FORUM on Corrections Research
Substance Abuse
Volume 2, Number 4, 1990

Research is often communicated to other researchers only in professional journals that are not typically understood or even read by the people who must put research findings into action. In this section of the magazine we hope to overcome the rift between the researcher and the practitioner by providing brief descriptions of findings from recently published studies.

As substance abuse is the focus of this issue, we have chosen to highlight research findings in this area. The section looks at substance abuse from a variety of perspectives in order to provide a broader understanding of this important subject. More information about the research reported in this section can be obtained by contacting the Research and Statistics Branch or by consulting the references provided.

We welcome contributions from researchers in the field who wish to have their research findings profiled in the Research in Brief section.

Findings from the National Alcohol and Other Drugs Survey

The prevalence of alcohol consumption in Canada has declined slightly in the last decade, according to a national survey conducted by Health and Welfare Canada in March 1989.

Findings from the National Alcohol and Other Drugs Survey show that since the Canada-wide survey conducted in 1979, more Canadians have stopped drinking or are drinking less.

Survey data were gathered from telephone interviews with 11,634 Canadians, aged 15 and over, in all the provinces. Households were selected through random dialling methods in order to ensure a broad sampling of Canadian homes.

Of those contacted, 79% agreed to the interview. Respondents were asked a variety of questions about their use of alcohol and other drugs, including the extent and patterns of use, and the circumstances and settings associated with consumption.

Alcohol Use

The survey found that approximately eight in ten adult Canadians (78%) were "current drinkers," having consumed alcoholic beverages at least once in the 12 months prior to the survey. An additional 16% of the population had consumed alcohol at some time earlier in their lives and were classified as "former drinkers," while 7% reported they had never consumed an alcoholic beverage.

The percentage of "current drinkers" in 1989 represents a decrease of 4% since 1978-79. At the same time, the proportion of former drinkers has increased by 12%.

"Current drinkers" are also consuming less alcohol per week. According to Health and Welfare's 1985 Health Promotion Survey, the average drinker consumed 5.1 drinks per week. In 1989, the average drinker consumed 3.7 drinks — in other words, 1.4 drinks less per week.

Of all current drinkers, 47% had not had a drink in the week prior to the survey. However, 38% reported consuming one to seven drinks, 9% had consumed eight to fourteen drinks, and 6% had consumed fifteen or more drinks. This heavier consumption by a small proportion of current drinkers inflates the average consumption to its level of 3.7 drinks per week.

Interestingly, the proportion of the population who are current drinkers tends to increase from east to west, with Prince Edward Island showing the lowest percentage (64%) and British Columbia the highest (83%).

In general, the survey found an inverse relationship between age and amount of alcohol consumption. In addition, younger Canadians tended to consume more alcohol at a time.

Most Canadians (77%) reported they never drank alone or when others were not drinking. About half the respondents reported drinking with friends, and almost half reported drinking with their spouse.

At some point in their lives, 4% of current and former drinkers (approximately 615,000 Canadians) had used a formal agency or service to help them deal with problems caused by their alcohol use.

The results of the survey also indicate that at least once in the 12 months prior to the survey, almost one in five current drinkers drove after having consumed two or more drinks.

Illicit Drugs

Cannabis (marijuana or hashish) was the most commonly used illicit drug, with 23.2% of the sample reporting use at some time in their lives. Approximately 7% of respondents were "current users."

Most current cannabis users (48.6%) used it less than once a month, 24.8% used it between one and three times a month, and 22.4% used it once a week or more. Respondents between the ages of 20 and 24 reported the highest rate of current use.

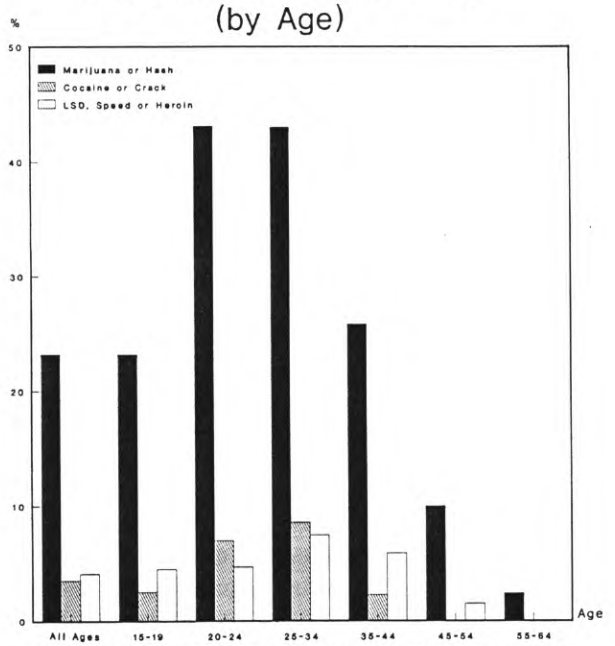
Cocaine or crack had been used by 3.5% of adult Canadians at some time in their lives, while 1.4% were "current users." The survey shows that approximately 86 out of 1,000 Canadians aged 25 to 34 years and 70 out of 1,000 adults aged 20 to 24 have tried crack or cocaine at least once.

As Figure 1 indicates, approximately 43% of the 20-to-24 and 25-to-34 age groups had used marijuana or hashish in the 12 months preceding the survey. These two age groups also accounted for the highest percentages of cocaine and crack use. Data on drug use are omitted in three categories as the percentage of users was negligible.

Finally, the survey questioned respondents about their use of LSD, speed and heroin. At some point, 4.1% had used at least one of these drugs.

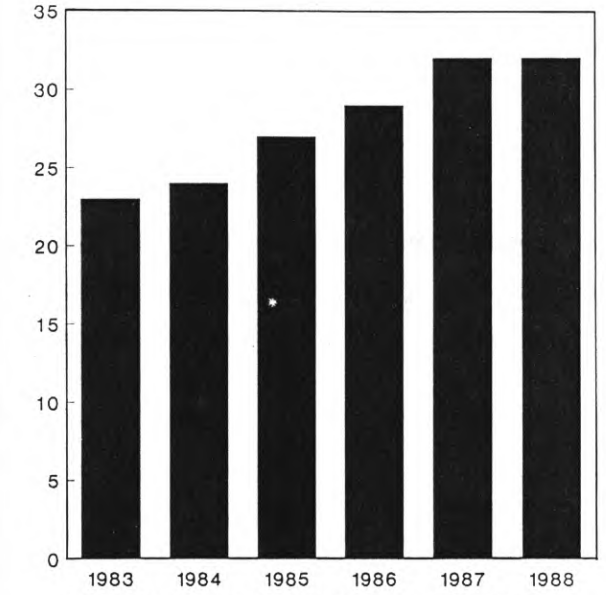
For each category of illicit drug studied, the proportion of former users greatly exceeds the proportion of current users. Unlike patterns of alcohol use, however, patterns of drug

Figure 1
Percentage of Population Who Had Used Selected Illicit Drugs (by Age)



Source: Health and Welfare Canada, *National Alcohol and Other Drugs Survey*, Canada, 1989

Figure 2
Rate of Drug-Related Convictions in Canada Per 100,000 Population



Note: Cannabis-related convictions are not included in this figure.
Source: Health and Welfare Canada, Bureau of Dangerous Drugs, Health Protection Branch, Narcotic, Controlled and Restricted Drug Statistics 1987 and 1988

use in Canada have remained quite stable over the past four years, relative to previous studies.

Licit Drug Use

In the 30-day period prior to the survey, 5% of respondents used prescription narcotics such as codeine, morphine or demerol. In each age group, more women than men reported use of these medications. Survey results also indicated higher rates of use by Anglophone respondents.

Sleeping pills were reportedly used by 3.6% of the respondents during the 30-day period preceding the survey. Francophone respondents, particularly those in Quebec, reported higher rates of sleeping pill use.

Tranquillizers were used by 3.1% of respondents during the 30-day period preceding the survey. The highest rates of use were reported by women, particularly seniors and widows, Canadians with low incomes or limited education, and Francophone respondents.

Twenty-two percent of respondents reported having a friend with a licit or illicit drug problem, 14% reported having a relative or family member with a drug problem, and 11% reported knowing a co-worker with a problem.

Canadian Public Opinion

Survey results show that the majority of respondents either were satisfied with current policies on alcohol and other drugs or would like to see increased efforts to prevent alcohol and drug problems.

A strong majority believed that there should be increased prevention and treatment activity, including broader efforts to prevent the serving of intoxicated persons, expanded drug and alcohol education programs, warning labels on alcoholic beverages and increased government advertising against drinking.

In addition, 50% of the sample believed that a person caught in possession of marijuana should receive a criminal conviction, while more than one third of the sample disagreed.

Convictions for Drug Offences

While the present survey did not ask questions about convictions, previous data obtained by Health and Welfare show that in 1985, 22,510 convictions were handed down for cannabis possession or trafficking, 2,218 for cocaine, 256 for heroin and 1,557 for hallucinogens.

Between 1980 and 1985, a decrease was noted in the number of charges related to cannabis, whereas the number of charges for cocaine-related offences increased. Figure 2 shows the rate of drug-related convictions per 100,000 people in Canada. The rate of 23 convictions per 100,000 in 1982 rose steadily to 32 convictions per 100,000 by 1986 and remained stable in the following year.

The Health and Welfare National Alcohol and Other Drugs Survey is intended to inform policy and program development throughout Canada, stimulate discussion and promote

FORUM on Corrections Research
Substance Abuse
Volume 2, Number 4, 1990

future research. While the survey provides a societal overview of drug use in Canada, this knowledge base also builds on our understanding of substance abuse within an offender population. See "A Profile of Drug Offenders" in Research in Brief for information on substance abusers in Canadian penitentiaries. ■

Health and Welfare Canada (1990). *National Alcohol and Other Drugs Survey (1989): Highlights Report.*

A Profile of Drug Offenders

Drug offenders represent a substantial proportion of the inmates serving federal sentences in Canadian institutions. Approximately 1,200 inmates, or about 9% of the current inmate population of the Correctional Service of Canada, are serving their longest sentence for a drug offence. In terms of admissions to penitentiaries during recent years, drug offenders have made up about 14% of offenders admitted on a new warrant of committal.

Drug offenders are a small group relative to other offenders, such as inmates serving time for property crimes (20%), robbery (23%), and other types of violent offences, e.g., murder, assault and sex offences (38%). However, drug offenders are an interesting group because they differ from the general inmate population in a number of characteristics.

An examination of our inmate population in September 1990 revealed that about 75% of drug offenders were serving their first sentence in a federal institution. On the other hand, approximately 59% of non-drug offenders were serving a first federal sentence. Individuals serving time for drug offences also tended to be somewhat older than other offenders. The average age of drug offenders was 35 years, compared with 29 years for property offenders and 33 years for violent offenders, including those who had committed robberies. In terms of marital status, 54% of drug offenders, versus 37% of non-drug offenders, claimed they were married or had a common-law spouse.

An interesting gender difference associated with drug offenders is that the female offenders are much more likely than the male offenders to be serving their longest sentence for a drug-related offence. Approximately 8.5% of our current male offender population, compared with 21% of our female population, are categorized as drug offenders.

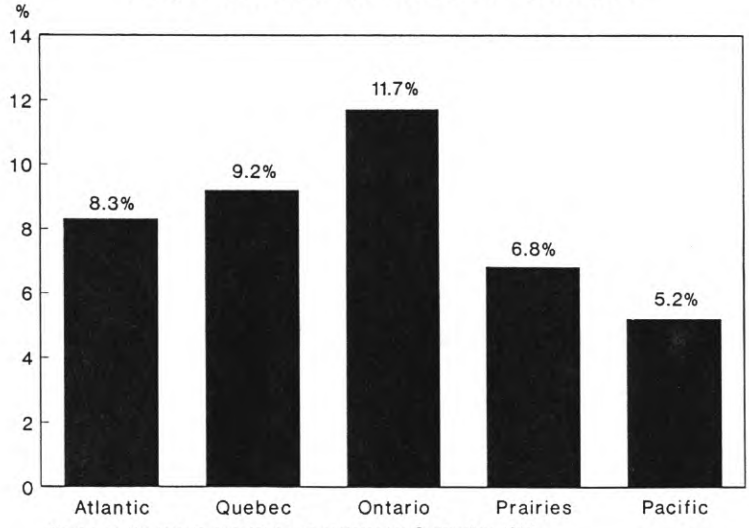
Of the various ethnic groups in our inmate population, native offenders are the least likely to be serving time for a drug offence. Only 1.8% of native offenders in the current population, compared with 8.6% of offenders categorized as Caucasian, are drug offenders. About 17% of Black offenders and 23% of offenders classified as Asiatic are serving time for drug offences. Of the remaining offenders, who represent a variety of other ethnic groups, 32% were serving their longest sentence for a drug-related offence.

There were differences in the composition of the drug-offender populations in the five regions of the Correctional Service of Canada. Figure 1 shows the proportion of offenders by region who are serving their longest sentence for a drug offence. The graph demonstrates that the Ontario and Quebec regions have the largest populations of drug offenders. Although the finding was somewhat unexpected, in September 1990 the Pacific region had the fewest number of drug offenders.

The average sentence length for drug offenders admitted to Correctional Service of Canada facilities is about 3.9 years. This figure is based on the sentence lengths for offenders who had received their longest sentence for a drug offence and who were admitted on a new warrant of committal to our institutions in the 1989-90 fiscal year. The average aggregate sentence of these offenders is longer than the average sentence of property offenders (2.9 years), but comparable to that of offenders who were admitted for violent offences, excluding those serving life sentences (4.2 years).

The aggregate sentence length for drug offenders serving federal

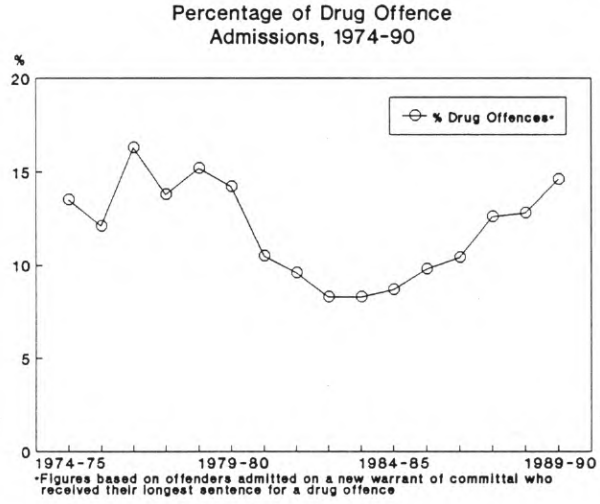
Figure 1
Proportion of Drug Offenders by Region*

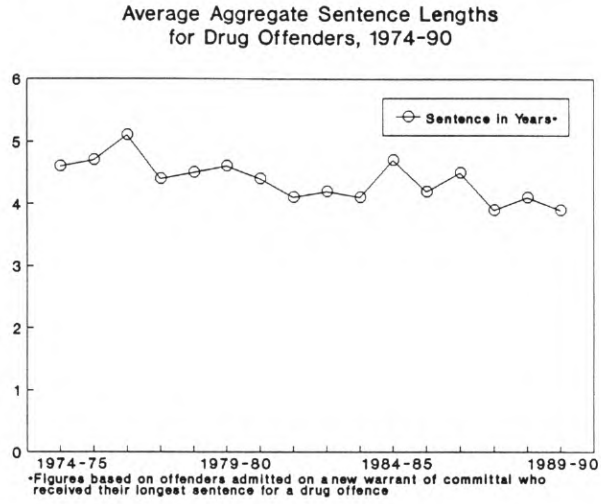


*Based on the inmate population on register for September 1990

FORUM on Corrections Research
Substance Abuse
Volume 2, Number 4, 1990

Figure 2





sentences has remained relatively stable over the last 15 years. As seen in Figure 2, the aggregate sentence length has hovered between 4 and 5 years, with the average at 4.5 years. In recent years, as the figure illustrates, there is a slight trend toward shorter sentences.

Figure 2 also charts the proportion of admissions for drug offences over the same 15-year period. Prior to the 1979-80 fiscal year, there were yearly fluctuations in the admission numbers for offenders who received their longest sentence for a drug offence. However, in the early 1980s, there was a noticeable decline in the number of offenders admitted for drug offences. This drop corresponds to the decreased numbers of convictions for drug-trafficking offences in Canada during this period.[1] In the five fiscal years following 1984-85, the proportion of offenders admitted for drug offences gradually climbed again to a high of 14% in 1989-90.

Relative to other types of offenders, drug offenders appear to be good release risks. Recently the Research and Statistics Branch examined the release performance of a large sample of offenders who had been admitted to federal institutions between 1985 and 1987 and had served sentences of five years or less.

Compared with offenders who had served sentences for property offences, robbery, sex offences and other violent offences, drug offenders were more likely to be released on full parole and to remain successfully in the community. About 80% of the drug offenders in the sample, compared with only 38% of other types of offenders, were released on full parole. In terms of release success, 87% of the drug offenders remained in the community until their warrant expiry, whereas only 58% of the other offenders were successful. ■

[1] *Statistics Canada, Canadian Centre for Justice Statistics (1990). "Drug Trafficking, 1988,"* Juristat Service Bulletin *10, no. 4.*

Survey of Existing Substance-Abuse Programs

The Correctional Service of Canada recently conducted a survey on the "quality" of its substance-abuse programs.

The survey recognized that while a substantial body of research indicates the apparent success of experimental programs for offenders, much of this knowledge is not passed on to program practitioners.

To examine the quality of service, the survey used the Correctional Program Evaluation Inventory (CPEI), which consists of a series of items that examine factors associated with effective programming. These factors are program implementation, client assessment, treatment modalities, staff characteristics and practices, and program evaluation.

The CPEI was sent to co-ordinators of approximately 170 substance-abuse programs operating within the Correctional Service of Canada. At the time of

publication of this issue of FORUM, 104 questionnaires had been returned, 11 of them unanswered. In addition, many of the 93 survey respondents did not answer every question. The authors caution that, as data continue to be received, survey results are to be regarded as preliminary only.

The data reveal that a majority of substance-abuse programs (82%) are institutionally based, with marginally more programs offered in medium or maximum security institutions. Approximately half of the respondents indicated that they were under contract to the Correctional Service of Canada.

Of the completed questionnaires, 30% reported that the programs had been operating for less than one year, 18% had been in operation for between one and three years, and 52% for more than three years.

A clear majority of the programs, approximately 74%, were offered to both alcohol and substance abusers. A much smaller percentage were offered to exclusively alcohol (14%) or drug abusers (12%).

Survey Results

Responses to questions about staff characteristics and practices show that program staff are predominately male. The most frequently reported professions were in social work, psychology, and a combination of nursing and criminology.

Most of the program staff (65%) seemed to have a minimum of two years' experience in working with substance abusers and with offenders, and 17% reported more than ten years' experience. However, it should be noted that a large percentage (47%) of those surveyed did not answer this question.

Slightly more than half of those surveyed did not respond to any of the questions regarding program implementation. Of those who did respond, the majority of persons primarily responsible for designing and establishing individual programs were professionally trained or had experience in conducting similar programs.

In addition, most of the survey respondents reported that prior to program implementation, they had conducted a literature search in order to familiarize themselves with similar programs.

Questions about client assessment also yielded a low response rate — 40% to 50% of those surveyed did not answer the client assessment section. In addition, 11% indicated that formal client assessment was not a regular part of their program.

On examining the remaining responses to the client assessment section, the authors of the study concluded that relatively little attention was paid to several important predictors of offender recidivism. They identified areas that should be given more emphasis, such as measures of psychopathy, cognitive and reasoning skills, harm caused to victims, peer group associations, attitudes toward leisure and recreation, and antisocial attitudes.

Only 26% of the respondents reported that they summarized client assessment results in such a way as to provide an indication of the client's "risk level." The authors regarded risk assessments as crucial to the effective matching of offender to treatment.

The section on treatment modalities and characteristics received a fairly high rate of response. However, the authors found that many of the programs seemed to give low priority to potentially effective strategies identified by the literature on alcohol and substance abuse and offender treatment. In particular, respondents did not seem to place enough emphasis on operant procedures, covert sensitization, controlled drinking, and social-cognitive skills training.

A majority of the respondents (61%) did not vary the intensity of treatment with the risk level of the client. Most of those surveyed also reported that their program did not match the type of treatment with the characteristics of the client. However, 55% of the respondents indicated that their programs had some provision for client input.

The responses to questions about program duration show extremely broad variation, from less than one day to as much as one year. No data are available on program success in terms of relapse prevention. As most clients have not yet been released from the institution-based programs, it is not possible to determine whether the program actually prevents offenders from returning to substance abuse.

The last section of the survey concerned program evaluation. Only 35% of programs provided follow-up after the client had left the program. However, 49% of the respondents indicated that clients evaluated the program after completion.

Based on these preliminary findings, the authors conclude that many of the existing substance-abuse programs require revision and upgrading, as there seems to be a relatively unsophisticated approach to assessment, a reliance on questionable treatment modalities, and insufficient evaluation.

The authors stress that many of the programming problems are not insurmountable and could be remedied through education, increased training, and improved access to technical resources. They also note that an existing strength seems to be staff commitment to treatment goals.

The authors temper their preliminary conclusions on existing substance-abuse programs with some important caveats. First, the survey might have yielded a more positive picture of the quality of service if the unanswered items had been completed. Second, the actual quality of a program may not be adequately represented by a "paper" presentation of program characteristics.

Three basic recommendations have emerged from the substance-abuse survey:

- that the Correctional Service of Canada establish a central training institute for all staff involved in programming;

FORUM on Corrections Research
Substance Abuse
Volume 2, Number 4, 1990

- that professionally trained staff with extensive knowledge in the area of substance-abuse programming be assigned to designated institutions and parole offices in each region (this would facilitate training and ensure quality control); and
- that the Correctional Service of Canada base its training models on the programs that the authors determined, from the limited data base, to be evaluated and effective.

The substance-abuse survey underscores the importance of regular evaluation of all offender programs. We must continually evaluate "what works" in order to put knowledge into practice in existing programs. ■

Gendreau, P., Goggin, C., & Annis, H. (1990). A Preliminary Report to the Substance Abuse Task Force: Some Results from the Substance Abuse Program Survey. Prepared on contract for the Correctional Service of Canada.

Offenders in Drug-Abuse Treatment Programs

Criminal justice clients do as well as or better than other clients in drug-abuse treatment programs, according to the results of a recent study in the United States.

The study examined whether referral to drug-abuse treatment through the criminal justice system benefits the client and society. The authors gathered data on clients in five cities who had entered publicly funded residential and out-patient, drug-free treatment programs from 1979 to 1981.

A number of mechanisms are used to identify drug abusers in the criminal justice system and refer them for treatment, but the major model employed in the United States is the Treatment Alternatives to Street Crime (TASC) program. Initiated nearly 18 years ago in recognition of the links between substance abuse and criminal behaviour, TASC projects currently operate in approximately 18 American states.

The TASC program attempts to identify drug abusers who come into contact with the criminal justice system, to refer those eligible for treatment, to monitor their progress in terms of abstinence, employment and improved social functioning, and to return violators to the criminal justice system. TASC offers community-based treatment to individuals who would otherwise become involved with the criminal justice system.

TASC programs operate in each of the five cities chosen for study. Intake data analyses compared offenders referred for treatment through TASC programs (n=502), those involved with the criminal justice system but not TASC at the time of treatment admission (n=855), and clients without any current involvement with the criminal justice system or TASC (n=1,078).

One of the major purposes of the study was to determine the key factors affecting treatment outcomes, including involvement with the criminal justice system. Data were drawn from four periods: the year before treatment, the first three months in treatment, the second three months in treatment, and the first year after treatment.

Approximately half of all criminal justice clients were on probation at the time of admission to drug-abuse treatment, except for TASC clients in out-patient, drug-free programs, about half of whom were on bail as a result of pretrial or presentencing diversions.

TASC and other criminal justice clients in both residential and out-patient, drug-free treatments were on average two years younger than their counterparts with no legal involvement (age 25 versus 27). No major differences in drug-use patterns were noted, and treatment histories appeared to be very similar for criminal justice clients and clients with no legal involvement.

The study also compared the types of services received by clients involved with the criminal justice system and those with no legal involvement. Out-patient, drug-free clients with no legal involvement were more likely than TASC referrals and other criminal justice clients to receive more types of services. Criminal justice involvement, however, did not seem to have an effect on the number of services delivered by the residential programs.

TASC clients were also less likely than other criminal justice clients to receive psychological services. The authors hypothesized that program directors and counsellors may have assumed that TASC clients needed fewer services because they had less extreme drug-use patterns. The authors question this assumption, however, as TASC clients entering out-patient, drug-free programs report a high incidence of drug-related problems.

The study concluded that a treatment duration of six or more months was needed to significantly reduce drug use. Criminal justice involvement of any kind, TASC referral or not, seemed to result in longer treatment. The authors speculate that clients entering treatment through the criminal justice system may remain longer because of the degree of coercion used to get them to enter and remain in treatment.

The analyses also indicate a significant relationship between the source of referral and the frequency of use of the primary problem drug. Criminal justice clients were less likely than their self-referred counterparts to use their primary problem drug weekly or more often. The source of referral did not, however, affect other drug use, depression, criminal behaviour, or employment.

The TASC and criminal justice involvement variables did not predict a significant reduction in the likelihood of illegal acts committed by

individuals after treatment. The findings do illustrate, however, that criminal justice clients do as well as or better than other clients in drug-abuse treatment.

TASC programs appear to refer individuals with no history of treatment and many who are not yet heavily involved in drug use. This early intervention in criminal and drug-use careers may have long-term benefits in reducing clients' crime and drug use. The authors suggest that a new role for TASC may be the provision of aftercare services to reinforce behavioural changes established during treatment. ■

Hubbard, R.L., Collins, J.J., Rachal, J.V., & Cavanaugh, E.R. (1988). *The Criminal Justice Client in Drug Abuse Treatment.* National Institute on Drug Abuse Research Monograph Series 86, 57-79.

Study Finds Attributions of Blame Differ Among Offender Types

Alcohol abusers and rapists differ from other incarcerated offenders in the ways in which they attribute blame, according to a recent study of offenders in a Canadian federal penitentiary.

An Attribution of Blame Scale was administered to 197 offenders, classified into four groups: rapists/alcohol abusers (44), rapists/non-alcohol abusers (21), non-rapists/alcohol abusers (96) and non-rapists/non-alcohol abusers (36).

Subjects were selected randomly from inmates whose crimes ranged from murder, manslaughter, rape, and kidnapping to theft, break-and-enter, possession of narcotics, and loitering. Of the total sample, 18% were serving life sentences, and the remainder were serving from 3 to 20 years.

The average number of crimes committed before the current incarceration offence was 9.44. The average level of education was grade 8.8.

The Attribution of Blame Scale, adapted from the Attributions of Rape Blame Scale, consisted of 24 items, subdivided into four areas of blame: victim blame, offender blame, societal and sociological blame, and alcohol blame.

The data show that rapists assigned more blame to their victims than to themselves, whereas non-rapists assigned more blame to the personality of the rapist than to other factors.

The alcohol-abuser groups were higher than the non-alcohol-abuser groups on their attribution of blame to alcohol. Non-alcohol abusers attributed slightly more blame to the victim and did not differ significantly from alcohol abusers in assigning blame to the offender's personality or to society.

The findings did not support the study's prediction that incarcerated rapists would attribute more blame to the victim than to other sources of blame. In fact, rapists assigned more blame to alcohol than to the victim. The author speculates that when given a choice, rapists cite the more socially accepted explanation for their actions. Moreover, they may cite alcohol because it is sometimes seen as lessening the personal responsibility of the offender.

This study represents an attempt to further our understanding of the offender's cognitive process by considering offender explanations for acts of violence and aggression. The author recommends additional research on correctional staff attributions of blame for incarcerated rapists and alcohol abusers. Further research could only help establish better rehabilitation programs for these types of offenders. ■

Loza, W., & Clements, P. (1990). Incarcerated Alcoholics' and Rapists' Attributions of Blame for Criminal Acts (unpublished report).

Therapeutic Communities: Self-Help Against Recidivism

Correctional programs for substance-abusing offenders have increased in importance in recent years. According to a recent survey of American programs, the percentage of offenders who participated in such treatment programs tripled between 1979 and 1987. In 1988, it was estimated that almost 80% of offenders in the United States used drugs before being incarcerated and that only 15% were currently enrolled in prison treatment programs.

The apparent relationship between drug use and criminal behaviour has compelled correctional workers to seek appropriate drug-treatment programs in order to control dependency and curb recidivism. Programs based on a therapeutic community model have proven effective for some types of offenders with drug problems.

The most prevalent model is based on social-learning theory. The goal is to generate prosocial behaviour by improving interpersonal relationships and to counter the hedonistic, self-destructive and antisocial tendencies of drug-abusing offenders. Individual and group therapy help promote and develop self-esteem, self-discipline, self-awareness, problem-solving skills and self-confidence.

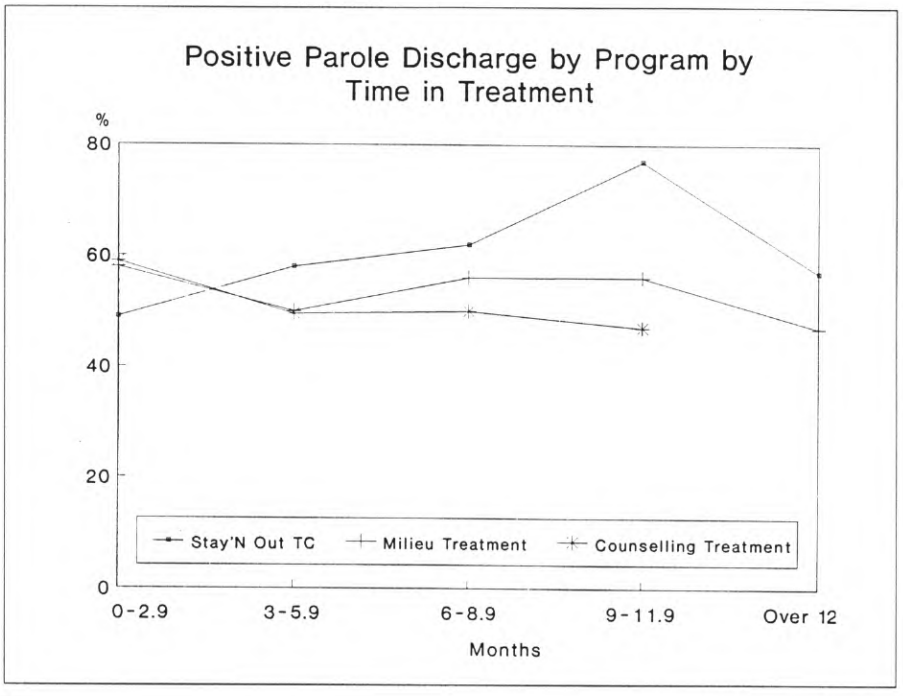
Participants are selected on the basis of specific criteria — an extensive history of drug problems, a persistent pattern of recidivism, eligibility for parole within the next year, and demonstrated positive institutional behaviour. Inmates with psychoses, sex offences or violent behaviours are not normally accepted in the program.

Therapeutic community programs have been adopted in several correctional institutions across the United States. However, outcome research studies remain scarce. The Stay'n Out program, based in New York State, provides the first large-scale, longitudinal study of a therapeutic community.

In 1988, Falkin, Wexler and Lipton conducted a treatment outcome study of the Stay'n Out therapeutic community. The program participants (n=435) were compared with three other groups: a non-treatment control group (n=159), which consisted of inmates who were waiting to enter Stay'n Out (but could not because their parole eligibility date was more than 12 months or less than 7 months away); a milieu treatment group (n=573), which received reduced treatment; and a weekly counselling group (n=261).

The various groups were compared on three recidivism factors: percentage of arrests during parole, mean number of months before arrest, and percentage of positive parole outcomes (no parole violations, arrests or revocations).

The findings indicate that the therapeutic community participants had a significantly lower percentage of arrests than that of the other groups. Twenty-seven percent of the Stay'n Out participants were arrested an average of 13.1 months after release to the community, whereas 41% of the non-treatment control group were rearrested an average of 15 months after completing the program. On average, 35% of the milieu treatment group and 40% of the weekly counselling group were rearrested 12 months after completion of the therapeutic community program.



The authors related the success of substance-abuse treatment in a therapeutic community to the amount of time spent in the program. Time until arrest was half as long (9 months) for participants who had spent less than 9 months in the program as for participants who had remained in the program for 9 to 12 months (18 months). However, offenders who had stayed in the program for more than 12 months showed a shorter time (14 months) until arrest than did the 9-to-12-month participants.

As shown in the figure, only 49% of offenders who stayed in the program for less than three months were successful on parole discharges, compared with 77.3% who participated for 9 to 12 months. The figure decreases to 57% for offenders participating in Stay'n Out for more than 12 months.

The authors speculate that the significant drop in positive outcomes after more than 12 months' participation in a therapeutic community program reflects a decline in motivation. If the New York State Parole Board refuses them community reentry, Stay'n Out participants who are required to stay in the program for more than 12 months may lose interest as their status and jobs in the program no longer inspire the same kind of motivation as in the community.

After completing the 9-to-12-month prison-based therapeutic community program, participants of Stay'n Out are encouraged to continue substance-abuse treatment after release through community-based programs.

Major findings of the Stay'n Out program study show that therapeutic community treatment reduces recidivism more effectively than other forms of treatment or than no treatment and that a specific duration of treatment can yield successful release outcomes. Stay'n Out definitively demonstrates the success of prison-based therapeutic communities in reducing recidivism. ■

Wexler, H., Falkin, G., & Lipton, D. (1990). Outcome Evaluation of a Prison Therapeutic Community. *Criminal Justice and Behavior* 17, no. 1, 71-92.

FORUM on Corrections Research
Substance Abuse
Volume 2, Number 4, 1990

Assessing Offender Substance-Abuse Problems at Reception: Preliminary Findings from the Computerized Lifestyle Assessment Instrument

In a sample of offenders admitted to Canadian federal institutions in the Atlantic and Prairie regions in 1989 and 1990, about 40% had used cannabis in the six months before their arrest, and about 23% had used cocaine or other stimulants.

These and other statistics on substance abuse were recently made available by the Computerized Lifestyle Assessment Instrument pilot project, a collaborative effort of the Research and Statistics Branch and the Education and Personal Development Branch of the Correctional Service of Canada. The Computerized Lifestyle Assessment Instrument will yield a wealth of research data on the alcohol and drug patterns of offenders and on the relationship between substance use and criminal behaviour. The development of a front-end assessment method to screen inmates for substance-abuse programming will also be made possible through the Lifestyle project.

The Lifestyle Assessment Instrument gathers data through a computerized assessment procedure: newly admitted inmates sit at a microcomputer in a reception unit and respond to a variety of questions about their alcohol and drug use. Perhaps the primary advantage of the computerized approach is that inmates will probably respond more honestly to a computer than to an interviewer. In addition, the computerized system provides offenders with instantaneous feedback on the level of severity of their substance use. At the end of the 90-minute computer session, the offender receives a printout of the results. A special printed report is also made available to the offender's case management officer.

The Lifestyle Assessment Instrument covers a broad range of assessment issues related to substance abuse, including nutrition, physical and mental health, quality of functioning in family and social relationships, criminal behaviour patterns, and readiness for substance-abuse treatment programming.

The original Computerized Lifestyle Assessment procedure was designed by Dr. Harvey Skinner, formerly of the Addiction Research Foundation of Ontario. Initially developed for use in family medical practice, the computerized assessment package was adapted by the Research and Statistics Branch of the Correctional Service of Canada for use with offenders. Two key components of the system — the Drug Abuse Screening Test (DAST) and the Alcohol Dependence Scale (ADS), both designed by Skinner — have been widely used in substance-abuse research.

Throughout 1989 and early 1990, the system was introduced as a pilot project in two Atlantic Region institutions and one Prairie institution. Following admission, each new inmate is asked to complete the Lifestyle Assessment procedure during the orientation phase of reception. So far the system has been used exclusively with male inmates, although it can also be used with female inmates. The Computerized Lifestyle Assessment Instrument is currently being translated for use with Francophone offenders.

Below are some preliminary research findings based on a sample of 371 respondents from the two Lifestyle pilot regions. As more data become available, work will focus on the development of substance-abuse typologies for matching offenders to substance-abuse programs. The Computerized Lifestyle Assessment project will provide a valuable data base for the ongoing assessment of offender needs for substance-abuse programming. The rich data base will also make it possible to research a number of questions on the link between substance abuse and criminality.

Drug Use

Fifty-six percent of the inmates surveyed reported some type of drug use in the six months prior to their incarceration. Of this group, many were relatively heavy users. In fact, a full 32% of all of the offenders who completed the survey admitted to taking some type of illicit substance a few or more times a week. As Figure 1 shows, nearly 11% of the reception inmates consumed some type of drug every day in the six-month period before the arrests that led to their current federal sentences.

Cannabis products were the most frequently used illicit drugs — 39.7% of the offenders reported using them at least once in the six-month period under study. (See Figure 2 for a breakdown of the types of drugs used by the reception inmates prior to their arrests.) About 17% used cannabis derivatives every day or almost every day within this period. Relative to the cannabis users (39.7%), a considerably smaller proportion of offenders (22.7%) consumed stimulants such as cocaine and amphetamines. These drugs were also used less frequently than cannabis on a daily basis — only 7.3% used some type of stimulant every day or almost every day. Interestingly, only 14% reported using opiates such as heroin or codeine, while 17.3% used tranquillizers, and 10.8% used sedatives. Only 2.7% of the reception inmates said they had used an inhalant (e.g., aerosols or solvents) during the six-month period before arrest.

According to Skinner's Drug Abuse Screening Test (DAST), which was designed to assess the severity of drug abuse, the substance-abuse

Figure 1
Frequency of Offender Drug Use
in the Six-Month Period Prior to Arrest

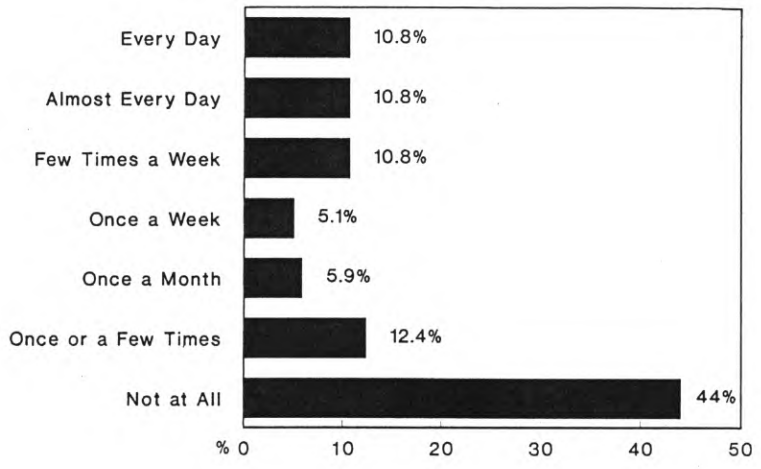
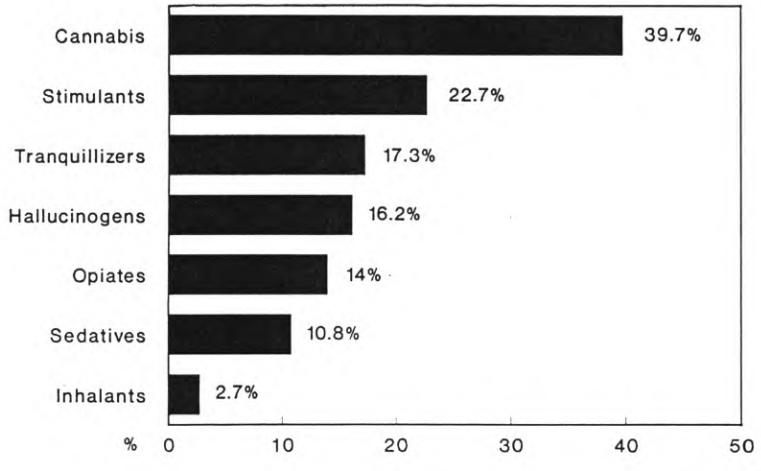


Figure 2
Types of Drugs Used by Offenders in the
Six-Month Period Prior to Arrest



patterns of about 25% of the sample's offenders fell within the moderate to severe range. Based on information about the inmates' drug-use patterns prior to their current arrest, 4.5% were classified as having severe substance-abuse problems, and 9.6% were classified as having a substantial problem.

While these figures imply significant drug problems in this sample of Atlantic and Prairie Region offenders, substance-abuse problems may be even more extensive in other regions. Dr. Lynn Lightfoot and Dr. David Hodgins of the Addiction Research Foundation found a larger proportion of offenders who fell within the substantial and severe drug-abuse categories of the DAST in a survey of 275 Ontario Region inmates. In the Lightfoot and Hodgins study, conducted between 1984 and 1987, 63% of the 275 inmates who volunteered to be tested were classified in the moderate to severe range of substance-abuse problems. One factor that might account for the higher incidence of drug problems in this earlier survey is that inmates with severe drug problems may have been more interested in the survey and therefore volunteered to participate in greater numbers.

Alcohol Use

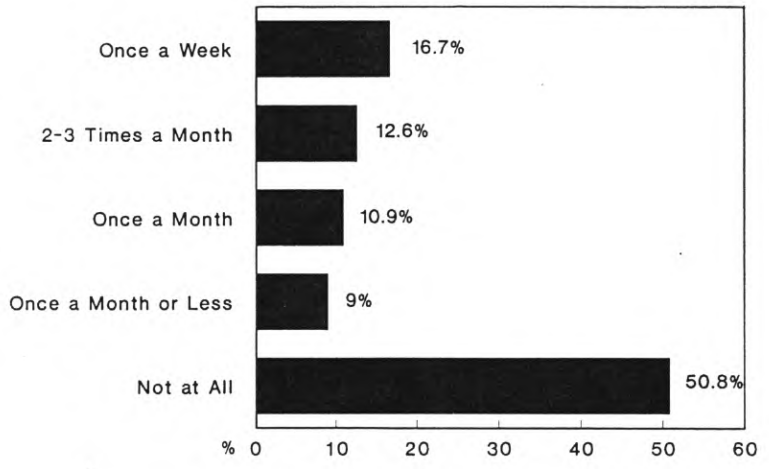
Some alcohol use during the six-month reporting period was indicated by 85% of the sample. This figure is not dramatically different from the proportion of Canadians who report alcohol use. The 1989 National Alcohol and Other Drugs Survey by Health and Welfare Canada indicated that 78% of Canadians had consumed alcohol in the previous year.

Thirty-five percent of the offenders reported using alcohol from a few times a week to every day, and 17.6% said that they had drinking bouts (or binges) at least once a week. A drinking bout was defined as an episode in which the offender was affected by alcohol for at least a few consecutive days. Another interesting finding is that 49% of the offenders admitted to at least one binge-drinking episode in the six-month period. Figure 3 displays the frequency of binge drinking by this sample of inmates.

The offenders also frequently combined drug use and alcohol consumption. About 43% of the sample said they used drugs and alcohol together at least once in the six months before they were arrested. Of those who used drugs at least once a month, 19% reported always using alcohol with drugs.

The survey also provided information for assessing the severity of alcohol problems in this population. Only about 18% of the offenders were

Figure 3
Frequency of Offenders' Binge Drinking in the Six-Month Period Prior to Arrest



grouped in the moderate to severe categories of Skinner's Alcohol Dependence Scale. This figure is substantially lower than the finding by Lightfoot and Hodgins when they used the same assessment tool on their earlier sample of Ontario inmates, approximately 47% of whom were classified as having "moderate to severe" alcohol dependence.

Substance Use and Criminal Behaviour

The relationship between alcohol or drug use and criminal activity is not yet well understood by researchers, and many questions about how these two aspects of behaviour are linked remain unanswered. However, it is clear that substance use and criminal behaviour often occur together.

In our Lifestyle sample, 64% of the offenders had consumed alcohol or other drugs on the day they committed the crimes for which they were currently incarcerated. Furthermore, roughly 60% claimed being under the influence of alcohol or drugs at the time they committed at least one of the offences associated with their current prison term — 14% had been under the influence of some type of drug (usually cocaine or marijuana), 18% under the influence of alcohol, and 28% under the influence of both drugs and alcohol.

In order to gain more information about the relationship between substance use and crime, the computer asked the offenders to select one of the crimes they had committed while under the influence of alcohol or drugs and to supply more details about the circumstances surrounding the crime. In particular, this section of the survey provides important information about the types of crimes committed under the influence of alcohol or drugs.

Property crimes (including break-and-enter, theft, and possession of stolen property) were reported as the most frequent type of crime committed by offenders under the influence of alcohol or drugs. Figure 4 shows that nearly 34% of the crimes committed by offenders under the influence of alcohol or drugs were property related. However, it is important to note that a substantial proportion of the crimes (28%) were violent offences, including murder and manslaughter, weapon offences, physical assault and sex offences. Robbery accounted for an additional 22% of the crimes. If robbery is classified as a violent offence, a full 50% of the crimes committed under the influence of alcohol or drugs were violent in nature. A surprisingly small proportion of the offences committed under the influence were classified as "drug offences."

Violent crimes (except robbery) were more likely to be committed under the influence of alcohol alone than under the influence of drugs or of alcohol and drugs together. However, drug use was somewhat more likely than alcohol use to be associated with robbery.

The offenders were asked a number of questions about their perceptions of the role of alcohol and drugs in their criminal activities. About 82% of the offenders who committed a crime under the influence of alcohol and 69% of the offenders who had been under the influence of drugs claimed that they probably would not have committed the offence if they had not been using these substances at the time.

These figures show that the offenders who have completed the survey to date clearly relate substance use to criminal activity. According to the respondents, they would have been substantially less likely to commit the crimes for which they were sentenced if they had not been under the influence of drugs or alcohol.

The Lifestyle Assessment Instrument also asked the offenders to describe the effect of alcohol or drug use on their past criminal activities, including crimes for which they had not been convicted. About 36% of the inmates admitted that drug use had been a factor in most or all of their previous crimes. A similar proportion expressed the same opinion about alcohol consumption. Roughly 17% of the sample admitted that their crimes had been committed only under the influence of alcohol or drugs.

Treatment Readiness

An important function of the Lifestyle Assessment Instrument is to determine

the perceptions of new inmates regarding alcohol or drug use as a significant problem in their lives and their receptivity to substance-abuse treatment programs.

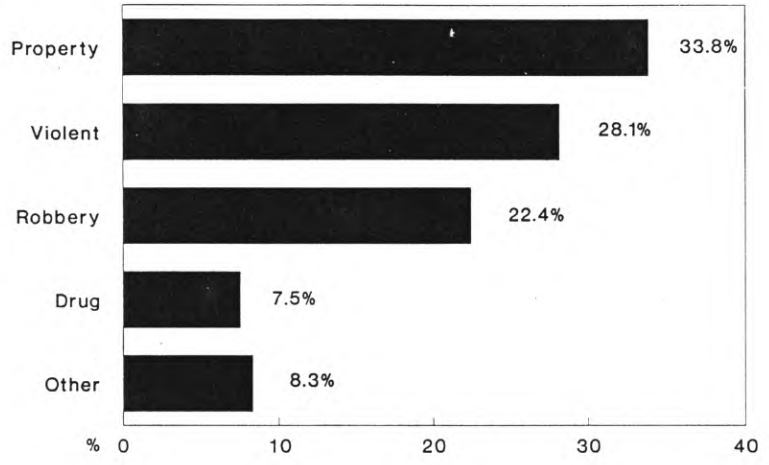
Forty-three percent of the survey respondents had been involved in some type of treatment program for alcohol and drug problems at least once and most of these inmates had participated in a program on more than one occasion. Alcoholics Anonymous was the program cited most frequently (41%) by those who had been involved in previous programming. Many offenders obviously made contact with a treatment program as a result of their conflict with the law. Of those who had been exposed to some form of treatment, about 24% said they had been involved in programs during previous incarcerations, and 12% reported that they were currently participating in a program for substance abuse.

Excluding those inmates who used no drugs in the six months before their arrests, roughly half of the sample admitted to problems related to drug use, and about 22% felt that the problem was serious. Thirty-two percent of drug users felt they could use help to stop or control their drug use. Of the more regular drug users (those who had been using drugs more than once a week), about 55% said they could use help.

Offenders in this sample appeared considerably more ready to admit to their drinking problems — 76% of those who drank at least a few times a week felt they had problems related to drinking. Thirty-nine percent of this group perceived their level of alcohol use as a "serious problem," and about 53% admitted that they needed help to stop or control their drinking.

Many offenders appear to have positive views about receiving treatment for substance-abuse problems. When asked if they would like to participate in a drug or alcohol program during their current sentence, 61% of the sample said yes, and about 58% indicated that treatment would help them quit using drugs or alcohol.

Figure 4
Types of Offences Committed Under the Influence of Drugs or Alcohol



Although the Lifestyle Assessment data very clearly show that many of the offenders in the sample used substances regularly and that many exhibited problem use, the offenders had a very positive outlook on the future. The vast majority (86%) believed that they would be able to get along without any drugs or alcohol following their release from prison. ■

Special thanks is extended to the following individuals for their assistance in the implementation of the Computerized Lifestyle Assessment Instrument pilot project: Gerry Cowie, Regional Manager, Correctional Programs, Prairies; Ron Lawlor, Regional Administrator, Correctional Programs, Atlantic; Hal Davidson, Project Officer, Atlantic; John Eno, Substance Abuse Co-ordinator, Drumheller Institution; Stu Murray, Chief of Personal Development, Springhill Institution; Roger McCormick, Induction Training Officer, Springhill Institution; Jim Sproule, Correctional Officer, Dorchester Penitentiary.

FORUM on Corrections Research
Substance Abuse
Volume 2, Number 4, 1990

A New Approach for Treating Substance-Abusing Offenders in Canadian Correctional Institutions

Field testing of a prerelease treatment program for substance-abusing offenders has recently been completed in the Ontario Region by Dr. Lynn Lightfoot of the Addiction Research Foundation.

The aim of the Offender Substance Abuse Pre-Release (OSAP) Program is to provide drug- and alcohol-abusing offenders with the cognitive and behavioural learning tools to help them function adequately in the community without consuming alcohol or drugs.

To be admitted to OSAP, the offender must be interviewed and must complete a self-reported inventory. The interview instrument — the Structured Addictions Assessment Interview for Selecting Treatment for Inmates (ASIST-I) — helps the interviewer collect information on the inmate's level of psychosocial functioning (during the six months before imprisonment), the causes and seriousness of daily life problems and, most importantly, the relationship of alcohol or drug abuse to the problems. The self-report inventory examines variables such as dependence on alcohol and drugs, psychopathology, authoritarianism, intelligence quotient, and organicity. Offenders who are assessed as promising and suitable candidates are admitted to the three-phase treatment program.

The first phase of OSAP attempts to motivate offenders to change in order to prepare them to acquire the skills necessary to curb their alcohol- or drug-abuse problem. This motivation process is based on the theoretical model of the change process developed by Prochaska and Climente in 1982, which recognizes that at the beginning of treatment, offenders are not at the same stage of readiness to change.

There are two stages of readiness to change in this first phase. Stage one is called precontemplation and involves no identification of a need to change by the inmate. The second stage is contemplation, in which participants become aware of a problem and develop the motivation and commitment to change.

In the second phase, offenders are taught skills such as positive assertion and stress management, whose inadequate development in the first phase contributed to the maintenance of substance abuse.

The third phase allows offenders to use their skills in institutional and community settings.

Eight to twelve inmates participate in the program, which involves group discussions on their lives and experiences. The program also includes individual counselling sessions as particular problems of a more personal nature often arise.

Results of three OSAP field tests, completed in 1988 and 1989, revealed that the program can effectively modify participants' attitudes toward drugs and alcohol and the potentially negative effects of these substances on their behavioural and cognitive skills. Furthermore, field test outcomes indicated increased knowledge about drugs and alcohol, management skills, employment skills and positive methods of problem solving.

The field test results and more extensive analysis of the program will enable researchers to assess the impact of OSAP on recidivism and substance reabuse by participants. ■

Lightfoot, L. (1990). The Offender Substance Abuse Pre-Release Program: An Empirically Based Model of Treatment for Offenders (unpublished report).

FORUM on Corrections Research
Substance Abuse
Volume 2, Number 4, 1990

The Correctional Service of Canada Accepts Recommendations from Substance-Abuse Task Force

The Executive Committee of the Correctional Service of Canada has recently endorsed a task force proposal to implement a national substance-abuse strategy that could alter the delivery of substance-abuse programs.

The organization of this task force included a Steering Committee, composed of senior managers from within the Ministry and from federal and provincial government departments and agencies as well as experts from the field of addictions, to establish broad parameters and provide general direction. A Working Group with similar representation was also established, charged with the task of developing and proposing the strategic model and framework.

The Task Force on the Reduction of Substance Abuse submitted 55 recommendations on issues pertaining to the development, management, delivery and evaluation of substance-abuse programs. The task force was created to establish a policy framework that would define the direction of substance-abuse programs and services for federal offenders for the next five years.

There will be a move toward the initial screening and assessment of offender risk factors in order to match offender needs with appropriate intervention. The new approach will stress the delivery of a continuum of treatment services, from admission to the institution until warrant expiry date in the community. In addition, efforts will be made to hire and train staff with the personal attributes, knowledge and skills necessary to deliver substance-abuse programs that have proven effective both in the institution and in the community. Finally, there will be increased emphasis on the sharing of information with provincial and community addictions agencies in order to develop and maintain high-quality substance-abuse programs and services.

The task force was convened in August 1989 to address the serious problem of substance abuse among Canadian federal inmates. According to the 1989 Mental Health Survey, 53.7% of offenders had a serious substance-abuse disorder. Concerns about substance abuse are reflected in the more than $2,000,000 spent by the Correctional Service of Canada on substance-abuse programs in institutions and in the community in the 1989-90 fiscal year. However, a substantial increase in funding will be required to enhance programming initiatives.

The task force report outlines several intervention guidelines to help develop an action plan. Offenders should be:

- matched to the most appropriate, timely and cost-effective forms of intervention;
- provided with services in an environment that is supportive of and amenable to behavioural change;
- exposed to incentives and disincentives that are critical to their needs;
- supported in their behavioural change by the Correctional Service of Canada staff and by social networks, including peers, volunteers and families;
- provided with the necessary information and skills to sustain and strengthen their behavioural change; and
- given appropriate referrals to other helping agencies in cases of special need.

Following a review of the available literature on the causes and consequences of substance abuse, the task force adopted a conceptual model that considers the cause of substance-abuse problems to be rooted in a combination of biological, psychological and sociological factors. The approach recognizes that early identification and intervention of alcohol and drug problems are crucial to the recovery process and that a range of interventions must be available. The model supports health promotion and prevention approaches in preventing dependency and enhancing recovery. Prevention or health promotion initiatives seek to prevent alcohol- or drug-related problems before they occur or become inevitable. Such initiatives differ in several fundamental ways from treatment programs. They are impersonal actions that apply uniformly to large groups of people for whom treatment would be inappropriate. To be effective, they should be light and unburdensome and not powerful and controlling. Prevention is oriented toward the future, not the past. Its success is measured not in terms of immediate accomplishments but long-term goals. It requires a vision of the future, not only short-term results.

The development of a national strategy and regional plans to implement the task force recommendations reflects the commitment of the Correctional Service of Canada to expand prevention efforts and strengthen community health services for substance-abusing offenders. The implementation and maintenance of a support system with local, regional and national organizations should strengthen the Service as a whole.

U.S. Task Force Reports Findings

A similar substance-abuse task force in the United States has recently

completed an assessment of current correctional substance-abuse strategies in that country. The recommendations of the Task Force on Correctional Substance Abuse Strategies recognize the effectiveness and necessity of a blend of control and treatment in corrections.

In its report, the task force describes strategies and treatments for offender rehabilitation. However, it points out that drug-abuse treatment programs are not simply a traditional health care service transplanted into the correctional environment. Supervision, monitoring and control measures are stressed as crucial to any effective correctional programming, whether therapeutic or non-therapeutic.

The task force was composed of federal, state and local correctional professionals, researchers, and clinicians. The report does not attempt to answer every question about substance-abuse programming, but offers guidelines for the development of strategies to address substance abuse in the correctional system.

The task force made several general recommendations, including the establishment of a national agency to disseminate regularly, as opposed to on a request-only basis, the most current substance-abuse literature and program information to federal, state and local program managers and administrators.

The task force also recommends that each state develop an action plan to guide and direct the management of substance-abuse offenders throughout the state.

The task force developed specific recommendations based on goals of correctional substance-abuse programming, which reflect the need for substance-abuse programs and strategies to be carefully planned, to target clear objectives and to make the best possible use of limited resources. The goals are:

- to assess the offender's substance abuse, supervision, control and service needs;
- to provide a range of quality programs consistent with the offender's control, supervision and treatment needs;
- to provide linkage to ensure effective communications across the entire criminal justice system and community-based agencies for transmission of information and co-ordination of services;
- to recruit and retain qualified staff to provide substance-abuse programming;
- to develop a safe, drug-free and productive environment that promotes offender change, as well as providing for staff, offender and public safety; and
- to apply accountability measures to substance-abuse programs.

These goals are each supported by a number of substrategies.

The task force believes that substance-abuse programs can be an instrumental and effective part of institutional and community corrections, particularly in view of their success record.

Correctional agencies in the United States are grappling with increasing numbers of offenders as a result of efforts to reduce substance abuse which include broader enforcement of laws against drug use and trafficking, longer sentences and mandatory sentencing statutes.

In more than 40 states, a range of intermediate sanctions/punishments have been developed to address supervision, control and service needs of offenders. These provide a policy-driven range of sanctions which can be utilized in providing community supervision for offenders. Examples of such interventions are intensive probation supervision, community residential care, fines, day fines, day reporting centres, halfway back programs, house arrest, and substance abuse treatment. (For further information on intermediate sanctions, please refer to "Offenders in Drug-Abuse Treatment Programs" in the Research in Brief section.)

In the future, correctional agencies in the United States will be faced with significantly heavier workloads. In 1988, one in 49 American adults was under some form of correctional supervision. Demographic experts predict that prison populations will expand dramatically within the next four years.

Prisons are often so crowded in many jurisdictions that resources have to be shifted from substance-abuse programming to meet the priority of housing. While the task force recognizes the restrictions on correctional agencies, it stresses the need for jurisdictions to initiate some form of planning and program development to reduce the overall rates of substance abuse. The task force maintains that this responsibility rests not only with correctional agencies, but also with political bodies, health and social service agencies, and other community groups. ■

Task Force on the Reduction of Substance Abuse (1990). Report prepared by the Correctional Service of Canada.

Task Force on Correctional Substance Abuse Strategies (1990). Report prepared by the United States Department of Justice, National Institute of Corrections.

For further information, contact:
Jon Klaus, Chairperson, Working Group, Task Force on the Reduction of Substance Abuse, Correctional Service of Canada, 340 Laurier Avenue West, Ottawa, Ontario, K1A OP9, Canada

Diane Carter, Chairperson, Task Force on Correctional Substance Abuse Strategies, National Institute of Corrections, 1790 30th Street, Suite 430, Boulder, Colorado, 80301, USA

FORUM on Corrections Research
Substance Abuse
Volume 2, Number 4, 1990

Effective Treatment for Drug and Alcohol Problems: What Do We Know?

by Helen M. Annis, Ph.D.
Head of Psychology, Addiction Research Foundation
Professor, Department of Behavioural Science, University of Toronto

Claims for the effectiveness of treatment for drug and alcohol problems differ dramatically. A recent overview of alcoholism-treatment outcome studies documented widely differing claims, ranging from a better than 90% recovery rate reported by a free-standing hospital facility to a 7% abstinence rate reported by the Rand Corporation for U.S. federally funded facilities.[1] What accounts for such divergent findings on treatment effectiveness? Can the content of different programs vary so radically that some produce a 90% abstinence rate while others generate only a 7% abstinence rate?

Such variant claims of outcome effectiveness are likely to be a function of factors other than the treatment as such. For example, the 90% recovery rate referred to clients who had successfully completed a 28-day residential program and had maintained active involvement in a one- to two-year aftercare program; within this highly selected group of clients, more than 90% had "continuous sobriety" or were "currently sober" but had experienced relapses while still in aftercare. In contrast, the 7% recovery rate reported for clients of government-funded facilities referred to successive male admissions who were continuously abstinent for 4.5 years following treatment. In addition to obvious differences in sample selection and attrition, definition of successful outcome and length of the follow-up interval — any one of which could explain the widely discrepant outcome rates observed — the treatment programs may well have differed in the characteristics of the client populations served. Extreme caution therefore is required in interpreting reported outcome rates.

Although most studies on the effectiveness of alcohol- and drug-treatment programs have been conducted outside the correctional system, the results of these studies are relevant to understanding the role of: (a) client characteristics; (b) program length, setting and intensity; (c) treatment methods; (d) client-treatment matching; and (e) relapse-prevention strategies with offender populations. Each of these areas is reviewed below.

Reviews of the empirical literature reveal that alcoholic men and women do not differ in treatment outcome rates

Client Characteristics

There are numerous studies exploring the importance of client characteristics in treatment outcome. How do the outcomes of male and female alcoholics compare? Although it is frequently asserted that female alcoholics have poorer prognoses than male alcoholics, reviews of the empirical literature reveal that alcoholic men and women do not differ in treatment outcome rates.[2] However, positive response to alcohol and drug treatment has been associated with several client characteristics other than sex: being married, employed, of a high social class, financially secure, socially active and well adjusted to work and marriage, and having little history of arrest. Unfortunately, these positive prognostic characteristics are not typically found in offender populations.

In fact, poor treatment outcome has been associated with client characteristics that are prominent in offender groups: aggressiveness, high rates of attempted suicide, organic brain syndrome and sociopathic personality. Work by McLellan and his colleagues[3] with both alcohol- and drug-dependent clients indicates that the severity of psychiatric symptomatology is an important factor in predicting response to treatment; alcohol- and drug-dependent clients with low psychiatric severity at admission have achieved good outcomes across a variety of treatments, whereas those with high psychiatric severity have shown little improvement and uniformly poor outcomes. Offenders with a dual diagnosis (a psychiatric diagnosis and a diagnosis of alcohol or drug abuse and dependence) are likely to respond poorly to substance-abuse programming.

In summary, it is important to recognize that:

[1] *Emrick, C.D., & Hansen, J. (1983). "Assertions Regarding Effectiveness of Treatment for Alcoholism,"* American Psychologist, *1078-1088.*

[2] *Annis, H.M., & Liban, C.B. (1980). "Alcoholism in Women: Treatment Modalities and Outcomes," in* Alcohol and Drug Problems in Women, *ed. O.J. Kalant. Research Advances in Alcohol and Drug Problems, vol. 5. New York: Plenum Press.*

[3] *McLellan, A.T., Luborsky, L., Woody, G.E., O'Brien, C.P., & Druley, K.A. (1983). "Predicting Response to Alcohol and Drug Abuse Treatments: Role of Psychiatric Severity,"* Archives of General Psychiatry *40, 620-625.*

1. client characteristics have played a major role in predicting response to alcohol- and drug-treatment programming;
2. some offenders can be expected to have a number of poor prognostic characteristics; and
3. any comparison of outcome rates across treatment programs must take into account differences in the characteristics of the offender populations served.

Program Length, Setting and Intensity

In the past few years, there has been much interest in how the intensity and duration of treatments and treatment settings affect outcomes. Spiralling health-care costs have stimulated an assessment of the effectiveness of traditional methods of service delivery compared with lower-cost alternatives. Specifically, questions have been raised about the required length of residential treatment, the cost effectiveness of residential versus day treatment, and out-patient alternatives.[4]

Factors other than treatment length and setting should receive greater attention in the design of future substance-abuse treatment programming

Findings from well-controlled clinical trials have been remarkably consistent in reporting no advantage for lengthy or intensive treatment programming. For example, residential alcoholism treatment lasting one to two weeks has been found to produce results comparable to treatment lasting several months. Furthermore, random controlled trials at the Donwood Institute in Toronto, Ontario,[5] and the Butler Hospital in Providence, Rhode Island,[6] demonstrated equally positive outcome results for clients in day-treatment programs and those in more costly residential treatment. These studies suggest that factors other than treatment length and setting should receive greater attention in the design of future substance-abuse treatment programming.

Another question that has been raised is whether treatment on an out-patient basis may be as effective as residential treatment for alcohol and drug abusers. In a large-scale evaluation of clients discharged from federally funded alcoholism-treatment facilities in the United States, the Rand Corporation found no differences in outcome for clients treated in out-patient programs and those in residential programs. Similarly, the Drug Abuse Reporting Program (DARP), involving 44,000 clients from 52 federally supported drug-abuse treatment centres throughout the United States, reported that for opioid addicts, other drug-abusing adults and youth clients (19 and under), there was an out-patient treatment option (methadone maintenance or drug-free out-patient counselling) that was equally as effective as or more effective than residential treatment. The results from these large-scale evaluations must be interpreted with caution, however, because clients who self-select to enter residential or out-patient treatment may differ in important but unrecognized prognostic characteristics.

Fortunately, a number of random controlled trials reported in the literature permit a direct comparison of the general effectiveness of out-patient and residential services. In these trials, alcoholics or other substance abusers were randomly assigned to out-patient counselling or to residential treatment. A number of such studies have been conducted in probation and parole systems. For example, 74 delinquent, drug-abusing adolescents within the San Francisco Juvenile Probation Department were randomly assigned to in-patient treatment or to the usual out-patient probationary care.[7] In-patient treatment averaged 132 days and consisted of psychodynamically oriented psychotherapy, community meetings, family therapy, recreational therapy, psychodrama, and an onward school program. Follow-up at one year after admission showed no difference on a variety of outcome measures, including alcohol and drug use and social functioning between the adolescents receiving in-patient treatment and those receiving the usual out-patient probationary services. Similar results were reported in a study of adult parolees with a history of opiate

[4] *For reviews of this literature, see: Annis, H.M. (1986). "Is Inpatient Rehabilitation of the Alcoholic Cost-Effective? Con Position,"* Advances in Alcohol and Substance Abuse *5, 175-179; Miller, W.R., & Hester, R.K. (1986). "Inpatient Alcoholism Treatment: Who Benefits?"* American Psychologist *41, 794-805; and Wilkinson, D.A., & Martin, G.W. (in press). "Intervention Methods for Youth with Problems of Substance Abuse," in* Drug Use by Adolescents, *ed. H.M. Annis & C.S. Davis. Toronto: Addiction Research Foundation.*

[5] *McLachlan, J.F.C., & Stein, R.L. (1982). "Evaluation of a Day Clinic for Alcoholics,"* Journal of Studies on Alcohol *43, 261-272.*

[6] *McCrady, B., Longabaugh, R., Fink, E., Stout, R., Beattie, M., & Ruggieri-Authelet, A. (1986). "Cost Effectiveness of Alcoholism Treatment in Partial Hospital Versus Inpatient Settings after Brief Inpatient Treatment: 12-Month Outcomes,"* Journal of Consulting and Clinical Psychology *54, 708-713.*

[7] *Amini, F., Zilberg, N.J., Burke, E.L., & Salasnek, S. (1982). "A Controlled Study of Inpatient vs. Outpatient Treatment of Delinquent Drug Abusing Adolescents: One Year Results,"* Comprehensive Psychiatry *23, no. 5, 436-444.*

abuse.[8] Parolees randomly assigned to parole services or an experimental halfway house program showed no differences in the rate of new criminal convictions or in the number of drug-free weeks in the community during the first year following release from incarceration.

The weight of evidence from these and other well-controlled trials is clear. Out-patient treatment for substance abuse can produce outcomes essentially equivalent to those of residential treatment at substantially lower cost.

Treatment Methods

Are some treatment methods more effective than others? This question is currently the subject of some controversy in the field of substance-abuse treatment. Bill Miller, a prominent scientist in the field, argues that certain treatment methods such as aversion therapy, behavioural self-control training, social skills training, stress management, marital and family therapy, and a community reinforcement approach have demonstrated specific effectiveness, particularly in the treatment of alcoholics. (Ironically, Miller notes that these methods are not currently employed in most treatment programs.)

Clearly, much remains to be learned about improving treatment programming

In contrast, other investigators conclude that differences between treatment methods have demonstrated relatively little effect on long-term outcomes. Although statistically significant outcome differences are occasionally reported for different treatment methods, the magnitude of these differences is usually small. Whereas client characteristics at treatment intake typically account for about 30% of the outcome variance, treatment variables account uniquely for only 6% to 7% of the variance, with additional variance being shared with the predictive value of client characteristics. Clearly, much remains to be learned about improving treatment programming.

Client-Treatment Matching

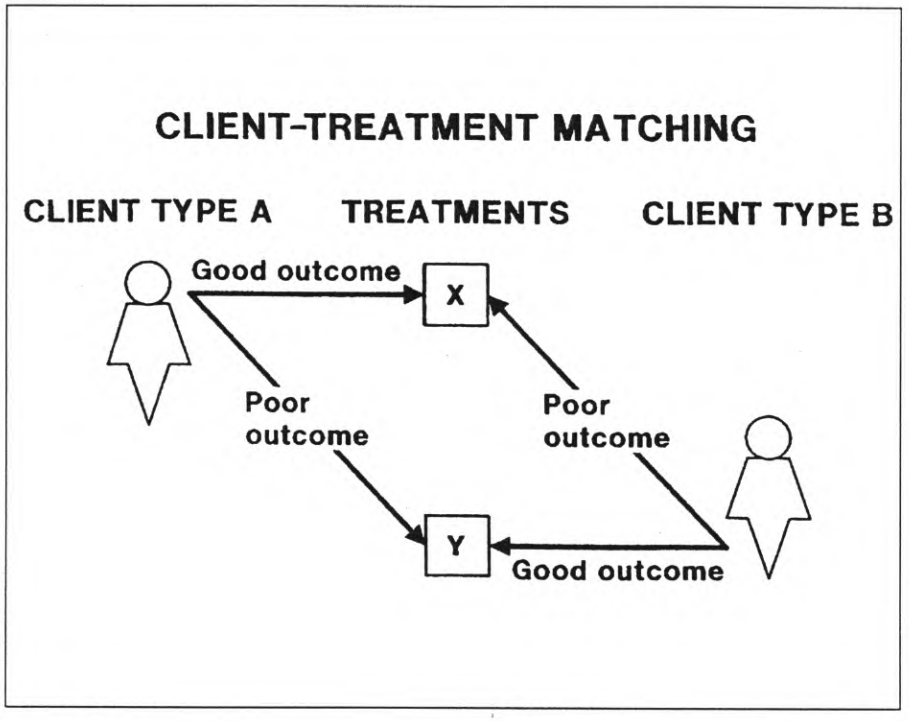
Despite the controversy about the impact of treatment variables on outcome, there is a growing consensus in the field that the search for a single, universally effective treatment approach is misguided. It is now widely acknowledged that there is broad heterogeneity among alcoholics, cocaine abusers and other substance abusers, and that a client with one set of characteristics may respond favourably to one type of treatment or treatment setting, whereas a client with another set of characteristics may respond more favourably to another treatment approach. The attempt to match clients to treatments in order to improve outcome results is referred to as client-treatment matching or the matching hypothesis. Although the development of empirical evidence of matching effects is in its infancy, there is general agreement that the differential assignment of clients with drug and alcohol problems to different treatments has the potential to substantially improve outcome results.

Over the past few years, the promise shown by a variety of pharmacological agents in the treatment of cocaine abuse has generated much excitement. The agents studied have included desipramine, lithium, bromocriptine, and other psychotropic drugs. Recently, prominent researchers in the area have cautioned that the development of a single, definitive treatment for all cocaine abusers now appears no more likely than it has for opiate abusers or alcoholics. Progress is being made, however, in defining appropriate matches of pharmacological agents to types of cocaine abusers. Studies to date have used DSM-III Axis 1 symptomatology and have tended to be non-blind, non-placebo preliminary trials. Early data suggest that some pharmacological agents may be effective for specific diagnostic subpopulations of cocaine abusers. For example, methylphenidate, a substitute medication that shares cross-tolerance with cocaine, has been found effective only in the treatment of the 5% of cocaine abusers who have a clearly established attention-deficit disorder. Similarly, non-cyclothymic cocaine abusers have shown no benefit from lithium, whereas lithium has been associated with cessation of cocaine abuse and reduced cocaine craving in cyclothymic patients. Larger samples and double-blind controlled trials are needed to substantiate these findings.

In order to demonstrate a differential treatment response or matching effect, it is necessary to study clients who vary on a particular characteristic under two or more treatment conditions. A simple case is illustrated in the figure: client type "A" has a positive outcome under treatment "X" but a poor outcome under treatment "Y," whereas the reverse is true of client type "B." In this example, a matching effect would still be demonstrated if client type "B" showed a similar outcome under treatments "X" and "Y," and client type "A" continued to show a better outcome under treatment "X."

The search for patient-treatment matching effects requires the reliable assessment of patient variables on the one hand, and treatment variables on the other. More progress has been achieved in the conceptualization and assessment of salient characteristics of patients than in the measurement of treatment variables; nevertheless, advances are being made in the evaluation of certain aspects of

[8] *Miller, D.E., Himelson, A.N., & Geis, G. (1967). "Community's Response to Substance Misuse: The East Los Angeles Halfway House for Felon Addicts,"* The International Journal of the Addictions *2, no. 2, 305-311.*



treatment environments. The table lists some patient and treatment variables that have received attention in the alcohol- and drug-abuse treatment literature in relation to patient-treatment matching.

A recent review of substance-abuse treatment literature by this author located 15 studies that provide evidence of successful client-treatment matching effects.[9] One of these studies, conducted on an offender population drawn from Monteith Correctional Centre in Northern Ontario, demonstrated the importance of a personality variable in the differential assignment of alcoholic inmates to a highly confrontational form of addiction treatment. One hundred and fifty incarcerated male alcoholics with a high or low self-image were randomly assigned to 224 hours of intensive, confrontational group psychotherapy or to institutional care. Alcoholic inmates with a high self-image showed a better outcome in the group therapy than in institutional care, whereas the reverse was true of alcoholic inmates with a low self-image. For those with a low self-image, the group therapy program apparently had a detrimental effect.

A study conducted at the Addiction Research Foundation in Toronto demonstrated that an alcoholic client's risk profile can provide a powerful guide for differential treatment assignment. Seventy alcoholics participating in an employee assistance program were randomly assigned to relapse-prevention therapy or to more traditional counselling on an out-patient basis. Each client was classified as having either a "generalized profile" (i.e., similar drinking risk across all categories of risk situations) or a "differentiated profile" (i.e., greater drinking risk in some types of situations than others). At six months, follow-up results showed no difference across the two treatment conditions in typical quantity of alcohol consumed daily by clients with generalized profiles; however, clients with differentiated profiles showed substantially better outcomes under relapse-prevention treatment than under traditional counselling. The results were significant, both statistically and clinically: the client-treatment matching effect accounted for over 30% of the outcome variance.

Relapse-Prevention Strategies with Offender Populations

The prevention of relapse is increasingly being recognized as a central problem in the treatment of alcoholism and other substance abuse. One influential theoretical framework that has been applied to the problem of relapse is Albert Bandura's cognitive-social learning approach. In Bandura's theory of self-efficacy, the critical distinction between initiation and maintenance strategies heralded a significant conceptual development for the addiction treatment field. The maintenance of behavioural change had been largely neglected in alcoholism and other substance-abuse programming. However, attention has recently focused on the development of relapse-prevention treatment strategies explicitly designed to foster the maintenance of behavioural change.

The Addiction Research Foundation in Toronto has been evaluating a cognitive-social learning approach to relapse prevention. The relapse-prevention model essentially involves a highly individualized analysis of the client's drinking or drug-use behaviour over the previous year to determine the high-risk situations experienced by that client. A 100-item self-reported questionnaire called the Inventory of Drinking Situations[10] has been developed to assess drinking within the eight categories of relapse situations

[9] *Annis, H.M. (1988). "Patient-Treatment Matching in the Management of Alcoholism," in* Problems in Drug Dependence, *ed. L.S. Harris. NIDA Research Monograph 90. Rockville, Maryland: NIDA.*

[10] *Annis, H.M. (1982). Inventory of Drinking Situations. Toronto: Addiction Research Foundation.*

identified in the work of Allan Marlatt[11]: unpleasant emotions, physical discomfort, pleasant emotions, testing personal control, urges and temptations, conflict with others, social pressures to drink, and pleasant times with others. The IDS subscales have received positive reports on reliability, content and external validity, and a client classification system based on the profile of IDS subscores has been shown to be associated with age, sex and consumption-related variables. A parallel questionnaire for drugs other than alcohol, the Inventory of Drug-Taking Situations (IDTS), is currently undergoing psychometric evaluation.

In the cognitive-social learning approach to relapse prevention, the first step in the development of an individually tailored treatment plan is the assessment of a client's high-risk situations. Treatment focuses on encouraging the client to engage in homework assignments designed to develop alternative coping responses in high-risk situations for relapse. Mastery experiences in successfully implementing alternative behaviours to drinking or drug use in these situations have a powerful impact on the client's cognitive appraisal of personal coping abilities, resulting in an improved perception of self-efficacy and a change in future drinking or drug-use behaviour.

Based on clinical trials conducted at the Addiction Research Foundation in Toronto,[12] a two-phase approach to relapse prevention is recommended: phase I to concentrate on strategies known to be powerful in the initiation of a change in drinking or drug-use behaviour, and phase II to focus on strategies with greater potential for the long-term maintenance of this change. Phase I uses powerful induction aids, such as avoidance of drinking or drug-use situations, coercion, hospitalization, protective conditions like sensitizing drugs (e.g., antabuse), involvement of a spouse or responsible collateral, and a directive role by the therapist.

In phase II, the maintenance

Patient-Treatment Matching

Patient Variables	Treatment Variables
1) General	
SOCIODEMOGRAPHIC (e.g., age, sex, marital status, social stability, family history of alcoholism/drug abuse)	SETTING (e.g., in-patient, out-patient, day treatment)
ENVIRONMENTAL RESOURCES (e.g., finances, social supports)	INTENSITY/DURATION (e.g., brief advice, long-term therapy)
NEUROPSYCHOLOGICAL STATUS (e.g., type and degree of neuropsychological deficit)	METHOD (e.g., disulfiram, relaxation therapy)
PERSONALITY (e.g., self-esteem, locus of control, MMPI profile, psychiatric diagnosis, psychiatric severity)	THERAPIST (e.g., directive, non-directive, professional, peer)
	GOAL (e.g., abstinence, moderation)
	CONTEXT (e.g., group, individual treatment system)
2) Alcohol/Drug Specific	
CONSUMPTION (e.g., years of excessive drinking/drug taking, quantity, frequency)	
DEPENDENCE (e.g., degree of alcohol/drug dependence symptomatology, presence of physical withdrawal)	
EXPECTANCIES/ OUTCOME BELIEFS (e.g., self-efficacy, belief in disease concept)	
SITUATIONAL ANTECEDENTS (e.g., types of high-risk situations)	

Adapted from Annis, H.M. (1988). Patient-Treatment Matching in the Management of Alcoholism. In *Treatment of Chemical Dependence*. Edited by C.P. O'Brien. NIDA Research Monograph 90. Washington: National Institute on Drug Abuse.

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

[12] *Annis, H.M., & Davis, C. (1989). "Relapse Prevention," in* Handbook of Alcoholism Treatment Approaches, *ed. R.K. Hester & W.R. Miller. New York: Pergamon Press.*

phase, all external aids are gradually withdrawn as the focus shifts to promoting client self-inferences that are consistent with those known to facilitate generalization and maintenance of behavioural change. The major challenge is to create assignments (i.e., real-life cue exposure conditions) in which clients succeed in controlling their drinking or drug use in formerly problematic situations. A hierarchy of risk situations is established: The use of external aids established in phase I is reduced as the therapist gradually transfers the responsibility for risk anticipation and the planning of coping strategies to the client. Multiple assignments are given across a variety of the drinking or drug-use risk situations in the client's hierarchy, and all major risk situations are involved in homework assignments before treatment is terminated in order to promote client self-attribution of control. The goal of treatment is to enhance client self-efficacy in all identified areas of drinking and drug-taking situations.

These relapse-prevention counselling methods are currently being used with some offender groups in the Ontario correctional system. Institutional settings provide a particular challenge for the application of these procedures. Ideally, institution-based programs combine the use of therapy sessions — which are designed to help inmates identify their high-risk situations for the use of alcohol and other drugs and to rehearse alternative coping responses — with the use of temporary absence passes to allow planned entry into high-risk situations in the community. Probation and parole services can provide a good counselling setting for the implementation of relapse-prevention procedures if the reporting of a slip in alcohol or drug use does not automatically result in a disciplinary sanction.

The United States Federal Bureau of Prisons recently implemented a large-scale clinical research trial of relapse-prevention procedures to evaluate a new residential therapeutic community program for men and women who are within 18 months of release from prison. In this controlled, multisite prison trial, involving over 6,000 inmates with drug-abuse problems, inmates assigned to the new program will be assessed on the Inventory of Drinking Situations (IDS) and the Inventory of Drug-Taking Situations (IDTS) to establish their alcohol or drug-use risk profiles. These profiles will be used as a clinical tool for developing an individualized relapse-prevention treatment plan. The program's effectiveness will be evaluated on the basis of self-efficacy, drug use, criminal behaviour, occupational and social functioning, and mental and physical health over a five-year follow-up period.

Conclusion

Our increased understanding of effective treatment for drug and alcohol problems is reflected in the evolution of question-guided clinical investigation in the field. More simplistic questions about the effects of patient characteristics on outcome and the comparative effectiveness of treatments varying in duration, intensity, setting and method are leading to a greater focus on more complex questions about client-treatment interaction effects and the development of client-specific relapse-prevention strategies. Fundamental to this evolution has been an acknowledgment of the tremendous heterogeneity among alcoholics and other substance abusers, and of the great diversity of possible treatment approaches.

Evidence to date suggests that under certain conditions, matching can yield a major improvement in client outcome. Studies with a strong theoretical orientation in the choice of client-treatment variables have tended to produce the most dramatic effects of matching, accounting for 16% to 30% of the treatment outcome variance. These results are extremely encouraging. Clearly, much remains to be learned about the most salient characteristics of clients with alcohol and drug problems and how they can be matched to theoretically relevant treatment structures. Nevertheless, current evidence strongly suggests that treatment outcome results for substance abusers will improve substantially with our growing knowledge of the optimal matching of clients to treatment alternatives and of the application of relapse-prevention strategies that are designed to promote improved maintenance of treatment gains in the community. ■

Dr. Annis is currently Head of Psychology at the Addiction Research Foundation and a professor in the Faculty of Medicine at the University of Toronto. She has served on the Board of the Canadian Psychological Association, as a member of the governing council of the Canadian Register of Health Service Providers in Psychology, as Editor of the journal *Canadian Psychology/Psychologie canadienne*, and as a consultant to numerous organizations including the Social Science Federation of Canada, the National Institute on Alcohol Abuse and Alcoholism in the United States, and the World Health Organization.

Dr. Annis has been conducting research on the treatment of alcoholics and other drug abusers since joining the Addiction Research Foundation in 1970 and has published widely in the academic field. Her publications include three books and more than 50 articles. Her work in developing a relapse-prevention treatment model for alcoholics and other drug abusers has received international recognition, and her assessment instruments and clinical procedures are now available in half a dozen foreign languages.

FORUM on Corrections Research
Substance Abuse
Volume 2, Number 4, 1990

Employee Assistance Programs and Substance Abuse

by Suzanne Léger, Employee Assistance Program
and Claude Tellier, Research and Statistics Branch
Correctional Service of Canada

Researchers have spent years investigating the causes of drinking and drug problems among workers. Concerns about substance abuse are well founded, at least from management's point of view, as substance abuse impairs job performance, jeopardizes safety and diminishes the quality of work life.

Management Focus in this issue contributes to our knowledge of substance abuse and its effects on the workplace by presenting new research findings on the topic.

Employee Assistance Programs (EAP), generally thought of as substance-abuse programs, in recent years have expanded their mandate to assist workers with a broad range of personal problems — marital, family, stress, legal, financial, health, and substance-abuse.

This current approach to EAPs is commonly called the "broadbrush approach," no longer focusing exclusively on substance abuse. Substance abuse does, however, remain a major issue. Substance abusers tend to be more easily recognizable in the workplace than persons with other personal problems, and perhaps for this reason EAP is readily associated with substance-abuse issues.

Employee Assistance Programs in the federal public service are a relatively recent innovation. In 1977, the Treasury Board of Canada gave government departments the mandate to establish EAPs. In the Correctional Service of Canada, as in other government departments, early attempts to introduce the program were somewhat unsuccessful. Misconceptions about its objectives and a lack of understanding by management and labour about this relatively new area led to only sporadic use of the EAP.

In June 1989, the Executive Committee of the Correctional Service of Canada mandated the revitalization of the Employee Assistance Program in support of Core Value 3 of its Mission: "We believe that our strength and our major resource in achieving our objectives is our staff and that human relationships are the cornerstone of our endeavour." The Correctional Service of Canada now has a broadbrush program that is supported by both management and labour and that makes use of the Peer Referral Agent concept.

Under the Peer Referral Agent concept, which does not provide for on-site, full-time professional counsellors, employees have access to peer referral agents who assure confidentiality in discussing personal situations and work concerns.

Peer referral agents are normally selected by management and unions, with the support of employees, on the basis of their credibility among their peers. It is very important for them to be highly respected in order to be effective. Once selected, peer referral agents must undergo EAP training, which focuses on situational analysis and interviewing skills. They are then better prepared to act as a link with professional resources in the community.

Some organizations make employee referrals to the EAP mandatory. While many others have made EAP voluntary, formal referrals do remain part of their program. The EAP of the Correctional Service of Canada is voluntary and functions through self-referrals, coupled with an approach of constructive confrontation. This emphasis on employees' free choice is in keeping with the current literature on EAPs, which reports that punitive disciplinary measures do not encourage employees to accept help and improve their situation and hence performance.

Self-referrals to the EAP remain the method used by most employees seeking assistance, including those of the Correctional Service of Canada. Self-referral is based on the premise that the EAP is well known to the user population and is seen as legitimate and as an acceptable or "normal" approach to seeking assistance to solve a personal problem.

The constructive confrontation approach, which proceeds in progressive stages, stems from industrial and labour-relations practices — employees with difficulties are identified through the monitoring of job performance and are confronted in a positive manner about performance changes. EAP may be suggested to the employee if the source of difficulty is a personal situation. While EAP remains totally voluntary, the consequences of continued poor performance form part of the discussion in this approach. Constructive confrontation is not confined to the supervisor-employee relationship, but may also involve peers.

In deciding to use the EAP or another form of counselling, a person generally progresses through three stages. In the first stage, the person recognizes, either through reflection or through interaction with family members, co-workers, or supervisors, that he or she has a problem. Usually, the person tries to manage the problem so that it does not disrupt work or relationships. The second stage begins when the person discovers that he or she can no longer handle the problem and must take some action. Several factors usually prompt the decision to seek help. Some individuals reflect on their own behaviour and conclude that they need help. Others seek help after being encouraged to do so by their supervisors, co-workers, friends, family or medical specialists. In the third stage, the person consults an

EAP or another resource.

With the adoption of more broadbrush EAPs, the focus on substance abuse has been toned down to remove the stigma associated with this issue among the work force. Hopefully, this approach will encourage employees in need to seek help without hesitation or apprehension.

Perspectives on Substance Abuse

Substance abuse in the workplace has been attributed to several factors, the most common of which are workplace culture, social control, alienation and stress.

The workplace culture perspective emphasizes that drinking norms may be developed within a particular workplace. Some types of occupation appear to promote heavy drinking and to influence the development of alcoholism. Occupational subcultures can dictate when and why drinking is appropriate. Furthermore, research shows that employees who socialize with co-workers outside the workplace are more likely than those who do not to consume alcohol before arriving at work.

The social control perspective posits that a lack of constraints in the workplace may lead to alcohol abuse and dependence. High-risk occupations encompass work roles with little or no supervision or interdependence with others and work roles with low visibility and frequent changes in schedules or supervisors.

The alienation perspective purports that modern organizations create a sense of powerlessness or strain in their members, who may seek relief through excessive drinking. This sense of powerlessness might arise because of work that lacks creativity, variety and independent judgment.

Finally, the stress perspective considers a number of conditions, including physical properties of the working environment, as possible "stressors." Other stressors might be monotony, role conflicts, too much or not enough work and pay inequality.

Each perspective suggests that alcohol abuse and dependence are related to both the work environment and the work itself.

Research Findings

Interesting and important research is being conducted on substance abuse, the workplace and Employee Assistance Programs. *The Journal of Applied Behavioral Science* has published a special issue on the topic. Of particular interest is Harris and Fennell's study of how employees' attitudes and beliefs about EAPs affect their willingness to participate in the programs.[1]

The authors obtained data from highly structured interviews with 150 employees of a large financial institution in a metropolitan area of the American Midwest. The sample consisted of 100 randomly selected employees and 50 supervisors.

Of the combined sample of respondents, 60% were men and 51% were classified as managerial, 25% as technical or professional, and 23% as clerical. The average education level was two years of college, and the average age was 34.

The organization in question had an established, widely known EAP that had existed for more than 20 years.

Employees' perceptions of EAPs were compared with their perceptions of other alcohol-abuse and -dependency treatment resources. When asked to rate 10 resources on a 10-point scale, respondents referred to the following attitudes and perceptions: familiarity, embarrassment and attention caused by the resource, effectiveness, trust, and control over behaviour.

Compared with other alcohol-abuse and -dependency treatment resources, the EAP received average scores for embarrassment and high scores for familiarity with the program.

In assessing employees' willingness to make use of assistance programs, the study asked respondents to rate their attitudes and perceptions on a scale of 1 to 10 with respect to their willingness to seek help from each of the resources. Results showed that employees' familiarity with the program was a major predictor of their willingness to participate.

The study also wanted to examine gender differences in opinions of the various resources and in employee willingness to participate in assistance programs.

According to the results, men and women have similar perceptions of resources for help with drinking problems. However, women's willingness to use these resources seemed to be related to their familiarity with the programs, whereas men's willingness was linked to their perceptions of program effectiveness, degree of program control and individual attention offered to clients.

Women and men appear equally willing to use EAPs and other sources of help for drinking problems. Although their reasons differ somewhat, perceptions of trust, attention, and familiarity appear to be highly important to both men and women.

Hollinger's study, which examines factors predictive of work attendance under the influence of alcohol or drugs, is another noteworthy piece of research profiled in *The Journal of Applied Behavioral Science*. The study highlights the importance of age, gender, job satisfaction and social interaction outside work.[2]

[1] *Harris, M., & Fennell, M. (1988). "Perceptions of an Employee Assistance Program and Employees' Willingness to Participate,"* The Journal of Applied Behavioral Science *(Special Issue on Substance Abuse and the Workplace: Special Attention to Employee Assistance Programs) 24, no. 4, 423-438.*

[2] *Hollinger, R. (1988). "Working Under the Influence (WUI): Correlates of Employees' Use of Alcohol and Other Drugs,"* The Journal of Applied Behavioral Science *(Special Issue on Substance Abuse and the Workplace: Special Attention to Employee Assistance Programs) 24, no. 4, 439-454.*

FORUM on Corrections Research
Substance Abuse
Volume 2, Number 4, 1990

Hollinger examined 47 organizations representing three work sectors: retail, manufacturing and hospital. Questionnaires were mailed to a random sample of employees at all levels.

Of the total sample of 9,175 respondents, 6.5% reported substance abuse at work. The lowest percentage of alcohol and drug consumption while at work was reported by the hospital employees (3.2%), followed by the retail employees (7.6%) and the manufacturing employees (12.8%).

The results also indicated that respondents under 30 years of age were almost four times as likely as their older co-workers to arrive at work intoxicated; male respondents were almost three times as likely as female workers to arrive at work intoxicated; employees who were dissatisfied with their current jobs were almost 75% more likely than their more contented peers to report to work intoxicated; and respondents who socialized with their fellow employees outside the workplace at least monthly were almost twice as likely as their less sociable peers to report for work under the influence of alcohol or other drugs.

Correctional Service of Canada EAP

- The Employee Assistance Program of the Correctional Service of Canada is currently in a revitalization phase. Unfortunately, data documenting employee usage of the program is not yet available on a national scale. To ensure employee confidentiality, information obtained is of a general nature.
- In a regional population of 2,000 Correctional Service of Canada employees, 40 substance-abuse referrals were made in one year. The majority of these employees entered an EAP as a result of employer referrals rather than self-referrals.

Future Directions for Research

Future research should consider innovative ways to assess employees' needs in a humane manner that assures confidentiality. Agencies and institutions, including the Correctional Service of Canada, need to develop approaches for seeking data to better address the needs of employees.

To facilitate the study of workplace interventions and their impact on alcohol abuse and dependency, several avenues of research must be pursued. Data need to be gathered on workplace factors that may increase the likelihood of employees' substance abuse. Future research might also examine the similarities and differences between the prevalence of substance-abuse problems in the workplace and in society at large. ■

Urinalysis: The Legal Viewpoint

by Guylaine Roy, Legal Counsel
Legal Services, Correctional Service of Canada

On May 2, 1985, the Correctional Service of Canada amended the *Penitentiary Service Regulations* (the *Regulations*) in an effort to check the scourge of drug use in penitentiaries. Section 39 of the *Regulations* was expanded to include an additional disciplinary offence:

> 39. Every inmate is guilty of a disciplinary offence who . . .
> (i.1) consumes, absorbs, swallows, smokes, inhales, injects or otherwise uses an intoxicant.

The term "intoxicant" was defined to include "alcohol, a drug, a narcotic or any other substance that causes an hallucination, but not any authorized medication used in accordance with directions given by a member or a health care professional."

At the same time, the *Regulations* were amended to allow a member of the Correctional Service of Canada to require an inmate to provide a urine sample, which, if found to contain an intoxicant, could imply that the inmate had contravened subsection 39(i.1). Thus, paragraph 41.1(1) reads:

> 41.1(1) Where a member considers the requirement of a urine sample necessary to detect the presence of an intoxicant in the body of an inmate, he may require that inmate to provide, as soon as possible, such a sample as is necessary to enable a technician to make a proper analysis of the inmate's urine using an approved instrument.

These amendments were designed to achieve three main objectives:

- to make the use of intoxicants a disciplinary offence;
- to enable members of the Correctional Service of Canada to require inmates to provide urine samples in order to detect the presence of intoxicants; and
- to establish that, in the absence of proof to the contrary or a reasonable explanation, the presence of an intoxicant in a urine sample analysed in the approved manner is evidence that the inmate has used the intoxicant.

It was not long before the legality of the new sections was challenged. In October 1985, the inmate committee of the Cowansville institution filed a

declaratory action in the Quebec Superior Court, contesting the legality of subsection 39(i.1) and section 41.1 of the *Regulations*. Thus began the case of *Jean-Pierre Dion* v. *The Attorney General of Canada et al.*[1]

The Dion Case

On August 14, 1986, Mr. Justice Galipeau of the Quebec Superior Court declared subsection 39(i.1) and section 41.1 to be null and of no force or effect.

With regard to subsection 39(i.1), Mr. Justice Galipeau declared that it contravened the right to life, liberty and security guaranteed by section 7 of the *Canadian Charter of Rights and Freedoms*.[2]

On this subject, Mr. Justice Galipeau stated:

> There is no doubt in the mind of the court that the wide and general meaning attributed by these courts to the word "liberty" encompasses the right of a citizen to consume, if only on occasion, certain intoxicants and the right not to be subject to an obligation to provide a urine sample to whomever it is that wants to detect the presence of the intoxicant in his body. (p. 2201)

He went on to say that:

> To forbid someone, even a prisoner, from consuming an intoxicant, such as alcohol or a drug, and to require him to provide a urine sample in order to test the degree of his compliance with this order places the individual in the position of seeing the security of his person threatened. (pp. 2201 and 2202)

Finally, Mr. Justice Galipeau concluded that subsection 39(i.1) of the *Regulations* was not in accordance with the principles of fundamental justice and had no place in a free and democratic society (section 1 of the *Charter*)[3] because it had no limits, was arbitrary and open to unreasonableness.

Mr. Justice Galipeau drew similar conclusions about section 41.1 of the *Regulations*. He determined that this section did not protect the inmate from unreasonableness, as it enabled a member of the Correctional Service of Canada to require a urine sample from a prisoner when the member judged it *necessary*. Mr. Justice Galipeau wondered when, for what reason and according to which criteria a member of the Correctional Service of Canada might find such a step necessary. What one individual believes necessary may not be necessary for another. Section 41.1 does not provide adequate protection against arbitrariness. Mr. Justice Galipeau made it clear, moreover, that his finding might have been different if the section had specified, as did the *Criminal Code* on the taking of breath samples (former sections 234 and 235), that a member of the Correctional Service of Canada must have *reasonable and probable* grounds to believe that the inmate has ingested an intoxicant.

As a result, Mr. Justice Galipeau declared subsection 39(i.1) and section 41.1 of the *Regulations* to be null and of no force or effect. It is interesting to note that his decision was based only on section 7 of the *Charter*, although the plaintiff had cited the contravention of other sections of the *Charter* (section 8 on unreasonable search and seizure, section 11 on protection against self-incrimination, etc.).

The Correctional Service of Canada appealed the decision of Mr. Justice Galipeau in the Quebec Court of Appeal, which rendered its decision on May 31, 1990.

As might be expected, the Quebec Court of Appeal overturned the part of the decision by the Quebec Superior Court pertaining to section 39(i.1) of the *Regulations*. We may thus consider valid the section that makes the ingestion of intoxicants an offence. Accordingly, institutions can clearly cite it for cases in which such a disciplinary offence is proven. However, the Correctional Service of Canada did not contest the Quebec Superior Court's decision on section 41.1 of the *Regulations*, in view of the decision in the *Jackson* case, rendered in the interim by the Federal Court of Canada.

The Jackson Case

The facts in the case of *Jackson* v. *Disciplinary Tribunal, Joyceville Penitentiary et al.*[4] were as follows: Inmate Jackson, at the time a prisoner in the Joyceville Penitentiary, had refused to provide a urine sample as ordered by a member of the Correctional Service of Canada. As a result of this refusal, the disciplinary tribunal charged Jackson with refusing to obey a lawful order (section 39(a) of the *Regulations*). Appearing before the disciplinary tribunal, the inmate argued that the order given was not lawful because section 41.1 of the *Regulations*, authorizing a member to order an inmate to provide a urine sample, was unconstitutional. The independent chairperson presiding at the disciplinary tribunal considered that it was not within his jurisdiction to rule on the constitutionality of section 41.1 of the *Regulations* and found the inmate guilty of refusing a lawful order. However, the independent chairperson withheld sentencing pending the disposition of proceedings on the constitutional question.

In the fall of 1987, inmate Jackson applied to the Federal Court of Canada for the following relief:

- a declaration that the presiding judge at the disciplinary tribunal had

[1] *[1986]* R.J.Q. 2196

[2] *Section 7 of the* Charter *declares that "Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice."*

[3] *Section 1 of the* Charter *declares that "The* Canadian Charter of Rights and Freedoms *guarantees the rights and freedoms set out in it subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society."*

[4] *(1990)* 55 C.C.C. *(3d) 50*

unlawfully declined to rule on the constitutionality of section 41.1 of the *Regulations*; and
- a declaration that section 41.1 of the *Regulations* contravened sections 7, 8 and 15 of the *Charter*.

On February 16, 1990, the Federal Court of Canada rendered its decision on the case. The Court concluded that:
- it was not necessary to rule on whether the independent chairperson could have rendered a decision on the constitutionality of section 41.1 of the *Regulations*, in view of the Court's other conclusions;
- section 41.1 of the *Regulations* is contrary to sections 7 and 8 of the *Charter* and does not provide a reasonable limit that is justifiable in a free and democratic society, pursuant to section 1 of the *Charter;*
- section 41.1 of the *Regulations* is not discriminatory and is not contrary to section 15 of the *Charter* (equality rights).

I will review in detail the grounds upon which the Court based its conclusions, except for the first conclusion, which is self-explanatory.

Section 8 of the Charter[5]

The Court found that section 41.1 of the *Regulations* allows unreasonable searches, contrary to section 8 of the *Charter*, as it specifies no standards, circumstances or criteria relating to its application, for the guidance of staff or inmates. Moreover, the Court rejected the argument by the Attorney General of Canada that a search was not involved as, pursuant to the *Regulations*, the inmate could refuse to provide a urine sample and thus avoid a search. The Court declared that an inmate who refused to provide a urine sample could be charged with a disciplinary offence and be subject to a punishment similar to that for a positive urine test. The Court thus concluded that the consequences for refusing to provide a urine sample were similar to those for ingesting an intoxicant and that a search would follow even a refusal to provide a urine sample. However, the Court recognized that the Service's technical procedure for testing would not constitute an unreasonable search if the *Regulations* were not otherwise unreasonable. The testing in question was the E.M.I.T.-S.T. (enzyme multiple immunoassay technique-single test) detection test, and the G.C./M.S. (gas chromatography/mass spectrometer) confirmation test.

Finally, the Court reiterated the principle established in *Martineau* v. *Disciplinary Tribunal, Matsqui Institution*[6] and in *Weatherall* v. *Solicitor General of Canada*[7] that the Commissioner's Directives and the standing orders do not have the force of law and cannot be used to support the terms of the *Regulations* or to prescribe a reasonable limit pursuant to section 1 of the *Charter*.

Section 7 of the Charter

First of all, the Court expressed its disagreement with Mr. Justice Galipeau's statement, in the *Dion* case, that any citizen, even a prisoner, has the right to become moderately intoxicated and that to deny this right by requiring a urine sample limits the right to liberty and security of the person.

The Court explained that while this statement may apply outside penal institutions, the regime within these institutions is very different. Inside, surveillance and denial of ordinary liberties are the order of the day. Inmates may possess and consume only what is authorized or provided, and anything else is considered contraband, subject to forfeiture.

While rejecting Mr. Justice Galipeau's reasoning on the violation of section 7 of the *Charter*, the Court still concluded that section 41.1 of the *Regulations* was contrary to section 7 of the *Charter*. The Court ruled that an obligation to provide a urine sample deprives the inmate of a certain security. Moreover, as refusal to comply with this obligation may entail disciplinary measures, it constitutes a breach of liberty. Finally, as section 41.1 of the *Regulations* specifies no standards, criteria or circumstances governing the obligation to provide a urine sample, the obligation is contrary to the principles of fundamental justice.

Section 1 of the Charter

Mr. Justice MacKay of the Federal Court of Canada accepted that intoxicants are the source of serious problems in penitentiaries, that society's concerns about these problems are valid and that the goal of section 41.1 of the *Regulations* was to address these concerns, to ensure order and to improve security in the institutions. However, as this regulation did not provide any standards or criteria for taking an inmate's urine sample, it did not constitute a reasonable limit justifiable in a free and democratic society.

Section 15 of the Charter[8]

The Court briefly ruled that detention as an inmate is not one of the grounds for discrimination specified in section 15 of the *Charter*. The Court thus rejected this argument.

It is interesting to note that the Court was careful to specify on several occasions that its decision related only to the facts before it and not to a broader urinalysis program that would involve, for example, random testing or the testing of well-defined target groups. Some of the Court's statements suggest that it has

[5] *Section 8 of the* Charter *provides that "Everyone has the right to be secure against unreasonable search or seizure."*

[6] *[1978]* 1 S.C.R. 118

[7] *[1988]* 1 F.C. 369 *and [1989]* F.C. 18

[8] *Section 15 of the* Charter *provides that, "Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability."*

not closed the door on such a program, provided of course that the *Regulations* define the parameters. It is, however, interesting to note that the Court did not specify which criteria, standards or circumstances might meet the requirements of the *Charter*, thus leaving the question open.

The Correctional Service of Canada decided not to appeal the decision by the Federal Court of Canada in *Jackson*, but rather to work on a new section of the *Regulations*, which would take into account the comments of Mr. Justice MacKay.

Jackson and *Dion* are the only two Canadian cases on the subject of urinalysis; therefore, the issue is far from being settled.

Urinalysis in the Community

There are no decisions by Canadian courts on the legality of urinalysis in the community. However, the National Parole Board has developed guidelines for mandatory urinalysis as a condition of release. Such a condition would normally be imposed only where necessary to reduce or manage the risk that the offender would otherwise represent, where it is the least restrictive measure available and where there is reason to believe that the offender's history of substance abuse, which has been linked to previous offences, may continue without this condition.

The Privacy Commissioner and Urinalysis

In a report entitled *Drug Testing and Privacy*, which was released last spring, the Privacy Commissioner examined various federal government programs on drug testing and their compliance with the *Privacy Act*. The report said that the Correctional Service of Canada's random mandatory urinalysis on inmates would not violate the *Privacy Act* if it was possible to prove the existence of a real threat to the security of others, if it was otherwise impossible to properly supervise the behaviour of inmates, if there were reasonable grounds to believe that the testing could significantly reduce threats to the security of others, and if there were no more subtle practical methods or combination of methods to significantly reduce the threat to the security of others.

Conclusion

Mandatory urinalysis on a random basis or on the basis of specific grounds raises many questions of compliance with the *Charter*. Steps will be taken to ensure that government urinalysis programs comply, but only time will tell whether the Correctional Service of Canada will be successful. ■

The following summaries and extracts from opinions, reports and other documents are provided for the information and convenience of the reader. However, as the extracts are not complete, the reader should refer to the actual opinion or document or consult with Legal Services at National Headquarters concerning the specific interpretation or applicability of any opinion or decision cited. If you have any questions about these or any other related matters, please contact Theodore Tax, Senior Counsel, Department of Justice, Legal Services, Correctional Service of Canada, National Headquarters, 4A-340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.

RECENT DECISIONS

In a recent decision, the Federal Court of Appeal overruled the Trial Court decision in *R.* v. *Conway* and held that the presence of female guards at all times in the living areas of male inmates for professional reasons was not unreasonable. The Trial Court had ruled that, except in emergency situations, it was unlawful for female guards to view male inmates in their cells without their express or implied consent if such viewing was neither previously scheduled nor previously announced to them by reasonable means. However, the Federal Court of Appeal decision countered that the inmate's reasonable expectation of privacy in prison must be balanced against the public interest. This public interest encompasses three objectives: providing adequate security in prisons; allowing women equal access to employment in federal prisons; and rehabilitating inmates. In this situation, these goals override the inmate's privacy interests, and female guards may perform the same range of penitentiary duties as male guards, including frisk searches and surprise counts. The Court noted that the presence of women has a significant positive impact on the inmates and the institutions.

In *The Queen* v. *Daniels*, the Court of Queen's Bench of Saskatchewan ordered, pursuant to subsection 24(1) of the *Charter*, that the inmate is not to serve any portion of her sentence in the Kingston Penitentiary for Women. The Court further declared that section 15 of the *Penitentiary Act* and all regulations and directives made thereunder contravene rights guaranteed by the *Charter*: section 7 (right to life, liberty and security of the person); section 12 (right not to be subjected to any cruel and unusual treatment or punishment); section 15 (right to equality); and section 28 (rights guaranteed equally to both sexes). Thus, the Saskatchewan Court of Queen's Bench ruled that section 15 of the *Penitentiary Act* and section 731 of the *Criminal Code* are of no force or effect to the extent that they may cause Carol Daniels or other native women from Western Canada to be sent to Kingston. This decision is under appeal.

In *Hebert* v. *R.*, the Supreme Court of Canada overturned its own 1981 ruling on the admissibility of statements made to undercover police officers by accused persons while in a prison cell. The Court held that the detained person has the right to make a meaningful choice whether to speak to the authorities or to remain silent. The scope of this right to silence must extend to exclude "tricks" that effectively deprive the accused of this

FORUM on Corrections Research
Substance Abuse
Volume 2, Number 4, 1990

choice, such as the use of undercover agents to actively elicit information in violation of the detainee's choice to remain silent. However, this right to silence is qualified by considerations of the state interest and the repute of the judicial system. Thus, police conduct designed to obtain confessions may be covert and yet legitimate if it does not actively interfere with the detainee's choice to remain silent. If a violation of the detainee's right is established, the evidence may still be admissible unless, pursuant to subsection 24(2) of the *Charter*, it meets the test for rejection, as it did in this case.

In *Duarte* v. *The Queen*, the Supreme Court of Canada ruled that although paragraph 178.11(2)(a) of the *Criminal Code* is not, in itself, unconstitutional — as it merely creates an exception to a criminal prohibition against the interception of private communications when used by an instrument of the state such as the police — it does constitute an unreasonable search under section 8 of the *Charter*. With respect to private communications, individuals have a reasonable expectation of privacy, which may only be violated by the recording of such communications without the knowledge of the individual when the state has obtained prior approval from a detached judicial officer. This decision probably will have little, if any, impact on a situation in which there is a low reasonable expectation of privacy, such as in a penitentiary. ■

It is always important and usually very difficult to keep abreast of research initiatives in corrections around the world. In an attempt to remedy this problem, at least partially, the International Overview section of FORUM profiles the results of research conducted in other countries.

In keeping with the substance-abuse theme of this issue, we have summarized an interesting and well-designed longitudinal study that was recently conducted in Sweden.

A Swedish Substance-Abuse Program: Results of the Drug Misuser Treatment Program at the Österåker Prison

Substance abuse has become a serious problem across the globe over the last two decades. This is particularly evident in the microcosm of inmate populations in various jurisdictions, including Sweden. In fact, surveys conducted by the Swedish Prison Administration indicate that at any given time in recent years, approximately 30% of the sentenced prison population could be classified as substance abusers.

Special substance-abuse programs have existed for some time in several Swedish correctional institutions. The program under study is considered the most comprehensive in the country and has been described as similar to those provided in therapeutic communities. It started in 1978 and is located in the closed national prison of Österåker.

The Österåker substance-abuse program can accommodate a maximum of 50 inmates, housed in five wings of the institution. Offenders, who must apply to enter the program, are expected to remain in it for at least eight months, but the average length of stay for offenders in the study was one year. Offenders must agree to daily urine tests to monitor possible drug use.

The sample comprised 133 inmates, who participated in the Österåker program between January 1, 1979, and December 31, 1981. Two thirds of the sample were under the age of 30. The majority (80%) had been incarcerated at least once before, and more than half were serving time for a drug-related offence. Interestingly, very few (approximately 13%) had been sentenced for a violent offence.

Of the 133 persons accepted into the program during the period under study, 53% (70) completed treatment while 47% (63) dropped out, either because they left at their own request or were expelled for violation of the terms of their program contract.

Over half of the 70 inmates who completed the program were transferred to Bogesund (a nearby open prison), one third were conditionally released directly into the community, and the remainder (14%) were transferred to local institutions pending acceptance by an external therapeutic community or an institution with special study facilities. Of the inmates sent to Bogesund, one third failed to complete their stay satisfactorily.

The program's success was measured on the basis of recidivism rates and offenders' discontinuation of substance abuse. Follow-up data for a two-year period were collected for the 133 inmates admitted to the program, regardless of whether they had completed the program or dropped out. Nearly one third of the total sample had not recidivated. Of those who did, the overwhelming majority were sentenced to new terms of imprisonment.

There was a clear difference in the recidivism rates of those who had completed the program and those who had dropped out: 46% of the graduates did not recidivate, whereas only 16% of the drop-outs did not.

Another significant difference between the two groups was the length of time on conditional release before being sentenced for a new offence. Of the offenders who completed the

FORUM on Corrections Research
Substance Abuse
Volume 2, Number 4, 1990

treatment program, 72% of the recidivists were sentenced again by the end of the first year, whereas the corresponding proportion for the drop out group was 94%.

Of the total sample, 53% misused drugs after their discharge from the program, with no significant differences between the offenders who completed the program and those who dropped out.

While some of the study findings indicate only moderate success in the early stage of the program's life, a subsequent study on inmates who were released during 1982-83 and 1983-84 reports more positive findings. According to the researchers, this is attributable to an improved selection process, more sophisticated treatment methods, and the program evolution.

The most striking difference between the findings of the two studies was in the one-year recidivism rates. A full 53% of the offenders released during 1979-80 and 1980-81 recidivated within one year, compared with only 29% of those released during the two following years.

The researchers concluded that the reduced recidivism was probably to be expected, given the changed composition of the population, which was less prone to recidivism. ■

Results of the Drug Misuser Treatment Program at the Österåker Prison (Report 1986:2). Swedish National Prison and Probation Administration, Planning and Co-ordination Unit, Research and Development Group.

This section of the magazine is devoted to short summaries of selected conferences, seminars and workshops attended by Correctional Service of Canada staff in Canada or abroad. Some effort is needed on the part of all staff if we are to take seriously the importance of sharing ideas, knowledge, values and experience, nationally and internationally. We ask you to join in this effort and contribute your reflections and observations when you attend significant events as representatives of the Correctional Service of Canada.

April 29-May 2, 1990
ADDICTIONS IN THE 90'S CONFERENCE
St. John's, Newfoundland

The Addictions in the 90's Conference was sponsored by the Alcohol and Drug Dependency Commission of Newfoundland and Labrador. The conference addressed the challenges of and responses to the expected growth in drug and alcohol problems in the 1990s.

A large number of provincial addiction agency staff, provincial corrections officials and Correctional Service of Canada representatives, primarily from the Atlantic Region, participated in the conference. Also in attendance were members of the Steering and Working Groups of the Correctional Service of Canada's Task Force on the Reduction of Substance Abuse.

The sessions on Relapse Prevention Strategies were particularly interesting. It was noted that the nature of the recovery process varies between addicts. The stages of change are contemplation, motivation and commitment, stopping alcohol and drug use and, finally, maintenance — the least emphasized stage despite the probability of relapse if it is ignored.

The Substance Abuse Pre-Release Program, developed by Dr. Lynn Lightfoot of the Addiction Research Foundation, was another highlight of the conference. Dr. Lightfoot outlined the program that was developed and piloted in Joyceville Institution for the Correctional Service of Canada.

June 4-5, 1990
DIRECTIONS FOR THE FUTURE: A NATIONAL FORUM ON OFFENDERS WITH MENTAL RETARDATION
Columbus, Ohio

Sessions offered at the National Forum on Offenders with Mental Retardation concentrated exclusively on the management and treatment of intellectually disabled offenders.

The Correctional Service of Canada was represented by Bram Deurloo, Director of Mental Health Care. Given the Service's current focus on sex offenders and the intellectually impaired as part of the Task Force on Mental Health, the sessions on treatment issues were of particular interest.

James Haaven of the Oregon State Hospital justified specialized sex-offender treatment for the intellectually impaired on the basis of cost effectiveness: Untreated sex offenders with intellectual impairment are not diverted; they serve longer terms; they are more likely to be segregated; and they are 11% more likely not to receive parole. Also emphasized was the need for a continuum of service from the institution to the community. The approach taken is similar to that of the Correctional Service of Canada — cognitive-behavioural therapy and individualized relapse prevention.

The conference was useful insofar as it confirmed that all correctional systems are experiencing an influx of offenders with mental retardation. It is particularly important to augment sex-offender treatment programs to focus on offenders with an intellectual impairment. Although these offenders cannot be integrated effectively with other sex offenders, they can be treated as a single group, regardless of the nature of their offence.

June 12-17, 1990
INTERNATIONAL SOCIETY FOR RESEARCH ON AGGRESSION CONFERENCE
Banff, Alberta

The International Society for Research on Aggression comprises many of the world's top researchers in the area of aggression. More than 100 people from around the world attended the Banff conference and presented research or theory papers. The Correctional Service of Canada was represented by three delegates. Dr. Art Gordon, Chief of Psychology/ Research, Regional Psychiatric Centre (Prairies), presented a paper entitled "Characteristics of Men Who Sexually Assault Both Children and Adults." Kathleen Kendall, who is on contract to the Correctional Service of Canada through the University of Saskatchewan, spoke about a study on the link between premenstrual syndrome and crime. Glenn André, also on contract through the University of Saskatchewan, presented preliminary data from a study on the relationship between health care utilization and subsequent criminal behaviour.

Dr. Arnold Buss reported that he was updating the Buss-Durke Hostility Inventory, one of the most widely used measures of aggression. This instrument will be analysed to determine its applicability to an offender population.

Numerous speakers reported data suggesting the consistency of aggression over time. Specifically, aggressive behaviour in children as young as six years of age may predict adult criminal and aggressive behaviour.

Dr. Ron Langevin, of the Clarke Institute of Psychiatry, proposed that the difficulties in differentiating rapists on the basis of their arousal to coercive sexuality may be due to the nature of the stimuli. Specifically, Dr. Langevin suggested using stimulus scenarios that focus on the manipulation of the victim or situation by the aggressor prior to the actual sexual assault.

The consensus evident during the conference between animal- and human-oriented researchers suggests that both biochemical-physiological and cognitive-psychological substrates must be incorporated toward an understanding of aggressive behaviour.

The Society's next meeting will take place from June 23 to June 28, 1991, in Jerusalem, Israel. A call for papers will be issued early in 1991.

June 24-27, 1990
THIRD SYMPOSIUM ON VIOLENCE AND AGGRESSION
Saskatoon, Saskatchewan

This conference was the third in a series of biennial symposia organized jointly by the University of Saskatchewan and the Correctional Service of Canada. The symposium featured an international audience, with delegates from the United States, Brazil, Poland, and other countries.

The four main themes of the symposium were the child and community, family violence, forensic treatment, and aggression research.

Dr. Richard Tremblay, a professor of psychology at the Université de Montréal, presented some interesting preliminary results of the Montréal Longitudinal Study of Disruptive Boys, which is an experimental study of the development of boys who were rated as disruptive in kindergarten.

Dr. Frank Porporino, Director General of Research and Statistics, discussed the Correctional Service of Canada's current research issues: early intervention with offenders, inmate motivation for treatment, situational antecedents of violent reoffending, and family conflict (which has been found to be a common precursor to reoffending).

Dr. Art Gordon, Chief of Psychology/Research, Regional Psychiatric Centre (Prairies), discussed the institutional treatment of sex offenders. According to Dr. Gordon, the average rapist, unlike the incest offender and the pedophile, does not present unique needs and problems and therefore does not require unique treatment.

July 8-11, 1990
45TH INTERNATIONAL CONFERENCE OF THE CORRECTIONAL EDUCATION ASSOCIATION
Vancouver, British Columbia

"International Perspectives on Corrections" was the conference theme — and an appropriate theme, given the attendance of delegates from at least 19 countries. This event was well attended by Correctional Service of Canada staff, primarily from the Pacific Region and National Headquarters.

Elizabeth Fabiano, Senior Officer, Education and Personal Development, outlined the objectives, implementation and evaluation framework of Living Skills Programming in the Correctional Service of Canada. Participants regarded this initiative as promising and consistent with program directions needed for the future.

Four major programming themes emerged during the conference: there is a need for better data on viable programs; correctional programs cannot cure all the ills of the world; we should be more comfortable with the notion that educational programs are important in themselves; and we must pay attention to factors that lead to a criminal lifestyle, such as issues of identity and thought processes, in order to have an impact on the individual offender. ■