

Rapid #: -8237504

CROSS REF ID: **343893**

LENDER: **FGM :: Main Library**

BORROWER: **DLM :: Main Library**

TYPE: Article CC:CCL

JOURNAL TITLE: Corrections management quarterly

USER JOURNAL TITLE: Corrections management quarterly.

ARTICLE TITLE: Measuring the Impact of Drug Treatment: Beyond Relapse and Recidivism

ARTICLE AUTHOR: Butzin et al.

VOLUME: 3

ISSUE: 4

MONTH:

YEAR: 1999

PAGES: 1-7

ISSN: 1096-8490

OCLC #: 36915009

PATRON: **Pugh, Brandie**

PATRON ID: bpugh

Processed by RapidX: 8/4/2014 1:43:09 PM

This material may be protected by copyright law (Title 17 U.S. Code)

Measuring the Impact of Drug Treatment: Beyond Relapse and Recidivism

Clifford A. Butzin, Frank R. Scarpitti, Amie L. Nielsen, Steven S. Martin, and James A. Inciardi

Successful completion of a work release drug treatment program showed beneficial effects on standard outcomes of relapse and recidivism 18 months after release from prison, as well as employment, income, income derived from crime, and alcohol use. Participation without completion also showed some benefits. There was a significant interactive relationship between employment and treatment with respect to drug use. A group with no treatment showed an expected negative effect of unemployment, while for those who had participated in treatment, unemployment was not associated with increased relapse. Participation in treatment appears to have a protective effect against the expected negative consequences of unemployment.

Key words: drugs, employment, recidivism, relapse, treatment

THE THERAPEUTIC community (TC) has become a widespread treatment alternative in recent years and is a popular treatment modality for substance abusers. This popularity is warranted because most evaluations of TCs suggest that this treatment approach is successful in reducing relapse and recidivism of clients. This is true particularly of clients who are the least deviant, for those who remain in treatment for optimal lengths of time (generally recognized to be 9 to 12 months), and for those who complete treatment programs as opposed to those who experience only part of the TC regimen.¹⁻³ Further, evaluations of prison-based TCs, often involving more deviant clients, suggest that such programs also reduce the recidivism and relapse rates of inmates after they are released into the community.⁴⁻⁶

Although prevention of relapse and recidivism are the obvious goals of these programs, the primary model of TCs is habilitation, or in some cases, rehabilitation.⁷ Habilitation is defined by DeLeon as the

Clifford A. Butzin, PhD, is a Research Scientist, Center for Drug and Alcohol Studies, University of Delaware, Newark, Delaware.

Frank R. Scarpitti, PhD, is a Professor, Center for Drug and Alcohol Studies, University of Delaware, Newark, Delaware.

Amie L. Nielsen, PhD, is Assistant Professor, Department of Sociology, University of Miami, Coral Gables, Florida.

Steven S. Martin, MS, is a Scientist, Center for Drug and Alcohol Studies, University of Delaware, Newark, Delaware.

James A. Inciardi, PhD, is Professor and Director, Center for Drug and Alcohol Studies, University of Delaware, Newark, Delaware.

Portions of this article previously were presented at the annual meeting of the Academy of Criminal Justice, March 10, 1999. Support was provided by the National Institute on Drug Abuse grant DA06124.

development of a socially productive, conventional lifestyle for the first time in the client's life.⁸ Indeed, addiction is a symptom, not the essence of the disorder, and abstinence from drug use is but one part of what TCs seek to do. TCs try to produce a global change in lifestyle: abstinence from illicit substances, elimination of antisocial activity, employability, and prosocial attitudes and values. This model suggests outcome measures should attempt to assess issues of social productivity and prosocial behaviors. Recent work in the alcohol literature⁹ and particularly the health care literature¹⁰ emphasize quality of life and functioning in several areas of life as measures of success and suggest the importance of defining more broadly what constitutes successful treatment outcomes.

Of specific interest here are issues related to post-treatment employment. Given the emphasis placed on work in most treatment programs, an examination of the relationship of this variable to posttreatment is warranted. The relationship between unemployment and negative outcomes, specifically crime and drug use, generally is accepted and supported empirically.¹¹⁻¹³ This effect of employment is so accepted it is regularly used as a measure of the efficacy of treatment programs, though a reciprocal relationship between outcomes and unemployment rarely is given specific notice.¹⁴ There is the implication in many cases that a program that produces less relapse to drug use also will produce less unemployment. As a corollary, programs that reduce the level of unemployment are, de facto, considered to reduce the likelihood of relapse to drug use.

However, while employment clearly is linked to drug use, treatment programs nonetheless may be able to impact drug use independently of employment changes.¹⁵ Indeed, the argument has been made that it may be better not to expend scarce treatment resources attempting to resolve needs distal to the drug-using behavior.¹⁶ Therefore, the present analysis examines unemployment and relapse as possibly independent factors (i.e., treatment programs may reduce relapse to drug use regardless of any changes in employment per se).

In this study, the authors consider outcomes for drug-involved prison clients of a community-based transitional therapeutic community treatment and aftercare program (CREST) in Wilmington, Dela-

ware, the first dedicated work release TC in the nation. Outcomes 18 months after leaving prison are considered for three groups: (1) those who completed the TC program, (2) those who entered but failed to complete the program, and (3) a comparison group assigned to the regular work release correctional program. The authors hypothesize that clients who completed CREST should be living more prosocial lives, particularly as measured by employment and related behaviors, as well as by traditional relapse and recidivism measures, than clients who did not complete the program or drug-involved releasees assigned to the comparison group.

The CREST Program

The CREST Outreach Center is a six-month residential, community-based TC for prison inmates with histories of substance abuse. The TC serves both male and female clients and has been operating for the past eight years. It was the nation's first combined therapeutic community and work release facility. The program integration is based on the belief that work release enhances TC treatment and serves to integrate the program's criminal justice clientele into society. Despite this integration of TC and work release, the program is similar to other therapeutic communities in structure and function. The program is peer based, with clients actively involved in running the day-to-day activities and maintaining the structure of the program. In addition, consistent with other therapeutic communities, CREST incorporates the TC elements of community structure, hierarchy, and confrontation in its attempts to rehabilitate clients.

In this six-month program, clients are immersed completely in the TC portion for the first three months. In the first month, they are in the "orientation phase," in which they learn the rules, the argot, and treatment philosophy. In the second phase,

The program is peer based, with clients actively involved in running the day-to-day activities and maintaining the structure of the program.

which lasts approximately two months, clients are involved actively in the TC, engaging in job functions and all treatment activities; it is during this phase that they most actively work on their issues and are being rehabilitated intensely.

After completion of the orientation and primary phases, clients then move to job seeking and work for pay in the outside community. The work release phase lasts approximately three months and is designed to complement the previous two treatment phases. Although clients' main focus is working, they continue to participate in treatment-related activities when in the facility. The therapeutic focus during this phase is on helping clients deal with having contact with the outside community and helping them apply some of the tools they learned for living "prosocial" lives. Following the completion of the CREST program, clients live in the community but continue to return to the facility for six months to participate in group and individual session after-care.^{17,18}

Methodology

To examine treatment outcomes, data were gathered from inmates selected to participate in the CREST Outreach Center, as well as from a comparison group of drug-involved inmates who entered Delaware's traditional work release program. Criteria for inclusion in the study included a willingness to participate in all aspects of data collection, a history of drug use, and release eligibility. Clients leaving treatment after being assigned did so for a variety of reasons, including relapse, escape incorrigibility, or dissatisfaction with the treatment regimen.

Data were collected at baseline (while still incarcerated) six months after entering the TC or being released from prison and 18 months after leaving prison. In these interviews, clients were asked a range of questions involving such issues as demographics, psychological information, employment history, drug use, and criminal behavior. In addition, clients also voluntarily provided urine and blood samples after each interview. They received \$25 for participating in the interview and \$25 for providing the samples.

Outcomes are based primarily on self-report data, though data concerning drug use was based on uri-

nalyses as well. In the follow-up interviews, data pertaining to the 30-day period preceding the interview were a particular focus. The data presented here are restricted to those who had been followed for at least 18 months after leaving prison and entering the transitional programs.

Evaluation Variables

To examine the issue of habilitation, the authors considered several different outcome variables. Recidivism variables measured whether former clients were arrested at any time during the 18-month period and whether they were incarcerated at the 18-month follow up. For clients not incarcerated at 18 months, the authors considered two relapse measures: (1) whether any drugs were used in the previous 30 days based on combined self report and urinalysis information and (2) the self report of the number of days illicit drugs were used in the past 30 days.

Several outcomes related to employment and income also were included. Respondents were asked for present employment status, estimates of their household income for the past year, and whether any of that income came from criminal activities.

Analysis

The results presented below present comparisons of the outcome variables for program completers, non-completers, and the comparison group. If the program is habilitating clients, it is reasonable to assume that those clients who completed the program should be living more conventional lives (as measured by the outcome variables) than those who did not complete the program and those who never were exposed to the program.

Statistically, the bulk of the data were frequencies that were analyzed using chi square techniques, with a few instances of quantitative data analyzed using analysis of variance methods.

Table 1 presents the demographic characteristics of the participants in this study. Most noticeable is the general similarity between the 212 program completers, the 122 non-completers, and the 250 participants in regular work release programs. The higher proportion of African Americans in the

Table 1

DEMOGRAPHICS FOR TREATMENT PARTICIPANTS AND RELEASEES WITH NO TREATMENT

	Complete	Non-complete	Comparison
N	212	122	250
Male	157 (74%)	101 (83%)	202 (81%)
*African American	165 (78%)	86 (71%)	166 (66%)
Previous drug treatment	176 (83%)	100 (82%)	190 (76%)
Employed before prison	108 (53%)	65 (55%)	155 (62%)
Age (mean)	30.7	29.4	29.8
Prison sentences	3.0	3.2	3.2

* Statistically significant difference, $p < .05$.

completer group is statistically significant. That group also had a modestly higher proportion of females and was slightly older, although both differences were statistically insignificant. Of the 334 TC clients in this sample, 63 percent completed the program.

Results

Table 2 shows outcome variables for the three groups. The "Any Relapse" variable represents individuals who reported any drug use at any time since release in the six-month or the 18-month interviews, or had a positive urinalysis at 6 or 18 months. The "Any Arrest" variable represents individuals who reported an arrest in either the 6- or 18-month interview. Those who completed the program showed significantly lower rates of arrest and relapse than the other two groups. The non-completer group also had lower rates for both variables than did the comparison groups, though only the relapse difference was statistically significant.

The third line of Table 2 indicates those incarcerated at the 18-month follow-up interview. The completer group had a significantly lower incarceration rate than the other groups.

Respondents were asked to estimate their income for the last year during the 18-month interview. The mean estimated income is presented in the fourth line of Table 2. The completer group had a significantly higher income than those who did not complete the treatment program. The reported income of the comparison group was not significantly different from either other group.

Respondents then were asked whether any of the above income derived from criminal activity. The final line of Table 2 shows a significantly lower percentage of the completer group reporting that any of their last years' income came from crime.

Self reported employment status at the 18-month interview is presented in Figure 1. The completer group had a significantly higher level of employment than either of the other groups. The non-completer

Table 2

OUTCOMES AT 18 MONTHS AFTER RELEASE FROM PRISON

	Complete	Non-complete	Comparison
N	212	122	250
*Any Relapse	129 (61%)	89 (73%)	213 (85%)
*Any Arrest	61 (30%)	62 (52%)	142 (57%)
*Presently Incarcerated	44 (21%)	45 (37%)	83 (33%)
*Income for last year (mean)	12,700	8100	11,000
*Any income from crime	37 (20%)	26 (27%)	67 (31%)

*Statistically significant difference, $p < .05$.

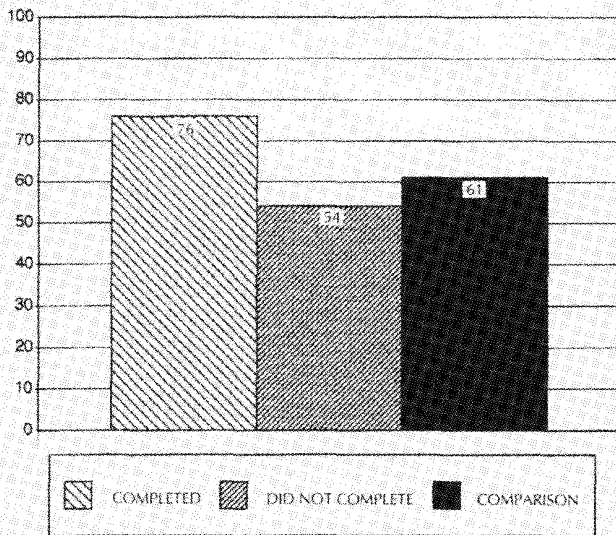


Figure 1. Percentage employed 18 months after release from prison, by treatment history

group had a lower employment rate than that for the comparison group, though the difference was non-significant.

In this and the following figures, only respondents not incarcerated at the 18-month follow up are included; 164, 72, and 171 respondents for the completer, non-completer, and comparison groups, respectively. The outcomes represented by these

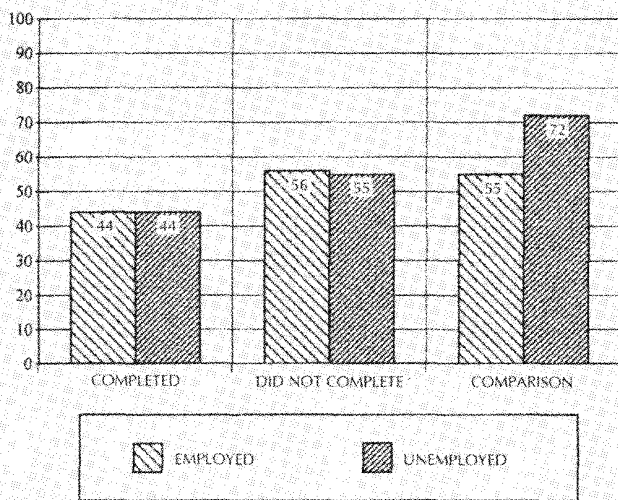


Figure 2. Percentage reporting illicit drug use in the past 30 days or testing positive, by employment and treatment history

figures are for the 30-day period before the 18-month interview, hence, only those respondents who were "on the street" during those periods were examined.

Figure 2 shows the percentage of CREST completers, non-completers, and the comparison group not incarcerated at 18-months who reported use of any illegal drugs in the past 30 days or whose urinalysis was positive. For those respondents who were employed, the differences in drug use were non-significant, though somewhat lower for the completer group. However, the differences for the members of these groups who were unemployed were substantial and statistically significant. Most striking is the dramatically higher rate of drug use for those unemployed in the comparison group.

As can be seen in Figure 3, the above differences in incidence of drug use also are reflected in an increased frequency of use among those unemployed in the regular work release group. These data are the self reports of the respondents as to the number of days of illegal drug use in the last 30 days. Again, the differences between the employed respondents were modest and non-significant. For those unemployed, the lack of exposure to treatment was reflected in a substantially and significantly higher frequency of drug use. It also is shown statistically in a significant treatment group by employment status interaction in a two-factor analysis of variance, $p < .001$, indicating that the level of relapse associated with unemploy-

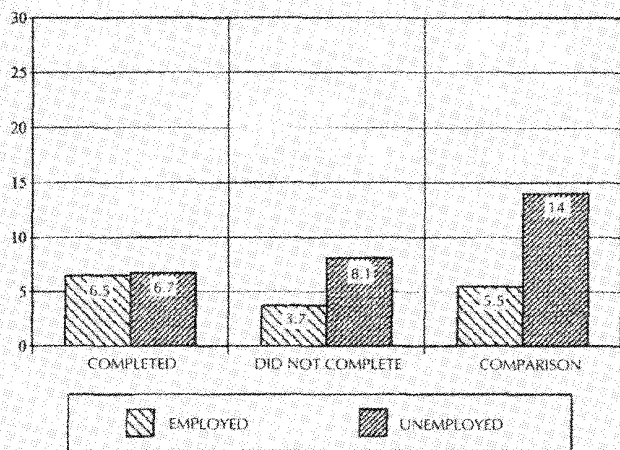


Figure 3. Days of reported illicit drug use in the past 30 days, by employment and treatment history

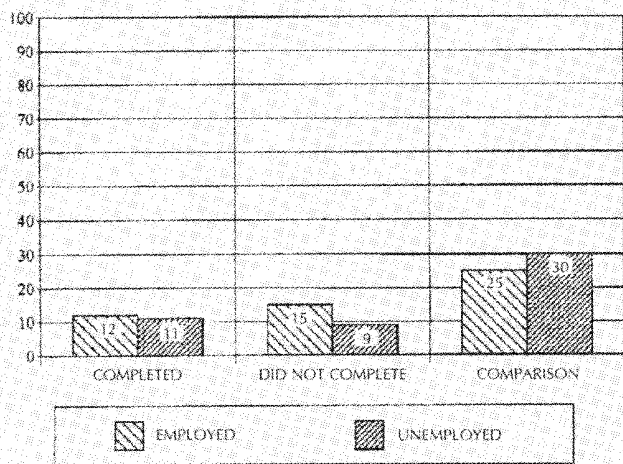


Figure 4. Percentage reporting any drunkenness in the past 30 days, by employment and treatment history

ment was significantly different depending on treatment status. In particular, the unemployment effect was significantly larger for the comparison group.

Figure 4 shows the incidence of reports of any episodes of alcohol consumption to the point of drunkenness in the last 30 days. These data show a lessened and insignificant effect of employment, especially compared with the use of illegal drugs. Regardless of employment status, those who participated in the TC treatment program, whether completed or not, reported a substantial and significantly lower incidence of drunkenness than did the comparison group.

• • •

In this article, the authors were interested in looking beyond traditional outcome measures for drug treatment and in considering additional outcomes that are more consistent with the goal of "habilitating" clients. Indeed, TCs, including CREST, explicitly have as a goal the habilitation of clients, referring to DeLeon's notion of helping clients become "socially productive" and leading a "conventional lifestyle for the first time in their (client's) lives."^{8(p.8)} Although TCs try to produce a "global change in lifestyle, abstinence from illicit substances, elimination of antisocial activity, employability, prosocial attitudes and values,"^{8(p.8)} the traditional outcome measures of recidivism and relapse are not necessarily comprehen-

sive measures of all that is involved in "habilitation."

The authors have sought to operationalize aspects of habilitation more fully by examining employment and income from crime in addition to recidivism and relapse. In doing so, this study compared CREST completers with clients who did not complete the program and with members of a comparison group who experienced traditional work release.

As a whole, these results indicate that CREST indeed is having a habilitative effect on clients who complete the program relative to those who do not. Compared with the non-completers, completers are less likely to be incarcerated at 18-months; of those not incarcerated at that point, completers also are more likely to be employed and are less likely to have household income from crime. Although borne out by the incarceration percentages, this latter result further suggests more conventional behavior for CREST completers than their non-completer counterparts.

Comparing program completers and those not exposed to the program at all also indicates the positive habilitative effects of the TC. While the two groups differ significantly in the proportion employed at the time of the 18-month follow up, there are even more dramatic differences between those in each group who are not working. Fewer unemployed CREST graduates used drugs in the 30-day period prior to the interview and those who did use drugs used them less frequently. Unemployed CREST graduates also reported significantly less crime income and less drug use of all types compared with unemployed comparison group members.

The results suggest that exposure to a TC work release environment can moderate expected negative effects of unemployment. Such an effect differs from what are at least the implications of the extant literature: that employment is a necessary precondition to the prevention of relapse. It appears that these effects are not a necessary result of unemployment but are modifiable. It certainly is not suggested that employment is not a continuing goal or that unemployment should be an acceptable state for the clients of any treatment program. However, it is hardly realistic to expect that any of the groups examined here would approach 100 percent employment. In the context of the chronic shortage of jobs in many of the relevant neighborhoods and the current movements in welfare reform that seem likely to exacerbate that short-

age, it may be unrealistic to expect treatment programs directed toward drug use to be able to have a dramatic impact on employment patterns. Nevertheless, because employment is tied so intricately to one's assessment of self worth and individual success, failure to have work somehow must be accounted for in some justifiable way. Therapeutic community treatment programs may well do this, even somewhat inadvertently, for those unable to find and/or hold a job.

REFERENCES

1. G. De Leon, *The Therapeutic Community: Study of Effectiveness*. Rockville, MD: National Institute on Drug Abuse, 1984.
2. G. De Leon, et al., "The Therapeutic Community: Success and Improvement Rates Five Years after Treatment," *International Journal of the Addictions* 17 (1982): 703-747.
3. H.K. Wexler and R. Williams, "The Stay 'N Out Therapeutic Community: Prison Treatment for Substance Abusers," *Journal of Psychoactive Drugs* 18 (1986): 221-229.
4. H.K. Wexler, et al., "Outcome Evaluation of a Prison Therapeutic Community for Substance Abuse Treatment," *Criminal Justice and Behavior* 17 (1990): 71-92.
5. G. Field, "Oregon Prison Drug Treatment Programs," in *Drug Abuse Treatment in Prisons and Jails*, ed. C.G. Leukefeld and F.M. Tims, NIDA Research Monograph, No. 118, 142-155. Washington, D.C.: U.S. Government Printing Office, 1992.
6. J.A. Inciardi, et al., "An Effective Model of Prison-Based Treatment for Drug-Involved Offenders," *Journal of Drug Issues* 27, no. 2 (1997): 261-278.
7. G. De Leon, "The Therapeutic Community: Toward a General Model," in *Therapeutic Community: Advances in Research and Application*, ed. F.M. Tims, et al., NIDA. Research Monograph 144. Washington, D.C.: U.S. Government Printing Office, 1994.
8. G. De Leon, "The Therapeutic Community for Substance Abuse: Perspective and Approach," in *Therapeutic Communities for Addictions*, ed. G. De Leon and J. Ziegenfuss, Jr. Springfield, IL: Charles C. Thomas, 1986.
9. T.F. Babor, et al., "Issues in the Definition and Measurement of Drinking Outcomes in Alcoholism Treatment Research," *Journal of Studies on Alcohol* 12 (1994): 101-111.
10. A. Leplege, "The Problem of Quality of Life in Medicine," *The Journal of the American Medical Association* 278 (1997): 47-50.
11. M. Eisenberg and T. Fabelo, "Evaluation of the Texas Correctional Substance Abuse Treatment Initiative: The Impact of Policy Research," *Crime and Delinquency* 42 (1996): 296-308.
12. J.D. Hawkins and M.W. Fraser, "The Social Networks of Drug Abusers Before and After Treatment," *International Journal of the Addictions* 22 (1987): 343-355.
13. J.L. Platt, "Vocational Rehabilitation of Drug Abusers," *Psychological Review* 117, no. 3 (1995): 416-433.
14. T.P. Thornberry and R.L. Christenson, "Unemployment and Criminal Involvement: An Investigation of Reciprocal Causal Structures," *American Sociological Review* 49 (1984): 398-411.
15. G.W. Joe, et al., "Unmet Service Needs in Methadone Maintenance," *Journal of the Addictions* 26 (1991): 1-22.
16. R. Fiorentine, "Effective Drug Treatment: Testing the Distal Needs Hypothesis," *Journal of Substance Abuse Treatment* 15, no. 4 (1998): 281-289.
17. A.L. Nielsen and F.R. Scarpitti, "Argot Use in a Therapeutic Community," *Deviant Behavior* 16 (1995): 245-267.
18. A.L. Nielsen, et al., "Integrating the Therapeutic Community and Work Release for Drug-Involved Offenders," *Journal of Substance Abuse Treatment* 13 (1996): 349-358.