate group of offenders.
- OSAPP appears to positively affect post-release readmission rates and survival time in the community.
- OSAPP appears to affect the release outcomes of those who are most in need of the intervention.

ALTO

The ALTO Program was developed for francophone offender to provide a comparable intervention to the national Offender Substance Abuse Pre-Release Program (OSAPP). It was introduced throughout the Quebec region as the primary institutional substance abuse program for offenders in that region. Both programs target offenders with serious substance abuse problems whose drug and/or alcohol use is linked to their offending. They are of similar duration, and, when possible, target offenders who are within six months of probable release.

Program participants

The national database of ALTO participants contained 1,250 offenders records at the time of the latest evaluation study.¹⁰ This sample was inclusive of all the program participants whose assessment and program performance information was entered in the CSC's national database.

Characteristics of ALTO participants

The average age of all program participants was close to 31 years with the majority (70.4%) ranging

between 20 and 34 years of age. About 2% were of Aboriginal status. The average sentence length was 4.6 years and 6.4% of participants were serving life sentences. According to the risk determination, only 16% were grouped as low risk for recidivism while 40.4% were assessed as moderate and the remaining 43.3% were identified as high risk.

Offence types

The types of offences were categorized the same way as for the OSAPP participants. Accordingly, the results showed that 38.2% were incarcerated for a violent crime, while 35.8% were serving a sentence for robbery, 12.4% for break and enter/theft and almost 12% for a drug-related offence.

Substance abuse severity

Examination of the distribution of alcohol severity scores generated by the ADS revealed that 21.5% of offenders in the sample reported no alcohol problems, 54.5% reported low level problems, 14.4% reported moderate problems, 6.7% had substantial problems, and 2.9% had severe alcohol problems. Offenders' responses to the PRDS generated the following distribution: 27.0% had no alcohol problem, 24.8% had "some" problems, 16.8% had "quite a few" problems, and 31.4% had a "lot" of alcohol problems. Finally, the DAST yielded the following drug severity scores: 6.9% had no drug problem, 15.9% had low level problems, 26.5% had moderate problems, 35.7% had substantial problems, and 15.0 had severe drug problems.

Using the ADS, PRDS and DAST scores as indices of substance abuse severity, it can be concluded that approximately 25% to 30% of the offenders reported moderate to severe alcohol problems and a considerably higher 77.2% moderate to severe drug problems. As for OSAPP, a five level composite index of substance abuse severity was constructed, and the results were as follow: 10.6% of offenders were identified as having low level substance abuse problems, 26.6% had moderate problems, 44.1% had substantial problems, and 16.6% were evaluated as having severe substance abuse problems. Interestingly, 2.1% of the offenders in the sample were not assessed as having either an alcohol or drug problem.

Taken together, these findings indicate that approximately 85% of the participants presented with alcohol problems, drug problems, or combined alcohol and drug problems of sufficient severity to warrant participation in ALTO. The remaining 15% were accepted into the program on the basis of additional information obtained from other sources.

Offender performance

The offenders demonstrated statistically significant improvement on each of the measures in the battery. They increased their knowledge of the effects of alcohol and drug use. They demonstrated a better understanding of substance abuse dependence. They showed better acquisition of relapse prevention skills, and showed more control of their life in regard to substance use and a more positive perception of their ability to change their use.

Post-release outcomes

A total of 589 ALTO participants were considered eligible for inclusion in the follow-up sample. Again, cases were included if they had been released at a point in time that allowed for a minimum of 12 months of post-release follow-up.

Approximately half of the ALTO participants (50.9%) were readmitted during the 12 month follow-up period. Among these, over one-fifth (22.2%) were readmitted with a new conviction. ALTO completers had a lower proportion of reconstructions (21.6%) when compared to dropouts (31.6%).

Comparison to OSAPP participants

Given the similarities between the two programs, the characteristics of offenders who participated in either the ALTO or OSAPP program were examined.

- ALTO participants were, on average, about one year younger than offenders in the OSAPP group.
- Only about 2% of ALTO participants were Aboriginal compared to almost 17% of offenders in the OSAPP sample.
- A noticeably higher percentage of offenders in the ALTO Program had previous federal admissions.
- While approximately one-third of OSAPP offenders were assessed as low risk for recidivism, only 16% of ALTO participants were rated the same. Consequently, close to twice as many of those in ALTO were assessed in the high risk category (43.4% versus 25.5%).
- Both programs had similar proportions of offenders convicted of either drug, break and enter/theft, or other offence types. When compared to OSAPP offenders, a considerably higher percentage of participants in the ALTO Program were incarcerated for robbery offences while a lower proportion were convicted of violent crimes.

- Considering the highest level of drug or alcohol abuse assessed by the DAST, ADS, or PRDS, the results clearly show that ALTO participants had more serious substance abuse problems as compared to those in the OSAPP sample. Indeed, while 60.7% of ALTO offenders were in the substantial to severe range of abuse, only 50.3% of OSAPP participants were assessed at the same levels.

The results show that ALTO participants were, in general, higher risk and higher need offenders compared to those in the OSAPP group.

Choices program

This program was also developed as a national substance abuse program to be offered in the Atlantic, Ontario, Prairie, and Pacific regions. It targets “low to low moderate” substance abuse problems and is delivered to offenders who are on conditional release in the community. While OSAPP has been the focus of the majority of efforts to assess the effectiveness of CSC national substance abuse programs, the community-base program *Choices* was the subject of an evaluation study during the initial piloting of the program.¹¹ It is important to point out that the *Choices* Program consists of two components: an intensive phase delivered to offenders over a one-week, full-day or two-week, half-day period and a maintenance phase offered once a week for twelve weeks. Only those participants who successfully complete the intensive phase are eligible to attend the maintenance sessions.

Program participants

The national database of *Choices* participants evaluated by T³ Associates contained 724 offender records at the time of the study. This sample was inclusive of all the program participants whose assessment and program performance information was forwarded to the CSC national database.

Characteristics of Choices participants

The average age of all program participants was about 30 years with the majority (70.5%) ranging between 20 and 34 years of age. Close to 11% were of Aboriginal status including 2.9% who self-identified as Metis and the remaining 7.6% as North American Indian. Over one-third (34.5%) of participants had achieved education levels of grades 9 or 10 while 42.9% had completed between grades 11 and 13. The average sentence length was 3.5 years and 1.8% of participants were serving life sentences. According to the risk level for recidivism, 31.3% were in the low risk category, 43.6% were assessed as moderate, and the remaining 25.0% were identified as high risk.

Offence types

The types of offences were categorized in the same manner as for the OSAPP and ALTO programs. The results showed that 35.2% were incarcerated for a violent crime, 26.2% were serving a sentence for robbery, 16.6% for break and enter/theft and about 17% for a drug-related offence.

Substance abuse severity

The distribution of alcohol severity scores generated by the ADS revealed that 33.8% of offenders in the sample reported no alcohol problem, 42.4% reported low level problems, 12.6% reported moderate problems, 7.4% had substantial problems, and 3.8% had severe alcohol problems. Offenders’ responses to the PRDS were as follow: 34.5% had no alcohol problem, 28.4% had “some” problems, 14.8% had “quite a few” problems, and 22.2% had a “lot” of alcohol problems. Finally, the DAST yielded the following drug severity scores: 14.1% had no drug problem, 28.3% had low level problems, 23.8% had moderate problems, 22.1% had substantial problems, and 11.7% had severe drug problems.

Using the ADS, PRDS, and DAST as indices of severity, it can be concluded that approximately 25% to 30% of the offenders reported moderate to severe alcohol problems and a considerably higher 57.6% moderate to severe drug problems. Regarding the five level composite index, the results were as follow: 22.9% of offenders were identified as having low level of substance abuse problems, 27.0% had moderate problems, 32.7% had substantial problems, and 13.6% were evaluated as having severe substance abuse problems.

Taken together, these findings indicate that approximately 95% of the participants presented with alcohol problems, drug problems, or combined alcohol and drug problems of sufficient severity to warrant participation in *Choices*. The remaining 5% were accepted into the program on the basis of additional information obtained from other sources.

Offender performance

The results suggest that the program was successful in increasing the offenders’ knowledge about the effects and consequences of alcohol and drug use as well as in the development of number of skills that are deemed essential in abstaining or controlling future substance use.

Post-release outcomes

A total of 536 *Choices* participants were eligible for the follow-up sample. Cases were included if they

had been released at a point in time that allowed for a minimum of 12 months of post-release follow-up.

Approximately 2 out of every 5 *Choices* participants (42.5%) were readmitted during the 12 month follow-up period. The rate of reconvictions was 14.6%. *Choices* completers had a considerably lower proportion of readmissions (40.3%) when compared to non-completers (57.1%). Among offenders who completed the maintenance phase of *Choices*, the readmission rate was 22.7% comparatively at 51.0% for the offenders who had not completed the maintenance phase.

Lightfoot and Boland found that the *Choices* participants made significant positive changes from pre-test to post-test on 4 of the 6 psychometric instruments they used to assess program performance (Alcohol knowledge, Attitudes toward Substance

Use, Problem Solving Skills, and Relapse Prevention Knowledge).

Survival in the community

The results indicated that the matched comparison cases assessed in the none to low category were readmitted at a faster rate during the first eight months of follow-up time. For the maintenance completer group, the trend reversed, showing a greater rate of failure near the end of the follow-up period. Considering offenders assessed with moderate substance abuse problems, the data showed that those in the matched comparison group generally failed sooner than the *Choices* participants. The survival rates for offenders in the substantial to severe levels demonstrated that *Choices* participants remained in the community for a longer period of time compared to those in the matched comparison sample. ■

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Research in Brief: A new publication

The Research Branch of Correctional Service of Canada (CSC) has developed a new publication entitled Research in Brief. This is a series of one-page summaries of research reports specifically designed to more broadly disseminate correctional knowledge to others.

Volume 1, R-01 to R-100, provides summaries covering the first one hundred research reports published to date. Volume 2, R-101+ is being prepared and will be made available shortly.

Copies of Research in Brief and the full report are available via the CSC web site.

Intensive support units for federal inmates: A descriptive review

David D. Varis¹

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Substance abuse continues to rank as an important criminogenic factor in offender behaviour. Correctional Service of Canada (CSC) has been pioneering numerous innovative strategies, interventions, and research in this specific area.

During the last several years, a number of correctional jurisdictions including Her Majesty's Prison Service in Great Britain,² the South Australian Department of Correctional Services,³ the Dutch Ministry of Justice,⁴ and several federal and state correctional institutions in the United States⁵ have adopted specialized units that focus on limiting the availability of drugs. These units have been commonly referred to as "drug-free" units. While some focus solely on drug interdiction, others provide a multi-faceted approach combining drug interdiction measures with treatment services.

In February 2000, CSC embarked on a specific initiative to put into place five pilot *Intensive Support Units* (ISUs), one in each of CSC's five regions. Within these units there are specific operational and support features. When these features are combined with existing case management and program services, staff and offenders are afforded a unique opportunity to work together in an environment which is substance-free, positive, healthy, and which reinforces an offender's efforts to change his substance abuse behaviour.

The ISU initiative includes a strong research component intended to examine many behavioural and operational variables. The research will specifically report on the profile of offenders residing in the units, various offender outcomes including recidivism, whether unit operations have reduced drug availability, and the unit's impact on the rest of the institution. While research is ongoing, this article presents data collected to January 27, 2001.

Overview of Intensive Support Units

*Purpose and principles*⁶

The main purpose of the ISU is to provide a safe environment where offenders can live substance-free with enhanced support and intervention of staff. The units are available to both offenders with substance abuse problems and to individuals without substance abuse problems but who wish to live in an environment that is free of drugs and

interpersonal problems associated with offender drug use.

Offenders volunteer to reside on the unit and sign a contract that outlines provisions for additional drug testing and unit searches in order to minimize the availability of drugs. Offenders who violate the agreement and the unit's rules and regulations (e.g., positive drug test or possession of drug contraband) will automatically be removed from the unit. However, they will be eligible to reapply to the unit after a mandatory absence of no less than 30 days.

Staff employ numerous security measures to inhibit drug usage and availability including restricted and monitored access to the unit by non-unit inmates, increased use of drug testing, searches, increased vigilance and communication to deter visitors from introducing drugs into the institution and greater use of various electronic security devices such as ion scanners. All ISU staff receive training in the legal framework under which the units operate and support techniques (e.g., motivational interviewing). A major part of their role is to foster a positive environment and to work actively with offenders to assist them in successfully changing their substance use behaviour.

Offenders living on the units have access to CSC's core substance abuse program (OSAPP). It is expected that when the High Intensity Substance Abuse Program (HISAP) is widely implemented, it will also be an important resource for ISU offenders. While program participation occurs outside of the unit, staff support offenders as they apply learned principles and skills to their daily living. Peer support within the units may also contribute to the positive environment.

The five federal institutions chosen to participate in the pilot initiative are Westmorland, Leclerc, Joyceville, Drumheller, and Mission. Leclerc Institution officially replaced its ECHO unit (based on a therapeutic community model) with an ISU, effective April 1, 2001. The data from this site will be included in later reports.

*Description of pilot sites*⁷

Westmorland Institution is a minimum security institution where ten houses with six offenders each (total 60) are assigned ISU status. Joyceville Institution

is a medium security institution with one range of a regular unit designated as the ISU (total 40). This range was formerly a "drug free" area several years prior to the ISU initiative. Drumheller Institution is a medium/minimum security institution and the ISU comprises a major part of the Minimum Security Unit (MSU), which is located outside of the confines of the regular institution. Seven houses with eight offenders each are assigned ISU status (total 56). Mission Institution is a medium security institution and the ISU is a separate unit and houses approximately 50 offenders. This unit was previously designated as "drug free" and had been in operation as such for several years.

Methodology

Assessment measures

Results presented are taken from an offender and staff expectation questionnaire specifically for the study and from offender description data. The expectation questionnaires were developed to study motivation for moving to the units, anticipated benefits and expectations about potential success of the units.

Data collection and sample

Data were collected by on-site research assistants for offenders who resided in the ISUs between February 1, 2000 and January 27, 2001 and who provided consent to participate in the research project. A total of 274 offenders were used to prepare the preliminary research findings. The number of actual cases per site are presented in Table 1. In addition, 72 staff members also completed questionnaires.

Preliminary research findings

Offender profile comparison

The mean age of an offender residing in the ISUs was 36 years, the same as the mean age of the current male population in federal penitentiaries. With respect to marital status, almost half of the

sample (45%) were either married or common-law (40% nationally), 44% were single (49% nationally), and the remaining 11% were previously married (11% nationally). Over 78% of ISU offenders were Caucasian (71% nationally), 13% were Aboriginal (17% nationally), and 9% identified as having other racial origins (12% nationally). Overall offenders on the units are demographically similar to the general offender population, except that Aboriginal offenders are slightly under represented.

Table 2 presents a breakdown of the length of sentences being served by ISU cases.

Table 2

Sentence Length of ISU Cases by Number and Overall Percentage		
Sentence Length	Number of Cases	Overall Percentage
Less than 4 years	135	49%
4 years to 10 years	68	25%
10 years or greater	22	8%
Life sentence	49	18%
Total	274	100%

Over half of the sample, 56% were serving a sentence for an offence involving some form of violence such as homicide, homicide related, robbery, sexual offences, assault, etc. Sixty-four percent of the ISU offenders had no other previous federal offences.

Offender static (criminal history) and dynamic (case needs) factors levels were reviewed using data from the Offender Intake Assessment (OIA), which is completed during the intake process after the offender's initial sentencing. The data in Table 3 presents a breakdown of both the Risk and Need levels for 253 of the 274 ISU cases. Overall, 50% were rated as having a high criminal history risk and 60% were rated as high need.

Table 1

Site Participation by Number of Cases and Overall Percentage		
Site	Number of Cases	Overall Percentage
Westmorland	78	28%
Joyceville	60	22%
Drumheller	68	25%
Mission	68	25%
Total	274	100%

Table 3

Static and Dynamic Factors Rating of ISU Cases as Identified by OIA		
Level	Static Factors	Dynamic Factors
High	50%	60%
Moderate	44%	36%
Low	6%	4%
Total	100%	100%

Table 4

Response to Offender Expectation Statement by Percentage

Offender Expectation	Agree/Strongly Agree	Disagree/Strongly Disagree
<i>I think the Intensive Support Units are a good idea.</i>	88%	
<i>I don't think the ISUs will work because it's too hard to stay clean in an institution, no matter where you are.</i>		81%
<i>I don't think offenders from the other units will give me a hard time for moving to the ISU.</i>	72%	
<i>I think the ISU will provide a more positive environment for participating in programs.</i>	71%	
<i>I think I will have more difficulty with alcohol and/or drugs on release because I live in an ISU.</i>		71%
<i>I think the ISU will cause problems in the rest of the institution.</i>		69%
<i>I moved to the ISU to stay away from the drug culture.</i>	69%	
<i>I think the ISU will help prepare me for release.</i>	66%	
<i>I don't think the ISUs will work because it's too hard to keep alcohol/drugs out of an institution, no matter where you are.</i>		65%
<i>I moved to the ISU because I will receive more privileges than I would in other areas of the institution.</i>		63%
<i>I think that the ISU will have a positive influence on the rest of the institution.</i>	60%	

The data also revealed that 77% required some form of intervention in the area of substance abuse. Other important Need domains requiring intervention included Personal and Emotional Orientation (92%), Associates and Social Interaction (62%), and Attitude (55%).

Discharges from ISU

A review of the preliminary data reveals that in first six months of operation, 42% of the offenders remained on the ISUs. As well, 24% were released on either day parole, full parole or statutory release and 17% were transferred to a lesser or similar security level, or voluntarily returned to their regular living unit, or left for other reasons.

However, 10% of the offenders were removed for using substances or having other drug contraband in their possession and 7% were removed for either rule infractions or serious security issues.

Offender expectations

A total of 46 questions comprise the Offender Expectation questionnaire. Table 4 shows responses to questions with high levels of consistency in responses.

Most offenders agreed that ISUs are a good idea. There was strong endorsement of ISUs providing a more positive environment for program participation and preparation for release with no anticipated negative impact on the institutional operation.

Table 5

Response to Staff Expectation Statement by Percentage

Staff Expectation	Agree/Strongly Agree	Disagree/Strongly Disagree
<i>I think the Intensive Support Unit will help offenders because it provides a more positive environment for participating in programs.</i>	86%	
<i>I think the idea of Intensive Support Units is a good one.</i>	85%	
<i>I think the ISU will cause more disruption in the rest of the institution.</i>		84%
<i>I think the ISU is unlikely to help offenders because they don't have enough support in an institution to get/stay clean.</i>		83%
<i>I think that the ISU is unlikely to help offenders because their problems are too severe.</i>		82%
<i>I think that increased searches will make for a safer environment.</i>	82%	
<i>I think that the ISU will help offenders because other offenders will be more supportive.</i>	80%	
<i>I think that there will be less violence among offenders in the ISUs.</i>	75%	
<i>I think that increased drug testing will decrease the presence of drugs in the ISU.</i>	74%	

Staff expectations

Staff normally assigned to the ISU were asked questions about expectations they held in relation to the unit. Table 5 presents those responses.

In general, a significant number of staff supported statements indicating that ISUs are a good idea, contribute to offender rehabilitation, and provide for a healthier, safer and more supportive environment.

Discussion

The Intensive Support Unit initiative is one of several strategies that CSC is researching to effect the reduction of substance abuse among offenders. There are currently five pilot sites nationally and the

Addictions Research Centre is evaluating the effects these units have on offender behaviour, including recidivism.

A high percentage of offenders who reside in the ISU anticipate that the unit will provide a more positive environment for participating in programs, avoiding the drug culture, and preparing them for release. The majority of staff who work in the unit believe that the ISU is a good idea and that increased interdiction activities will decrease drug usage and related problems.

Future research will evaluate these units in terms of operational impacts, particularly as to whether the unit contributes to a safer environment. ■

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- 7 Prepared by Stafford Murphy, Research Officer, Correctional Service of Canada, Addictions Research Division, NHQ, Ottawa, ON, following a national site visit in June 2000.

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High Intensity Substance Abuse Programming for offenders

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Most Canadian Federal offenders have substance abuse problems, ranging from low to moderate and high levels of need.⁶ Although many offenders' substance abuse problems are addressed through existing Correctional Service Canada (CSC) programs such as the Offender Substance Abuse Pre-Release Program (OSAPP), and the Community Correctional Brief Treatment Relapse Prevention and Maintenance Program (Choices) it has been long recognized that a specialized program is required for the more severely addicted offenders,⁷ a group that makes up as much as 37% of the offender population.⁸ For example, offenders in this highest need category are more likely to have used drugs or alcohol on the day of the crime; have the highest rates of previous convictions; are more likely to need help stop or control their drinking; have the highest rates of unsuccessful attempts of cutting down; have the highest rates of drinking and drug use⁹ and recidivate at higher rates than those with lesser substance abuse problems.¹⁰ This article provides an overview of CSC's approach to addressing the unique and challenging needs of offenders with substantial and severe substance abuse problem.¹¹

The High Intensity Substance Abuse Program model

Given that offenders with the most severe substance abuse problems have a correspondingly higher level

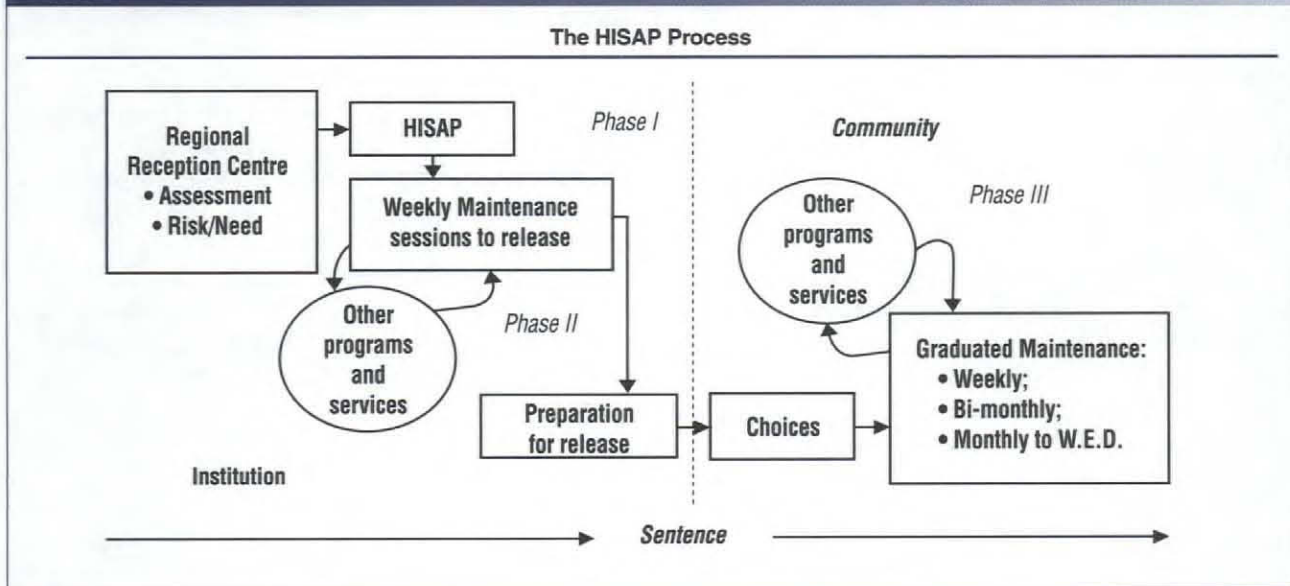
of problems with family, interpersonal relationships, physical health, mental health, leisure, education, employment, and criminality¹² the High Intensity Substance Abuse Program (HISAP) treatment model is correspondingly comprehensive, in terms of skill development and in duration, to assist offenders address problems in these life areas over the long term. The HISAP model also incorporates other existing programs and services to further address changes to their problematic life areas.

The HISAP model places an importance of providing high-need offenders with on-going substance abuse intervention.¹³ Phase one is the intensive phase followed by the second phase of required regular maintenance sessions in preparation for release to the community. The third phase involves community programming and a cascading of required maintenance sessions to warrant expiry.

The program

In the absence of a high-intensity program, high-need substance abusing offenders have been funnelled through OSAPP. Although OSAPP is clearly more effective for moderate level offenders, as demonstrated by their 48% reduction of new convictions as compared to a matched comparison sample, high-need offenders saw a 26% reduction of new convictions.¹⁴ This

Table 1



indicates that the techniques and skills taught in OSAPP might also be applicable for HISAP participants, but perhaps they require a longer continuum to learn and practice the skills required to make and maintain long-term behaviour change.

The HISAP program consists of about 100 two-hour sessions, with about 8 sessions delivered per week, making the program between 4 and 5 months in length. The program's design adheres to CSC's Program Accreditation Standards¹⁵ and the Characteristics of Effective Correctional Programs.¹⁶ For example, the program is based on the social-learning model and consists of cognitive and behavioural techniques designed to teach new skills and attitudes. Guided-learning and interactive instructional techniques, such as role-play, are used extensively throughout the program.

The program is co-facilitated by two Program Delivery Officers, ideally certified as OSAPP facilitators, who have received specialized training in the delivery of HISAP. The program curriculum is 'user friendly' and sufficiently detailed to ease their program preparation and delivery.

Program overview

Module 1: Orientation to the program (10 sessions)

The opening segment includes an overview of the program, establishment of participant and facilitator expectations, and an introduction to specific communication skills that are to be used throughout the program. This is followed by a comprehensive autobiography exercise that provides the participants with a better understanding of themselves and identifies key information to be used later in the program, such as the formulation of their learned behaviour and beliefs. The orientation module also contains formal program pre-testing and the first of several one to one sessions with each offender.

Module 2: Should I change? (16 sessions)

Although severely addicted offenders readily admit to having drug/alcohol problems and the need for help with their substance use problems,¹⁷ they are not necessarily ready to change their behaviour. Therefore, before focusing on teaching of skills, this module is geared toward examining the 'pros' and 'cons' of their past, and future use, to bring them to a commitment to change their behaviour. This module begins with an overview of the change process¹⁸ as well as the participants' reasons for, and obstacles to change, which will be addressed throughout the program. Other information to help them understand their behaviour is examined, including, the establishment of basic drug terms and

pharmacology information, how they developed their addiction, their intentions and expectations of their substance use, and, the identification of risky behaviours that are related to their substance use. The module concludes with a series of personal 'decisional balances' and goal setting.

Module 3: Understanding behaviour (8 sessions)

This module is based on the premise that one must first understand their behaviour before changing it. Therefore, this segment focuses on enhancing the participants' understanding of past behaviour to identify their deficit areas and specific situations that will place them at risk to use in the future. The participants are taught the 'triggers-behavior-consequences' model, how their behaviour was learned, their personal risk factors and their combined effect. The participants are also introduced to a behaviour cycle that uses a 'green-yellow-red' metaphor to map out past behaviour and crime cycles.

Module 4: Behavioural coping (9 sessions)

This module switches gears somewhat as it is the first segment to concentrate on teaching behavioural coping skills. Practical problem solving is seen as an essential skill for the participants to learn for dealing with all aspects of their lives, and therefore, becomes a major theme for the duration of the program. HISAP has adopted the problem solving steps used in the Cognitive Skills Training (CST) program, not only because of their proven effectiveness with offenders, but to create a synergistic effect for the many HISAP offenders who will also take the CST program during their sentence.

Module 5: Cognitive coping (18 sessions)

As the previous module focused on behavioural skills, this module focuses on cognitive coping skills. Seen as a critical module in the program, the participants are led through a very thorough instruction of Rational Emotive Behavioural Therapy (REBT).¹⁹ This module commences with instruction on how thinking influences emotional and interpersonal problems that can trigger substance use and other destructive behavior. The participants identify and change their specific thinking distortions that alter their interpretation of events. The module then goes on to identify, dispute and replace their specific irrational demands they place on themselves, other people, and the world around them. Low frustration tolerance, a common characteristic of substance abusers,²⁰ is also addressed. These 'coping by thinking' strategies will continue to be a main theme throughout the rest of the program and the HISAP process.

Module 6: Relapse prevention (21 sessions)

This module takes the behavioural and cognitive coping skills the participants learned in the previous modules to develop specific relapse prevention plans for themselves. This module begins with an overview of Marlatt's Relapse Prevention model.²¹ It then proceeds through a thorough examination of each major risk category as assessed by the Inventory of Drug Taking Situations (IDTS)²² which include, physical discomfort, unpleasant emotions, pleasant emotions, testing personal control, urges and cravings, conflict with others, social pressure to use, and pleasant times with others. Each session targets a specific risk situation and utilizes problem solving and REBT to develop detailed, concise and realistic plans to cope with each risk situation. Other skills such as assertiveness training, relaxation and communication skills are taught in the appropriate sessions to further develop their coping skills in each risk area. The module also focuses on identifying and addressing criminal triggers and the development of relapse management strategies.

Module 7: Life area planning (15 sessions)

This module has the offenders examine and develop appropriate plans for each life area, including, substance use, work/school, marriage/family, health & fitness, leisure time, legal, financial, mental health and well being, social, cultural/spiritual, and

community reintegration. Their plans will form the 'road maps' they will follow for attaining their goals in each life area.

Module 8: Transition (5 sessions)

The focus of this final module is to prepare the participants for the next steps of the HISAP process and bring closure to the program. For example, the participants will examine the need for, and approach to, upcoming maintenance sessions, the importance of self-help groups, and how to retain and enhance the progress they've made in the program. Formal post testing is administered and a graduation is held.

The co-facilitators conduct post-program interviews with each participant to gather the remaining information that is required for them to determine each participant's progress and to prepare their program final reports.

Future plans

The HISA Program is being piloted twice in each CSC region to finalize the curriculum and implementation guidelines. The program is scheduled to go before the International Program Accreditation Panel in early 2002. Widespread implementation of the HISAP model is planned for the 2002/03 fiscal year. Participant data will be collected from each program for eventual program evaluation and future program revisions. ■

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⁵ Regional Headquarters, Ontario, 440 King Street West, P.O. Box 1174, Kingston, Ontario K7L 4Y8.

⁶ Robinson, D., Porporino, F., and Millson, B. 1991. *Patterns of Alcohol & Drug Use Among Federal Offenders As Assessed by the Computerized Lifestyle Screening Instrument*. Research Report R-11, Ottawa, ON: Correctional Service Canada, 27.

⁷ *Task Force on the Reduction of Substance Abuse — Final Report* (1991). Ottawa, ON: Correctional Service Canada, 57.

⁸ Based on substance abuse assessment data from Pacific Region's Regional Reception Assessment Centre for the 2000/2001 fiscal year.

⁹ Millson, W. A., Weekes, J. R., and Lightfoot, L. D. (1995). *The Offender Substance Abuse Pre-Release Program: Analysis of Intermediate and Post-Release Outcomes*. Research Report R-40, Ottawa ON: Correctional Service of Canada.

¹⁰ Weekes, J. R., Millson, W. A., and Lightfoot, L. D. (1995). Factors Influencing the Outcome of Offender Substance Abuse Treatment. *Forum on Correctional Research*, 7(3), 10.

¹¹ As assessed by the *Alcohol Dependence Scale* (ADS), copyright 1984, J. L. Horn, H. A. Skinner, K. Wanberg, and F. M. Foster and the Alcoholism and Drug Addiction Research Foundation, Toronto, ON. And the *Drug Abuse Screening Test* (DAST), Copyright 1982 by the Addiction Research Foundation and H. A. Skinner.

¹² Langevin, C. M. (1999). *A profile of alcohol-abusing offenders*. Unpublished masters thesis, Carleton University, Ottawa, ON.

¹³ T³ Associates (1999). *An Outcome Evaluation of CSC Substance Abuse Programs: OSAPP, ALTO and Choices — Final Report*. Ottawa, ON: Correctional Service of Canada, 185.

¹⁴ Ibid. T³ Associates (1999), 124.

¹⁵ *Commissioner's Directive — #726* (1999). Management of Correctional Programs. Ottawa, ON: Correctional Service of Canada.

¹⁶ *Management of Correctional Programs, Standard Operating Practices* (1999). Ottawa, ON: Correctional Service of Canada, 5.

¹⁷ *CLAI Awareness Training Package* (1995). Ottawa, ON: Correctional Service of Canada, C-7, C-9, D-3, D-5.

¹⁸ Miller, W. R., and Rollnick, S. I. (1991). *Motivational Interviewing: Preparing people to Change Addictive Behavior*. Guilford Press, 15-19.

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²⁰ Ellis, A., McInerney, J. F., DiGiuseppe, R. & Yeager, J. (1988). *Rational-Emotive Therapy with Alcoholics and Substance Abusers*, Needheim Heights, MA: Allyn & Bacon, 24-25.

²¹ Marlatt, G. A., & Gordon, J. R. (1985). *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors*. New York, NY: Guilford Press, 38.

²² Annis, H. M., & Graham, J. M. (1991). *Inventory of Drug-Taking Situations (IDTS): User's Guide*. Toronto, ON: Addiction research Foundation of Ontario.

Programming for substance abusing women offenders

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The 1990 task force on federally sentenced women, *Creating Choices*, laid the foundation for all future treatment of women offenders. The key principles set out by the task force (empowerment, meaningful and responsible choices, respect and dignity, supportive environment, and shared responsibility) became the driving force in designing all core programming for women, including a national substance abuse treatment program introduced in 1995. This article discusses recent observations made by an expert panel reviewing the national program, as well as responses from management, staff, and women in federal prisons across Canada. Their shared recommendations point the way for the development of a new model for substance abuse treatment.

Substance abuse programming for women: The first five years

The first national substance abuse program "Substance Abuse Program for Federally Sentenced Women"² was introduced in 1995. In 1997, a community component followed. Both programs drew heavily on the Model of Change³ and offered an action-oriented and gender-based response to women and addiction. A later and more intensive version "Solutions" was piloted regionally in 1998. Since 1995, close to 500 women have participated in these programs.

An external review

In late 1999, the Correctional Service of Canada (CSC) asked a panel of national and international experts to assess the existing women's substance abuse programs. Informed by the principles set out in *Creating Choices*, the panel conducted an in-depth review of existing substance abuse programming. While these experts agreed that earlier efforts represented an important beginning, they identified concerns with both process and content, and recommended the development of a more comprehensive treatment model. They proposed a design that would ensure that programming is:

- In accord with correctional philosophy with a clear understanding of the role of abstinence within a harm reduction framework;

- Firmly rooted in holistic and gender responsive principles, including relational theory; and
- Balanced, incorporating both cognitive learning and therapeutic needs.

Effective treatment, experts state, must be multi-dimensional, addressing both the intervention (cognitive, affective and behavioural) and the environment (safety, connection and empowerment).

Cognizant of these elements, the panel also stressed the need to:

- Identify relationships between substance abuse and pathways to crime, which differ significantly for women;
- Emphasize the importance of appropriate referrals and corresponding levels of intervention, including pre- and post-treatment components;
- Create linkages to other areas of need and programming. This is key to fostering an integrated environment where 'connection' and 'community' set the stage for positive change;
- Train and maintain qualified staff. The panel noted that training and upgrading are integral to effective treatment and program fidelity; and
- Evaluate effectiveness using a combination of behavioural (recidivism, suspensions, infractions) and personal/emotional variables (self-esteem, post-traumatic stress symptoms, depression, changes in health, improved functioning, productive use of leisure time). Conceptually, this process, which includes both qualitative and quantitative measures, offers a comprehensive evaluation of treatment.

Overall, the panel members were emphatic that, in order to maximize treatment efficacy, a substance abuse program must create an environment which permits women an opportunity to integrate information and behaviour within their own life experiences.

Responding to the recommendations

Correctional Service of Canada accepted the panel's findings and work is now underway to design a new substance abuse program. Several members of the

expert panel will continue to play an advisory role in the development of this model. As a first step, management, program staff, and federally sentenced women in each of the regional prisons were consulted. The women interviewed included those in the early stages of treatment, those who had successfully completed treatment and a number who had returned to the institution following a lapse or relapse. Both groups (staff and women) shared their experiences with the existing program and identified areas for consideration in the design of a new model.

This consultation clearly illustrated that many women have benefited from existing substance abuse programming. Equally clear, however, were the gaps not addressed by current treatment.

The following quotes are taken from interviews with women offenders. They provide a glimpse of their histories. They also speak to the strengths and weaknesses of the current program.

"My life was very different before...my partner was abusive and I have a history of abuse. The program helped me to come to terms with my reality...They didn't preach quitting, but pointed out my options."

"The model of change helped me to take responsibility, to separate the person from the action — I wasn't bad, I felt bad...The drugs were the tip of the iceberg."

"I hate the role-plays but that's when I really experience stuff...I need a place where I can continue to do this work when I get out."

"I did the program and now I'm back...I thought I'd be safe, but I succumbed to peer pressure...aftercare is really needed...there should be another component for us when we come back...we're in a different frame of mind."

"I am not in programming now...there definitely needs to be something that runs all the time, even a peer led group...life stories really motivate me...There's not much on relationships and how my use affects the people around me."

The feedback offered by these women echoes many of the issues noted by the staff and the expert panel, and offers compelling support for a program capable of responding to a wide range of complex issues and needs.

Many of the recommendations made were program specific, while others are directed at the supporting infrastructure. Together, they serve as a strategic guide in the design of a new model for substance abuse treatment.

Suggestions for programming included:

- A harm reduction framework for programming is supported, with the understanding that abstinence

(whether it is situational by virtue of legal status or a choice matched to lifestyle and severity) holds a valid position on this continuum. Abstinence is required in a correctional setting and for many women with severe histories of drug and alcohol use, it may be the safest option in the long term. Learning about using in the context of responsible choice is also valuable. It empowers women and is more likely to result in sustained change;

- While current programming strives to be women-centered, it doesn't go far enough. The new model must be gender responsive in every respect. This cannot be achieved through modification or substitution. Program content will be presented through the lens of women's lives and will be expanded to incorporate relevant and critical issues facing women such as infectious disease, fetal alcohol syndrome, trauma etc;
- Programming is described as "tipped" with therapeutic needs receiving minimal attention. An integrated and multi-model approach is needed to ensure that *both* the cognitive and therapeutic needs of federally sentenced women are addressed. The debate between these two approaches is seen as counterproductive. Both are clearly supported and will be incorporated in a complementary and balanced 'core treatment' component. The model of change remains a valued framework and many saw merit in a broader application within the prison culture. Education, pre-treatment and ongoing maintenance (for both incarcerated women and women in the community) are also considered essential and will be added to the treatment continuum; and
- Programs generally are delivered in isolation from one another. Communication is difficult and content overlap is discouraged. Isolation or fracturing is also evident in the growing concern regarding prison culture. The new model for substance abuse programming will promote connection and common purpose with other program areas and, in so doing, will encourage a return to the holistic 'healthy community' model originally envisaged in *Creating Choices*. Enhanced opportunities for peer support will be important in encouraging program integration and community building.

Equally important were the recommendations pertaining to the infrastructure. The following are examples of commonly noted themes:

- Most supported the intent and value of using community agencies in program delivery, although stability and continuity are real concerns. Strengthening community support systems requires dedicated effort within each institution.

This is an ongoing task that not only affects institutional programming, but also directly impacts on effective reintegration;

- Program resources must be protected. Competing priorities should not impact on program delivery.
- Timely orientation and training at all levels, from primary workers to senior management, is critical in order to preserve direction and program integrity; and
- Research and evaluation are essential components. Despite the challenges associated with population size, dispersment, etc., initiatives to develop gender responsive instruments for assessment and measurement of program impact are needed.

The future

Experts, Correctional Services of Canada staff and the women in the prison system agree on the need for change. Their assessments of existing substance abuse programming and recommendations for the future are strikingly similar. With this level of consensus and endorsement, CSC has begun the work of creating a multi-faceted treatment continuum, one that anchors programming in a gender responsive framework and incorporates best practices from credible theoretical models.

Modules under development for substance abuse programming include:

- Initial Engagement;
- Education and Pre-Treatment;
- Recovery (Therapeutic/Cognitive);

- Maintenance (Institution & Community); and
- Peer Support.

Community integration initiatives, such as, community meetings, peer facilitation, shared program content and goals are also being explored. The role of program coordination is central to the success of this design.

Program enhancement and integration with other core programs will foster a culture or 'milieu' for positive change. By shifting from a related but separate collection of programs to a system that is interdependent, we begin to build connection and community focus. For the women living in this setting, their learning will extend beyond formal teaching or counseling to experiencing and living. This 'healthy community' milieu ultimately functions as a primary intervention as well as a foundation for programming.

Implementation will be phased in. A pilot at one institution is planned for early 2002. It will offer the full treatment continuum with additional components geared to broader program integration and community building. A national pilot will follow later in the year. Parallel challenges to the supporting infrastructure require immediate and ongoing attention. ■

¹ 23 Brook Street, Montague, Prince Edward Island C0A 1R0.

² Alberta Alcohol and Drug Abuse Commission and Kerr Creative Consulting (1995). *Substance Abuse Program for Federally Sentenced Women*.

³ Prochaska, J., Norcross, J., and DiClemente, C. (1994). *Changing for Good*. New York, NY: Morrow.

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Impact of institutional methadone maintenance treatment on release outcome

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In January 1998, the Correctional Service of Canada implemented Phase I of an institutional National Methadone Maintenance Treatment (MMT) Program for federal offenders with heroin or other opiate addictions. Phase I was designed to continue methadone treatment that was started in the community, and requires that an offender has recently participated in community MMT in order to be eligible. Phase I of the MMT Program was modified to allow the option of providing MMT to offenders in exceptional circumstances where all available treatments and programs have failed, the health of the offender continues to be seriously compromised by addiction, and there is a dire need for immediate intervention. The goal of the National MMT Program is harm reduction, in order to minimize the adverse physical, psychological, social and criminal effects associated with opioid use.² This article presents results of a study examining the effect of institutional MMT participation on post release outcome.

Heroin addiction is extremely damaging to the individual and has negative consequences for communities. It can contribute to deterioration of relationships, dependence on a criminal lifestyle to support the addiction, and serious health consequences, including the contraction of HIV and Hepatitis C due to needle sharing. It is therefore essential that addicted individuals receive treatment. One of the most promising treatments for heroin addiction is the use of Methadone Maintenance Treatment (MMT) to reduce withdrawal symptoms and stabilize behaviour. The use of MMT accomplishes this by acting on the same opiate receptors that heroin does, thereby reducing or eliminating withdrawal symptoms, while having a longer duration of action than heroin (24 to 36 hours versus 4 to 6 hours) and not producing the euphoric and sedation effects that heroin does.³ Therefore, once individuals are maintained on the proper methadone dose, they are functionally normal, and are able to participate in productive activities such as treatment, education and employment.

Use of MMT to treat heroin addiction has been found to be related to decreased intravenous drug use, decreased needle sharing and HIV risk behaviours, decreased criminal activity, increased productive

activities, and increased likelihood of continuing treatment in the community following release.⁴

The study presented in this article examines the outcome following release from prison for offenders who had participated in Phase I MMT while incarcerated, as compared to other heroin addicted offenders who had not participated in MMT. The study examines outcome in terms of readmission to custody following release.

Current study

MMT group

The group consists of 303 offenders identified as having received MMT in a federal institution from November 1996 to October 1999. Among these offenders, 62% (187 offenders) were released from custody before May 15, 2000, and these offenders were included in follow-up analyses. Released offenders in this group were, on average, 38 years of age at release, 10% (17) were Aboriginal, and 3% (6) were women.

Non-MMT group

The Non-MMT group included all offenders who were identified as having a drug addiction and who had at least one positive urinalysis result for opiates or opiates A (heroin metabolites) in random and systematic testing from January 1998 to October 1999. The presence of a drug addiction was confirmed by examining institutional files. This group contained 215 offenders, and approximately 52% (112) were released from custody prior to May 15, 2000. Of this sample of released offenders, 20% (22) were Aboriginal, 6% (7) were women, and averaged of 34 years of age at release.

Measures of outcome including readmission to federal custody, type of revocation, and reoffending were examined. As can be seen in Figure 1, the groups significantly differed in their readmission survival curves. Overall, the MMT group was readmitted to federal custody at a lower rate, and at a slower pace than the Non-MMT group. For example, at approximately 12 months, 59% of the MMT had not been readmitted while only 42% of the Non-MMT group had not been readmitted.

Figure 1

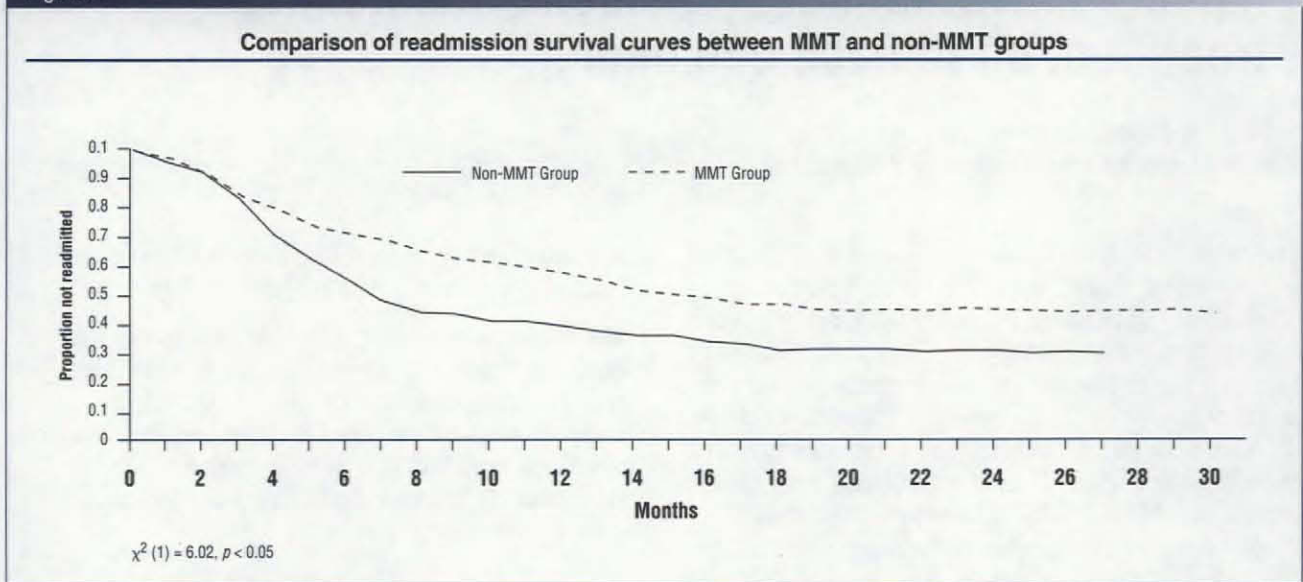


Table 1 examines offender outcome following release in a slightly different manner. Type of outcome for a fixed 6 month period is presented for the 92 Non-MMT offenders and the 154 MMT offenders who had been released and had 6 months available to be readmitted following release. As can be seen, after six months, the MMT group was more likely to not be readmitted (71% versus 56%), less likely to have a revocation without a new offence (17% versus 22%). In addition, the MMT group was less likely to be returned to custody due to new offence (12%* versus 22%; this includes percentages of both Revocation with New Offence and New Conviction). These general trends were also observed when examining the outcome following a fixed 12-month follow-up period. The results indicate that MMT offenders are less likely to be readmitted, but when they are, it is more likely to be due to a revocation without an offence than due to the commission of a new offence.

Table 1

Outcome for 6-month fixed follow-up period			
	MMT group % (n)	Non-MMT group % (n)	χ^2
No Readmission	71 (109)	56 (52)	
Revocation without new offence	17 (26)	22 (20)	7.96*
Revocation with new offence	8 (12)	9 (8)	
New conviction ¹	4 (7)	13 (12)	
Number of cases	154	92	

* $p < 0.05$
 1. Readmission to a federal institution with a new offence, following the completion of a previous federal sentence.

The reasons for revoking conditional release are compared for the two groups in Table 2. The Non-MMT group was significantly more likely than the MMT group to have a violation of an abstinence condition due to alcohol use (9% versus 2%), or to be unlawfully at large (UAL) (22% versus 9%). In addition, although not statistically reliable, the Non-MMT group was more likely to have committed a violation of their abstinence condition due to drug use than the MMT group (20% versus 14%). In general, the Non-MMT group was more likely to have more serious forms of revocation such as violations of abstinence conditions, or being unlawfully at large, than the MMT group.

In terms of reoffence, results presented in Figure 2 suggest that there is a difference in the rates of failure with a new offence, but that this difference was not

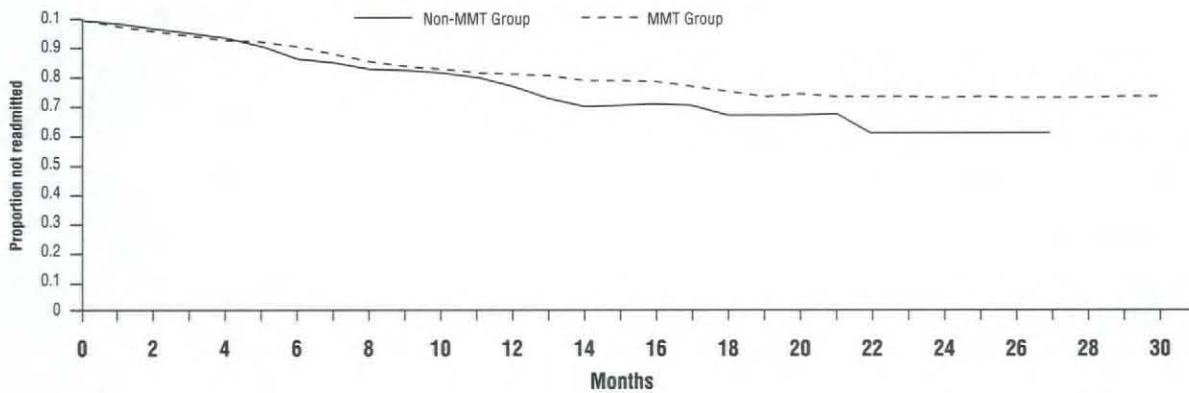
Table 2

Percentage of released offenders with each type of revocation			
Revocation type	MMT group % (n)	Non-MMT group % (n)	χ^2
Violation of abstinence condition-alcohol	2 (3)	9 (10)	9.04**
Violation of abstinence condition-drugs	14 (26)	20 (23)	2.25
UAL	9 (16)	22 (25)	11.22***
Violation of curfew	2 (4)	3 (3)	0.09
Deterioration of behaviour	3 (6)	4 (4)	0.03
Other violation	5 (9)	5 (6)	0.04
Number of cases	187	112	

* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

Figure 2

Comparison of new offence survival curves between MMT and non-MMT groups



$\chi^2 (1) = 1.81, ns$

statistically reliable. At approximately 12 months following release, 76% of the Non-MMT group and 82% of the MMT group had not reoffended. Further analyses revealed that the two groups did not differ significantly in the number and type of new offences committed following release.

Conclusion

The result of the current study indicate that heroin addicted offenders participating in institutional MMT program had lower and more gradual readmission rates than those who had not participated in MMT. In addition, MMT offenders were less likely to be readmitted due to a technical violation of an abstinence condition, or being unlawfully at large. However, the results did not indicate any meaningful differences in the new offence rates between the two groups. One limitation of the study is that offenders were not monitored in the community to determine if they had continued with MMT. Failure to continue MMT may be associated with increased risk of new offending, but this remains to be studied in a future project.

While this study examines outcome in terms of readmission to custody, future research should examine other pre- and post-release measures. For example, such measures might include degree of intravenous and non-intravenous drug use, treatment participation, health status, productive activities (i.e., employment, education), and criminal behaviour. In addition, work is underway to

determine the feasibility of changing the MMT criteria, which would allow offenders who had not participated in previous MMT to be eligible for consideration for the program. This change will increase the number of offenders eligible for MMT and will require additional research to determine the degree to which institutional MMT participation is beneficial for these offenders and those who met the Phase I criteria examined in the current study. ■

- 1 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.
- 2 Correctional Service Canada (1999). *National Methadone Maintenance Treatment Program Phase 1*. Resource and Information Package, Ottawa, ON.
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Random Urinalysis Program: Policy, practice, and research results

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Urinalysis is a method of detecting recent drug use by looking for evidence of drugs (metabolites) in urine. In Canadian federal penitentiaries, offenders can be asked to provide a urine sample when there is reasonable grounds to suspect use; as a condition of participation in a program or activity involving community contact, as part of participation in a substance abuse treatment program, or if they have been chosen to participate in the random testing program. The purpose of this paper is to describe some of the results from the random component of urinalysis testing conducted by Correctional Service Canada (CSC).

Background

In criminal justice settings, urinalysis has been widely adopted as a method to detect and deter drug use by offenders, to provide a baseline for assessment of current levels of drug use, to identify trends or patterns in drug use behaviour, and to identify offenders in need of treatment.² Drug use by inmates in prison threatens the safety of offenders and staff, and undermines the rehabilitation efforts of staff and offenders. In addition, chronic drug use has been identified as a factor associated with an increased likelihood of involvement in criminal activity³ and, if left untreated, could increase the risk to communities to which offenders return upon release.

History of urinalysis in CSC

In 1985 the Service first introduced regulations to allow the collection of urine samples for drug testing. A court challenge in 1987 resulted in the discontinuation of urinalysis, except where it was part of a treatment program. To address some of the legal concerns about using urinalysis for detecting drugs, rules and guidelines were written into the Corrections and Conditional Release Act of 1992 and in the accompanying regulations. In 1993, three sites were chosen to implement random urinalysis testing. A court challenge temporarily stopped the random program in the Pacific Region. Random urinalysis was introduced across the country in April 1995, however the Pacific Region did not begin random testing until August 1995, when the court challenges were resolved.⁴

Selection and testing

As of July, 1996, 5% of offenders in custody are randomly selected for urinalysis each month by National Headquarters. Institutional Urinalysis Program Coordinators then have 30 days to complete the testing, but the precise timing of the collection is at the discretion of the institutional staff. Operational issues (shift schedules, offender movement, etc.) can affect the testing schedule, but testing should occur randomly throughout the selected month. If patterns occur in the distribution of tests, offenders could use this information to alter their drug use to evade detection. Analyses revealed that although testing does occur throughout the month, the first and last week consistently had lower rates of testing. In addition, analyses indicate that only 10% of tests occur on weekends, where 28% would be expected if testing was truly random.

Limitations of urinalysis

Testing for the presence of drugs does not ensure that all instances of drug use are detected. Metabolites remain in urine for varying periods of time, as shown in Table 1. For example, evidence of opiate use will remain detectable in urine for only 1-2 days, while THC, the active ingredient in marijuana and hashish, can be detected for as long as 5 weeks after chronic use.⁵ Furthermore, a positive urinalysis result cannot determine specifically when the drug was used, the exact dose of the drug used, or the degree or severity of impairment accompanying the drug use.⁶

Urinalysis can produce incorrect results if test procedures are not followed carefully. Urine samples must be, and are screened for the addition of contaminants and for dilution of samples. The testing procedure followed by collectors reduces the possibility of contamination of the sample by visual inspection, and monitoring temperature and pH (chemical balance) of the sample upon collection. Samples may be diluted by excessive consumption of fluids, however the laboratory procedures include methods to identify diluted urine samples and subject them to further testing.

Table 1

Urinary Clearance rates of some drugs of abuse		
Drug Class	Drug Name	Clearance Rate
Stimulants	Amphetamines, Cocaine, Methylphenidate (ritalin)	1-4 days
Opiates and Morphine Derivatives	Heroin, Morphine, Codeine, Meperidine (Demerol), Pentazocine (Talwin), Hydrocodone (Vicodin), Oxycodone (Percocet), Hydromorphone (Dilaudid)	1-2 days
Tetrahydrocannabinol (THC)	Marijuana, Hashish, Marinol	1 day – 5 weeks
Hallucinogens	Phencyclidine (PCP) Lysergic acid diethylamide (LSD)	2-8 days 8 hours-3 days
Depressants	Alcohol Benzodiazepines (Valium, Librium, Rohypnol)	6-10 hours 1-6 weeks
Antidepressants	Fluoxetine (Prozac)	2-4 days

Testing positive

If offenders test positive, they can be charged with the disciplinary offence of "Taking an Intoxicant". Sanctions for this offence include one or more of the following: a warning or reprimand; a loss of privileges; a fine; performance of extra duties; or segregation from other offenders. In addition, offenders can be ordered to provide a sample each month until three consecutive negative samples have been provided. Administrative sanctions include transfer to higher security, loss of temporary absences, or referral to a substance abuse program.

Results

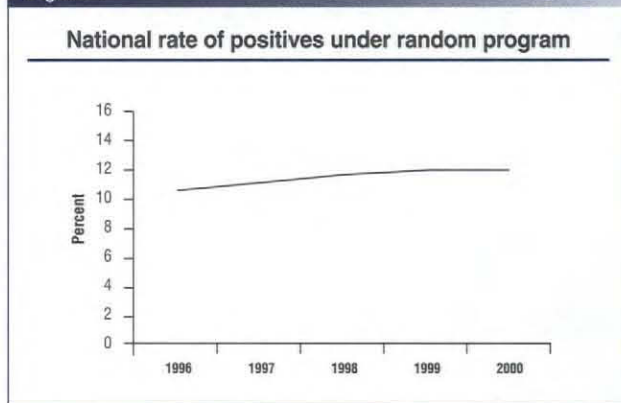
The data used for analysis included all tests requested under the random urinalysis program at each federal institution in Canada from July 1996 to March 2000. The total number of tests requested during this time period was 24,766.

Positive rate

The national positive rate for all drugs has shown a slight increase from 11% in 1996 to 12% in 2000 (Figure 1), but this change is not statistically reliable.

Regionally, since 1996, Atlantic Canada has had the highest average positive rate (16%), followed by Quebec and Ontario (12%), and the Pacific region (10%). The Prairie region has had the lowest average positive rate (9%). In all regions, the positive rate has increased since 1996.

Figure 1



The rate of positive results in maximum security facilities has decreased slightly (from 9% to 7%), and there has been a significant increase in the percentage of positive samples from minimum security institutions, from 6% in 1996 to 14% in 2000. In medium security institutions, the positive rate has remained stable, at around 13%.

Refusals

Offenders have the right to refuse to provide a urine sample. Refusal to provide a sample is treated as a disciplinary offence, with the same sanctions as those resulting from a positive test. The percent of offenders refusing to submit a sample for random urinalysis has increased significantly, from 9% to 14% (Figure 2). Regionally, Ontario had the largest increase in refusals since 1996, going from 5% to 15% in 2000. The highest percentage of refusals in any year has been in the Atlantic region, averaging 19% for the period of study, followed by Pacific (16%) and Quebec (13%) regions. The Prairie region has had the lowest overall rate of refusals (6%).

The highest rate of refusals has been in maximum security institutions, and has shown a significant increase since 1996 (from 16% to 29%). The lowest

Figure 2

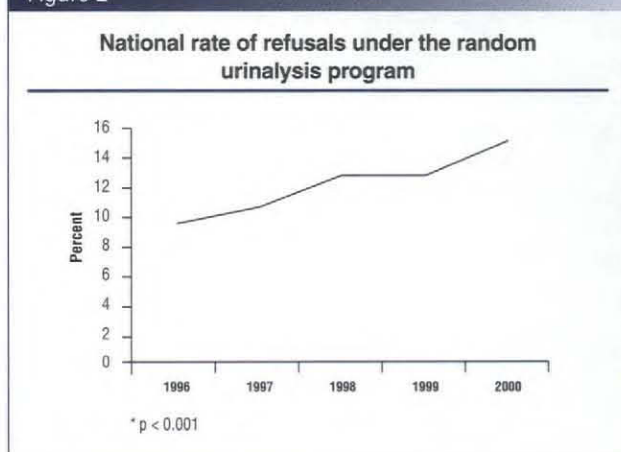
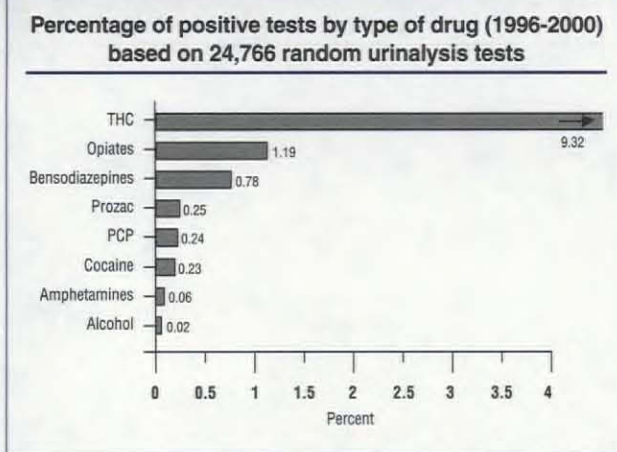


Figure 3



refusal rate has been in minimum security institutions, averaging 2% for the testing period.

It is possible that the increasing refusal rate at maximum security institutions is related to the decrease in positive test results. Offenders may refuse to provide a sample because they have been using drugs and want to avoid detection, or for other reasons not related to drug use. To determine the effect of refusals on the positive rate a series of analyses were conducted. The first analysis treated all refusals as indicative of a positive test result and the second analysis added half of the refusals to the positive results. The change in positive rate remained similar for minimum and medium security, with a slight increase from the actual positive rate. However for maximum security institutions when half of refusals were added to the positives the downward trend in positive results reversed, and increased from 17% to 22%.

Drug types

The majority of positive samples identified through random selection are for THC, representing 9% of all tests since 1996 (Figure 3). Opiates are the second most common drug type found, although at a much lower rate of detection, only 1% of all tests.

The data on the types of drugs found in positive samples was examined to determine any trends in use patterns over time, as there had been a concern that offenders might move from "soft" drugs, like THC to "hard" drugs, such as heroin and cocaine, to avoid detection by urinalysis. Offenders might chose to switch from THC to opiates and cocaine, due to their shorter detection time in urine. Evidence of changing use patterns would be found if there was

an increase in the percentage of samples testing positive for opiates or cocaine over the testing period, accompanied by a decrease in the percentage of samples testing positive for THC. However, there was no increase in the percentage of samples testing positive for opiates or cocaine since 1996, while a slight increase in the percentage of samples testing positive for THC was found (from 8% to 10%).

The types of drugs found in positive samples varied by region. The Atlantic region had the highest percentage of THC- and benzodiazepine- positive samples. The percentage of THC detection decreased systematically from east to west, going from 13% in the Atlantic region to 7% in the Pacific region. On the other hand, the Pacific region had the highest percentage of opiate-positive samples, (3%), followed by Ontario and the Atlantic region (2% and 1%, respectively). Quebec and the Prairies had the lowest rate of opiate detection, both at less than 1%. The rate of detection of cocaine differed slightly between regions. The highest percentage of cocaine-positive samples were found in the Quebec and Ontario regions, both at a detection rate of 0.3%.

Discussion

The results of the random drug-testing program in federal institutions have shown that, nationally, there has been no increase in the percentage of positive tests, however there has been a significant increase in the percentage of refusals. The most common drug type found is THC, followed by opiates but at a much lower rate of detection. Regionally, there are differences with respect to the rate of drug detection, the rate of detection of different types of drugs, and the rate of refusals. Finally, there has been a significant increase in positive tests in minimum security institutions, while maximum security has shown a decreasing trend. It was also shown that refusals could, in part, account for these differences by contributing to an underestimation of drug use in maximum security facilities.

Several areas have been identified as requiring further study as a result of this preliminary analysis. Work is presently underway to examine the impact of test distribution on the results of the random drug-testing program. Future research will also develop offender profiles to identify characteristics of those that test positive for drug use, with the goal of developing more effective, targeted interventions and programs to combat drug use in prisons. ■

- 1 P. O. Box 1360, Montague, Prince Edward Island C0A 1R0.
- 2 Wish, E. D., and Gropper, B. A. (1990). Drug Testing by the Criminal Justice System: Methods, Research and Applications. In M. Tonry, and J. Q. Wilson, (Eds.), *Drugs and Crime*. (pp. 321-391). Chicago, IL: University of Chicago Press.
- 3 Anglin, M. D., and Perrochet, B. (1998). Drug use and crime: a historical review of research conducted by the UCLA Drug Abuse Research Center. *Substance Use and Misuse*, 13, p. 1871-1914.
- 4 Correctional Service of Canada (1998). *CCRA Review: Urinalysis Testing Program*. Ottawa, ON: Government of Canada.
- 5 Johansson, E., and Hallidin, M. M. (1989). Urinary excretion half-life of delta 1-tetrahydrocannabinol-7-oic acid in heavy marijuana users after

- smoking. *Journal of Analytical Toxicology*, 13(4), p. 218-223; see also Cone, E. J., Welch, P., Mitchell, J. M., and Paul, B. D. (1991). Forensic drug testing for opiates: I. Detecton of 6-acetylmorphine in urine as an indicator of recent heroin exposure; drug and assay considerations and detection times. *Journal of Analytical Toxicology*, 15, p.1-7; and Cone, E. J., Menchen, S. L., Paul, B. D., Mell, L. D., and Mitchell, J. (1989). Validity testing of commercial urine cocaine metabolite assays: I. Assay detection times, individual excretion patterns, and kinetics after cocaine administration to humans. *Journal of Forensic Science*, 34, p.15-31.
- 6 Morgan, J. P. (1984). Problems of mass urine screening for misused drugs. *Journal of Psychoactive Drugs*, 16(4), p.305-317.

Just released...

The Research Branch of the Correctional Service of Canada in Ottawa recently released the following publications:

- R-92 ***A Review of Marital and Family Variables as they Relate to Adult Criminal Recidivism***
E. Oddone Paolucci, C. Violato, and M. A. Schofield, November 2000.
- R-93 ***Federal Imprisonment Trends for Women: 1994-95 to 1998-99***
R. Boe, C. L. Olah, and C. Cousineau, December 2000.
- R-94 ***An Examination of Aboriginal and Caucasian Women Offender Risk and Needs Factors***
C. A. Dell and R. Boe, December 2000.
- R-95 ***The Utility of Clinical and Actuarial Risk Assessments for Offenders in Pre-Release Psychiatric Decision-Making***
R. Serin and D. L. Mailloux, December 2000.
- R-96 ***Development of a Reliable Self-Report Instrument for the Assessment of Crimonogenic Needs***
R. Serin and D. L. Mailloux, January 2001.
- R-97 ***The Application of the Community Intervention Scale to Women Offenders: Preliminary Findings***
C. Dowden, R. Serin, and K. Blanchette, January 2001.
- R-98 ***An Investigation into the Factors Leading to Increased Security Classification of Women Offenders***
J. Irving and C. Wichmann, February 2001.
- R-99 ***Canadian Federally Incarcerated Adult Women Profiles Trends from 1981 to 1998***
C. A. Dell, R. L. Sinclair and R. Boe, February 2001.
- R-100 ***A Medium-Term Federal Offender Population Forecast: 2001 to 2004***
R. Boe, February 2001.

Programs for substance abusing offenders in Canada: A national survey

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One recommendation that stemmed from meetings by the Canadian Federal, Provincial, Territorial Justice Ministers and the Heads of Corrections regarding the issue of growth in prison populations, was the need for improved understanding about offender programming. An ongoing initiative to address this concern has been the development of a contemporary compendium of "what works" in offender programming.² For this initiative, a program is defined as 'any intervention that is systematically applied to offenders with the expectation that it will result in reduced recidivism'. In this manner, correctional agencies provide intervention, including correctional programs, that is intended to contribute to their mandate for both public safety and timely release of offenders.

Overview

The importance of substance abuse programming is clear from several studies that report a relationship between substance use and crime.³ For instance, 55.9% of federal offenders were under the influence while committing their crimes. Further, standardized assessments at intake indicate that almost 70% of all federal offenders have problems with alcohol or other drugs that warrant intervention, but almost 80% have abused alcohol or drugs. Similar findings are available from a one-day snapshot of provincial offenders⁴, where 20% were reported as having no substance abuse treatment needs.

As part of an initiative to compile a compendium on effective correctional programming, all correctional jurisdictions in Canada were asked to complete a Treatment Survey or Best Practices Survey that fit the aforementioned description of a program. Respondents were asked to identify the program domain or target group for each survey completed, (e.g., substance abuse). Interestingly, in most jurisdictions there were programs designated as exclusively for substance abuse as well as hybrid or multi-need programs that considered a variety of problems, such as, domestic violence, sex offending and violent offending in combination.

At present there is Treatment survey information available from the Correctional Service of Canada (CSC) and all provinces and territories except Quebec. There were 574 programs reflected in the Treatment Survey and of these 94 (16.4%) were

specifically for substance abusers. There were 136 programs reflected in the Best Practices Survey and of these 18 (13.2%) were specifically for substance abusers. Of the Treatment Surveys, 288 (50.2%) were federal and of the Best Practice Surveys, 77 (56.6%) were federal. For the purpose of this article comparisons have been made between federal and provincial jurisdictions, but breakdowns are available upon request for a specific jurisdiction.

One program may be in multiple sites, particularly for the federal context. Increasingly it appears that fewer, standardized programs are provided across several sites within a jurisdiction rather than a model of having a unique program for every site. Nonetheless, both the federal (2.1%) and provincial (5.6%) jurisdictions described multi-need programs that included substance abuse as a target. These findings suggest that jurisdictions may attempt to provide programming services to multi-need offenders by combining elements of different programs. It is unclear if this is driven by operational and practical considerations or theoretical (i.e., must consider the context of substance use and violent or sexual offending).

Federal programs

The most prevalent two programs in CSC are Offender Substance Abuse Pre-Release Program (OSAPP, ALTO in Quebec) and Community Correctional Brief Treatment, Relapse Prevention and Maintenance Program (*Choices*). OSAPP and ALTO are multi-faceted cognitive-behavioral interventions designed to assist offenders in developing and mastering skills to successfully modify their substance abuse. A recent study reported completion rates of 89% for OSAPP.⁵ OSAPP participation has been related to significant reductions in re-admissions, re-convictions, and violent re-convictions. The overall goal of *Choices* is to reduce offenders' risk for relapse to substance abuse and criminality. Program objectives include the development of motivation for behavioral change, attitudes that are inconsistent with substance abuse, and the development and enhancement of a range of problem-solving and coping skills that reduce risk of relapse. The completion rate for *Choices* is 86%.⁶

Provincial programs

Although the provinces appear to have fewer dedicated specialized substance abuse programs, the theoretical basis is cognitive behavioral for 70% of the Treatment Survey respondents and 75% of the Best Practice Survey respondents. Most programs indicated the existence of specific admission criteria, service delivery was usually group and individual therapy, and that program targets were both knowledge and skills-based. Program completion rates were unavailable. A one-page description of the essential aspects of each program has been developed for publication in the upcoming compendium. It is hoped that this will provide assistance to referral agents as well as correctional policy staff as they evaluate program requirements.

Description of program elements

Using data from 388 Treatment Surveys and 134 Best Practice Surveys representing unique programs (not sites), comparisons between federal and provincial programs is possible. Regarding program intensity, there was some variability between jurisdictions. For federal programs the proportion for intensive, moderate, and low were comparable (31.5%, 26.3%, and 42.1% respectively). For provincial programs there were relatively few intensive programs (8.3%) compared to moderate (62.5%) and low (29.2%). These differences are notable and may reflect differences in terms of time available to provide programs and offender profiles in terms of need and risk. With respect to program duration, the range was considerable, from 1 week to 52 weeks. However, the majority of the programs (55.6%) were between 6 and 12 weeks duration. Not surprisingly, program duration varied as a function of program intensity (low, $M = 9.1$ weeks; moderate, $M = 12.4$ weeks; intensive, $M = 14.7$ weeks). Similar data reflect the Best Practices, with program duration ranging from 2-30 weeks. The average duration by intensity level were low ($M = 14.3$ weeks), moderate ($M = 19.6$ weeks) and intensive ($M = 39.4$ weeks). Community programs are represented in both the federal and provincial Treatment Surveys.

Interestingly, federal programs appear to have a longer history. Approximately 67% of federal programs were in existence prior to 1991 compared to just 14.5% of provincial substance abuse programs. As noted above, the predominant theoretical approach is cognitive behavioral with emphasis on relapse prevention, but there are many other models available (psychodynamic, psychotherapy, 12 steps, therapeutic community, spirituality).

With respect to admission criteria, the predominant method to select offenders for a program is interview

(federal 28.0%, provincial 27.3%). The nature of their offences (federal 18.0%, provincial 22.7%) and criminal history were also considered (federal 12.0%, provincial 14.8%) in program admission decisions. For the provinces, pre-treatment testing results were also very important (35.2%) in determining which offenders should be admitted to a substance abuse program. Not surprisingly acceptance of responsibility and level of motivation were also considered important (federal 10.0%, provincial 12.5%).

In terms of program delivery format, according to the survey results, the provincial programs are not delivered as group only. For all jurisdictions the preferred model is group with individual sessions (federal 73.7%, provincial 51.7%). Also, program staff are most likely to be the facilitators for substance abuse programs. According to the survey results, few correctional or mental health staff actually deliver these programs.

Summary

As can be seen in Table 1, not all jurisdictions submitted treatment or best practice surveys but this should not be necessarily be interpreted to mean that substance abuse programs are unavailable in those provinces. This is, however, the first attempt at developing an inventory of programs across a variety of program domains. Also, many jurisdictions incorporate substance abuse programming into a multi-need model and these are not reflected in the summary table. Nonetheless, it may be instructive to

Table 1

Overview of Dedicated Substance Abuse Programs by Jurisdiction		
Jurisdiction	Proportion of Programs (%) (n = 574)	Proportion of Best Practices (%) (n = 236)
Newfoundland	23.1	0
Nova Scotia	0	25.0
Prince Edward Island	22.2	0
New Brunswick	28.6	0
Ontario	11.8	10.0
Manitoba	7.5	12.5
Saskatchewan	28.9	0
Alberta	3.0	6.3
British Columbia	25.0	0
Yukon	28.6	20.0
Northwest Territories	31.6	0
Correctional Service of Canada	12.5	15.6
Total	16.4	13.2

consider the prevalence of the need (approximately 70-80% of offenders have substance use difficulties) with the proportion of programming resources allocated. In this respect, the proportion of program resources is more important than the actual number of programs. It may also be instructive for jurisdictions to review their resource allocation to substance abuse programming relative to their correctional partners and a national "average".

Discussion

The results from this national survey suggest that there is much in common among correctional programs targeting substance abuse in provincial and federal jurisdictions. They share similar referral criteria (criminal history, recognition of problem) and theoretical framework (cognitive-behavioral, relapse prevention). Further, consistent with effective correctional practices, programs of varying intensity are provided (low, moderate, intensive) and program duration increases with the level of intensity. Further, program content appears relatively similar across all programs. Differences between jurisdictions may reflect population differences, (e.g., severity of substance use and/or criminal history) or availability due to differences in sentence length.

For all programs reflected in the Treatment Surveys, 16.4% target substance abuse, compared to 15.2% for violent offenders and 16.6% for sexual offenders. The

relative proportion of programs directly targeting substance use is similar to that for violent and sex offenders, however, the prevalence of a treatment need may be higher for substance abuse. The inclusion of substance abuse as a target in multi-need or hybrid programs perhaps addresses this issue. Such variability in treatment targets, however, may make evaluation difficult in that it may be unclear what in particular contributes to program effectiveness. Finally, all jurisdictions provide some level of programming for substance abuse as part of a broad array of program options and evidence to date suggests that approaches such as those described in the surveys are likely to contribute to the goal of reducing future criminal behaviour. ■

¹ 340 Laurier Ave. West, Ottawa, Ontario K1A 0P9.

² Motiuk, L., and Serin, R. C. (2000). A compendium on "What Works" in offender programming. *Forum on Corrections Research*, 12(2), 3-4.

³ See *The Safe Return of Offenders to the Community: Statistical Overview*, October 2001, Correctional Service of Canada, Research Branch, Ottawa, ON.

⁴ Robinson, D., Porporino, F. J., Millson, W. A., Trevethan, S., and MacKillop, B. (1999). A one-day snapshot of inmates in Canada's adult correctional facilities. *Statistics Canada: Juristat*, no. 85-002-XPE, 18(8).

⁵ T³ Associates (1999). *An outcome evaluation of CSC substance abuse programs: OSAPP, ALTO, and Choices*, Ottawa, ON: Correctional Service of Canada.

⁶ T³ Associates (1999).



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