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Are Drug Treatment Programs in Prison Effective in Reducing Recidivism Rates?
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Abstract

Much of the United States prison population consists of offenders who have some sort of substance abuse problem. There are now substance abuse treatment programs that are offered in prisons to help rehabilitate these offenders in hopes that they will not commit further crimes once they are released into the community. The question is, are these drug treatment programs offered in prison effective in reducing recidivism rates? The proposed study involving therapeutic drug treatment communities in 20 different prisons can help determine this. Individuals chosen to participate in the drug treatment program within the prison will be compared to another group of inmates who also have a drug abuse problem but were not chosen to receive treatment. Subsequent to their release from prison they will have follow up periods in given intervals to see if any of them recidivated. This data will help determine if there was a difference between the two groups in terms of their recidivism rates.

Many studies have shown that individuals who use illicit drugs are more likely to engage in further criminal conduct. It is a fact that drug users are responsible for a disproportionate amount of crime. Prisons are being filled with individuals who have some sort of substance abuse issue. Many of their offenses are related to drug use in some way whether they were under the influence during the commission of a crime, committed the crime in order to support their habit (ex. stealing), or their offense was directly related to a drug crime (possession, sale of drugs). Many prisons now offer drug treatment programs for offenders to participate in during their time behind bars. The hope here is that when they eventually get released back into the community they will be rehabilitated and no longer commit crimes such as the ones mentioned above relating to the use of illicit drugs.

Literature Review

Experts in the field of criminal justice have previously examined the question of whether the substance abuse treatment programs available in prisons are effective in preventing individuals from reoffending. The literature they have provided based on their past experiments can be helpful in conducting future studies.

One specific type of treatment program is a therapeutic community (TC). Several of the studies that have already been implemented have used this approach. Olson (2014) and Prendergast (2003) Pelissier (2005), Belenko (2004), Johnson (2012), Holmberg (2012) and Hiller (1999), all specified that this was the type of program that was used to carry out their experiment. When looking at multiple different sites it helped to standardize the programs by making sure they were all working in accordance with this one approach. Intensive TC's are also found to be one of the most effective types of drug

treatment programs offered in prisons. This is a common type of treatment program that involves group meetings, counseling sessions, classes, seminars, and other group activities and exercises. There is a strong emphasis on personal reflection and learning how to take responsibility for one's own actions. Usually the participants live in a group setting with just the other individuals in the therapeutic community and are encouraged to hold their fellow group members accountable for their own sobriety. They are meant to support one another and help each other through the ups and downs on the road to recovery. The goal is to adjust their thinking patterns in order to change their behavior and become law-abiding citizens who are able to maintain sobriety once they are back in the community.

Several previous investigations have taken into account predictor variables that could have an impact on whether or not participation in drug treatment programs will be successful for each individual. These variables can range from the demographic and socioeconomic status of the participant to their prior history. Olson (2014), Wallace (2001), and Pelissier (2005), have all identified several variables and made sure that they are controlled for and accounted for in their studies. Some of the control variables that they pointed out included the offender's race, ethnicity, age, marital status, if they had children, education level, employment status before arrest, mental health problems, gang affiliation, living situation after release, and region of origin. Other variables that they deemed necessary to take into account were related to the offender's criminal history such as number of prior arrests, number of previous prison sentences, total time served, age at first commitment, and type of prior offenses (violent, drug, etc.). Further control variables were related to the specific crime that the offender was in prison for most

recently. This included the current conviction offense type and felony class, the amount of time being served for it, and whether or not they were on supervision at the time of the offense they are currently serving time for. Lastly, these experts recognized details involving the participant's history of drug use as important predictor variables. For example, their frequency of substance use, when they began using, type of daily drug use in the year before arrest, along with previous treatment history and treatment completion. These are variables that can't be ignored because they could serve as explanations for certain outcomes. Wallace (2001) and Pelissier (2005) also pointed out the fact that the level of supervision the participant is receiving following release from prison can be a factor in determining whether or not the treatment was successful in reducing recidivism. This is because those who are under a higher level of supervision and are being more closely monitored have a higher likelihood of being caught. Therefore they created several measures categorizing the individuals by level of supervision. For example, they would consider whether or not they were going to be staying in a halfway house, how often they would have contact with a probation or parole officer, how often they would be subject to a urinalysis test, etc. For the study done by Pelissier (2005) they were able to obtain the predictor information from BOP automated data files along with one on one interviews with the participants through informed consent.

Many of the previous studies such as the one done by Burdon (2011) stressed random assignment as an essential element to the experiment. Olson (2014) and Belenko (2004) both emphasized the importance of a random selection procedure that also matched the individuals participating in the study as closely as possible to those in the comparison group. The sample of comparison group inmates was stratified matching

them with the treatment participants based on characteristics such as age, race, gender, drug use, length of time served in prison, prior convictions and prison sentences, and desire for treatment. Holmberg (2012) carried the experiment out in a similar way where inmates were matched based on their statistical likelihood to reoffend. The aim in all of these studies was to make the two groups as similar as possible with participation in treatment being the only difference. Along these lines, Olson (2014) and Wallace (2001) made sure to use subjects that were all being released during the same time period as one another. The inmates who participated in treatment and the inmates in the comparison group were both released from prison during the same three-year period as each other. This helped account for any historical events or things going on in the outside world during a certain period of time that could have affected the outcome of the experiments.

It is important to have multiple different sites as Pelissier (2005) and Wallace (2001) both were sure to do in their studies. Instead of evaluating just a single implementation of a treatment program, they collected data from multiple different prisons. This is because the results can be largely dependent on the characteristics of that one particular site. Some treatment programs may be more effective than others. Even when an attempt is made to standardize programs there is always going to be variations. This could have to do with the staff experience and training, the intensity of the program, the way in which it is implemented, the level of attention and support provided to the inmates, or other unique aspects of the program. By using several different prison programs they were able to get more accurate results that were representative of prison systems as a whole. Peters (2015) used records from a comprehensive database from the Iowa Department of Corrections (IDOC) that combined information on courts,

corrections, and treatment for all individuals who have come in contact with the criminal justice system across the entire state. Having a single database like this helped ensure consistent measurement of outcomes and treatments and allowed for the analysis of all treatment interventions across the state instead of a single treatment program in a given location.

Because of the research topic, the studies previously done had to be longitudinal, some being longer than others. In order to measure outcomes many of the studies had follow up periods of at least 12 months. Prendergast (2003) had a 12-month follow up period while Pelissier (2005) had a three-year follow up period where check in's would occur at the 6 month mark, the 18 month mark, and the three year mark. The study done by Olson (2014) had more of a focus on the long term effects of the prison based treatment programs. Here the post discharge recidivism rates for the participants in this study were examined for a minimum of six years and an average of almost seven years. This way they could examine the programs effectiveness at reducing recidivism several years later rather than just short term.

For the study done by Pelissier (2005) follow up data was collected through telephone interviews with probation officers for those released from prison to supervision. The information collected should be on the regularity of urine testing, the date of each positive urine test and the type of drug they tested positive for, and the date and type of arrest for any arrests that took place within this time period. For any of the participants that were not under supervision arrest data could be gathered from the National Crime Information Center data. Prendergast (2003) was able to obtain data through 12 month follow up interviews to gather self report data in order to gain

information on the number of days to first illegal activity, the type of arrest, and the number of months incarcerated during those 12 months. Data regarding the number of days until their first re-incarceration and the type of offense it was for can also be gathered from the Department of Corrections where the study is taking place (California). Participants could also voluntarily give hair and nail samples to help determine if they had re used. Olson (2014) was able to gain access to prison admission records in order to determine if the participants had returned or not.

There are many similarities shared between the previous studies that have been conducted in the past relating to drug treatment programs in prison and their effectiveness in reducing recidivism. There is a general consensus that participating in a substance abuse treatment program while in jail can help reduce an individuals likelihood of recidivating. With that being said there are several variables that experts have previously identified that could have an impact on the outcome of such experiments.

Proposed Study

The purpose of the proposed study is to add to the knowledge already gained regarding the effectiveness of drug treatment programs in prisons and to see if by participating in one it can help reduce an individual's likelihood of reoffending. The proposed study involves the comparison of a treatment group of inmates and a non-treatment group of inmates from 20 different prisons. There will be 1000 inmates involved in the study in total but only 500 of them will be participating in the treatment program. Post release from prison each inmate will be followed up with multiple times over the course of several years. Data will be collected on the individuals to see if they committed further crimes, were sent back to prison, or continued their substance use

following their release. The data collected from the individuals who received treatment will be compared to those in the non-treatment group to see if there are any differences that their involvement in the treatment or lack of could be responsible for.

Hypothesis

After examining previous literature I hypothesize that the individuals who receive treatment for their substance abuse problem while in prison will be less likely to reoffend following their release than those who did not receive treatment. Thus prison drug treatment programs are effective in reducing recidivism rates if implemented correctly.

Method

Variables

The independent variable in this experiment will be whether or not the participants participated in a drug treatment program while in prison. The dependent variable will be whether or not the participant's recidivate following their release from prison. There are several other independent variables that may impact the participant's likeliness to recidivate. These variables include race, age at release, marital status, education level, number of children, gang membership, location, employment history, having a spouse with a substance abuse problem, type of daily drug use in the year prior to arrest, drug and alcohol treatment history, DSM-III-R diagnoses of antisocial personality or depression, mental health treatment history, and living arrangement upon release. Other variables relate to the participant's criminal history and history of prior commitments such as age at first commitment, prior prison sentences, prior arrests, number of prior arrests for violent crimes, and number of prior arrests for drug crimes. Additional variables have to do with the specific crime they were last sent to prison for

and its offense type (ex. violent) along with the months served in prison for it. These predictor variables can be measured by gathering data from the individual through one on one interviews with informed consent. Other predictor variable information related to things such as the offenders criminal history can be gathered by getting permission from the Bureau of Prisons to obtain information from their automated data files.

Sample

Participants will be 500 inmates from 20 different prisons. There will be 25 inmates selected from each prison to participate in a prison drug treatment program. There will also be a comparison group of 25 inmates from each of the 20 prisons. Both the inmates receiving treatment and the ones in the comparison group will be inmates who have a known substance abuse problem. Whether or not they are selected for treatment or not will be determined randomly and is not voluntary. The individuals in the comparison group will be matched as closely as possible to the individuals in the treatment group. This will be done by stratifying the comparison group of inmates to match them with the treatment participants based on specific characteristics such as age, race, gender, drug use, crime they are in prison for, length of time served in prison, prior convictions and prison sentences, desire for treatment, and their statistical likelihood to reoffend.

Instrumentation

The instrumentation used to measure the results of this experiment will consist of interviews with probation and parole officers along with gathering data from the Department of Corrections and the National Crime Information Center. This is a longitudinal experiment where data will be collected over a period of five years. The

data will be collected in 6-month intervals. For those being released from prison to supervision, telephone interviews will be conducted with their probation or parole officer every six months. Information collected from these interviews will be on any positive urine tests, the date they occurred on and the type of drug they tested positive for. Information will also be gathered on the date and type of arrest for any arrests that took place within this time period and the number of days until their first re-incarceration. Arrest data will also be gathered from the Department of Corrections in the area that the experiment is taking place to see if any of the participants have returned to prison within that time period and the number of months they spent incarcerated. Data from the National Crime Information Center will be collected to provide more information on the type of offenses that occurred for those who are not on supervision.

Procedures

Inmates selected to receive treatment will participate in a 3-month intensive therapeutic community (TC) treatment program prior to their release from prison. They will be required to attend group meetings, counseling sessions, classes, and seminars, along with participation in other group activities and exercises aimed at maintaining sobriety. The comparison group will not receive and treatment for substance abuse. The members of both groups will all be released from prison during the same two-year period. Following their release from prison information will be collected on each individual to see if the re-offend within a five year period of time. It is possible that different results may be obtained based on the level of supervision the individual receives following their release from prison. Those receiving a higher level of supervision may be more likely to be caught recidivating than those with minimal or no supervision. To help account for

this, the individuals will be categorized into their respective levels of supervision. These categories include halfway house, intensive supervision, minimal supervision, and no supervision. The post discharge data will then be examined and coded taking this into account along with the variables previously mentioned. With this data we will be able to determine if there were any differences between the individuals receiving treatment while in prison and those in the comparison group in terms of recidivism rates. This will help further our understanding about whether or not the substance abuse treatment programs in prison are effective in reducing recidivism rates.

Expected Results

It is expected that participation in the therapeutic communities for three months prior to an inmates release from prison will decrease the likelihood that the offender will reoffend. These are intensive treatment programs designed to instill new values in the individual and teach them to take responsibility for their actions along with helping them maintain sobriety. Those who are treated for their substance abuse problem are less likely to relapse than those who receive no treatment. If they are able to stay sober this should reduce their likelihood of reoffending because as stated before many of the crimes these individuals are committing are drug related. However, I do think that some of the variables may play a significant role in their likeliness to reoffend regardless if they receive treatment or not. Depending on circumstances such as the extent of their substance abuse problem, their criminal history, and their willingness to rehabilitate themselves the results could be affected. Since it is not voluntary some individuals may be selected for it who have no desire to maintain sobriety or change their habits. In some cases they may still be able to be helped but there are some situations where they are

going to reoffend when they get released into the community regardless. Furthermore, I also expect that those who continue to seek treatment in the community following their release from prison will have a lower likelihood of reoffending.

Discussion

A limitation of this study could be the possibility that some people might reoffend without getting caught. Not every crime that occurs gets reported and not everyone who commits a crime gets caught. Therefore this could affect the results if people are recidivating but the data is not being gathered on it. As mentioned before, we will attempt to account for some of this by categorizing them into their respective levels of supervision but there is still a possibility of this happening. Another possible issue with this study is that some people who really need treatment for their substance abuse problem may not receive it. Members of both the treatment group and the comparison group all have some sort of abuse issue however only half of them will be chosen to receive treatment. This is because there needs to be a comparison group to see if there are different outcomes for those receiving it and those not receiving it. This process is random and is not voluntary so some people may not be selected for it who need it more than others. This study can potentially have policy implications. If the drug treatment programs are found to be effective it will help support the idea behind requiring inmates with a substance abuse problem to participate in some sort of drug treatment program while behind bars.

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