

Research Summary

Focus on Drug Treatment in Correctional Settings

Special Issue

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December 1999

Drug Treatment Outcomes for Correctional Settings

(The Prison Journal, September/December, 1999)

- ❖ 1.8 million inmates were in U.S. jails & prisons in 1998 – that's 461 per 100,000 adults (up from 292 in 1990)
- ❖ Drug offenses are a leading cause of these increases
- ❖ Approximately 2 out of 3 arrestees have drugs in urine
- ❖ Approximately 2 out of 3 inmates admit drug histories, but under 15% receive systematic treatment in prison

(BJS and NIJ statistics cited in Simpson, Wexler, & Inciardi, 1999, *The Prison Journal*)

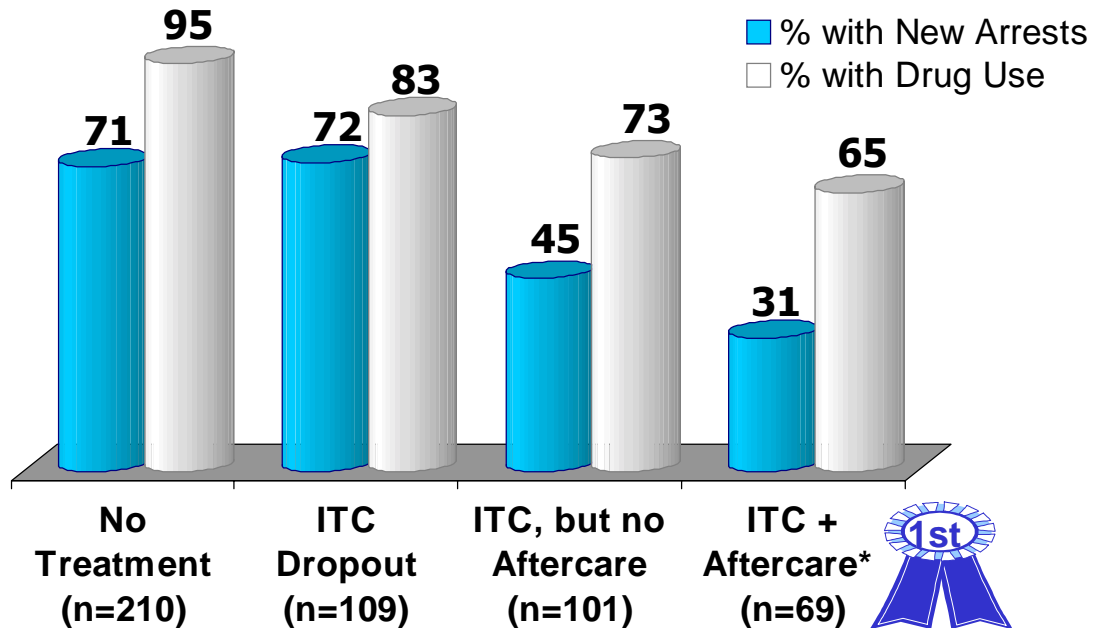
Note from the Editors

The latest outcome studies for In-prison Therapeutic Community (ITC) drug treatment programs in California, Delaware, and Texas were recently published in *The Prison Journal* (1999). They examine 3-year outcomes based on new arrests, drug use, return to prison, and cost effectiveness of treatment. Other related studies include an extensive review of the literature on program effectiveness for correctional populations, a risk-assessment protocol, and a cognitive intervention that can raise treatment readiness and engagement. Highlights of findings are summarized here, but readers are encouraged to examine the published articles for more detailed results.

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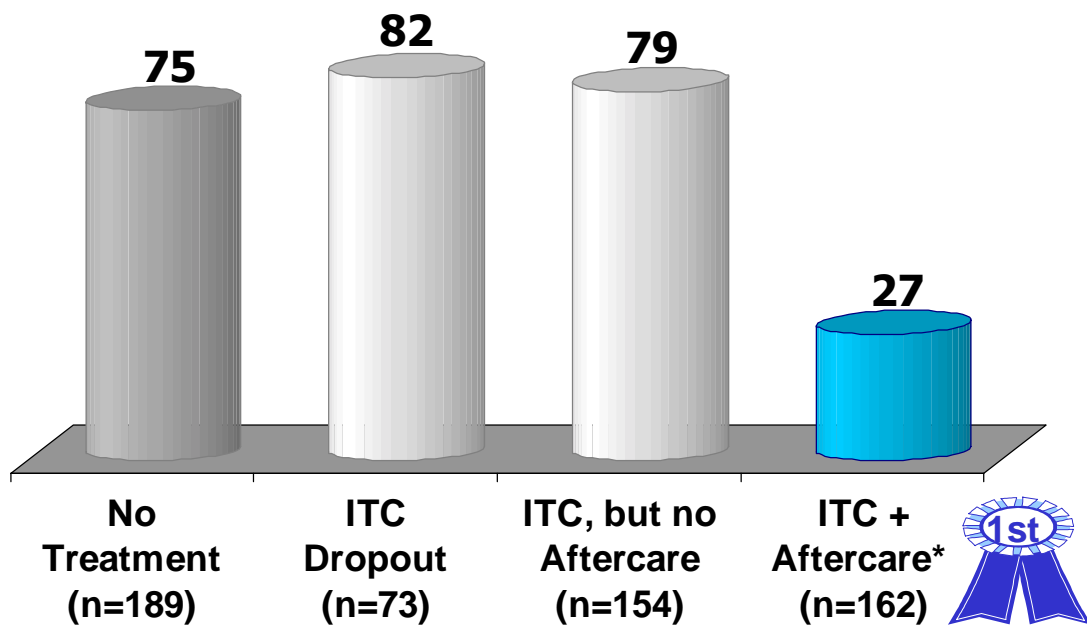
Delaware/Crest Program: 3-Year Re-Arrest & Drug Use Rates

(Martin, Butzin, Saum, & Inciardi, 1999, *The Prison Journal*)



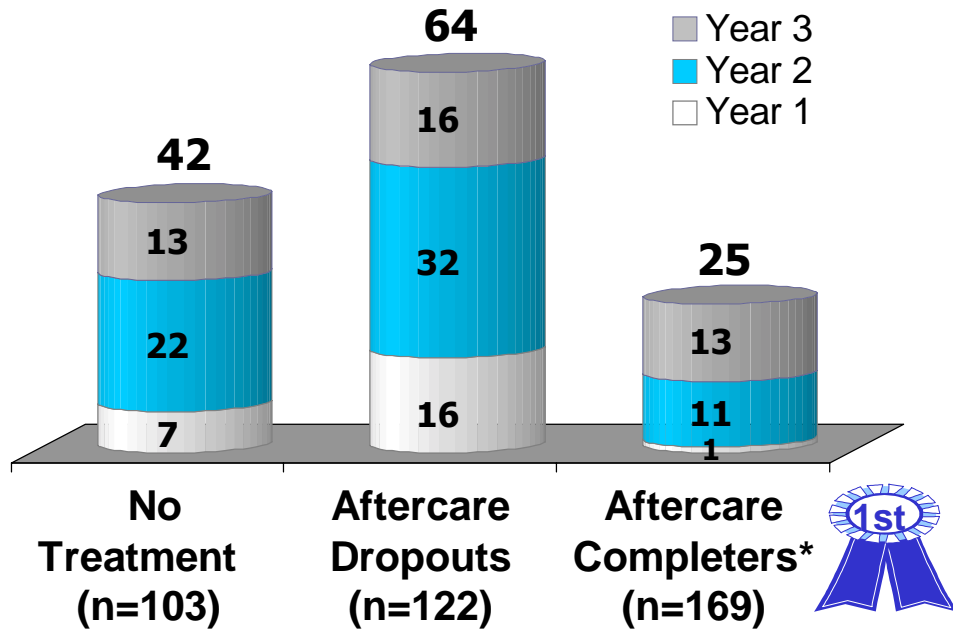
California/Amity Program: 3-Year Return-to-Custody Rates (%)

(Wexler, Melnick, Lowe, & Peters, 1999, *The Prison Journal*)

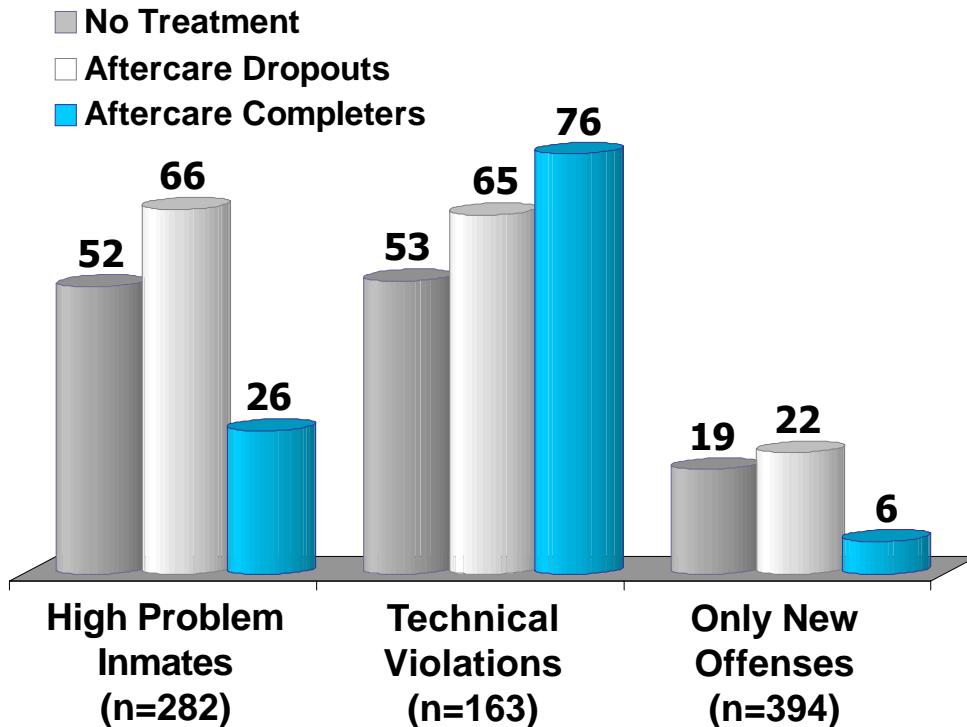


Texas/New Vision Program: 3-Year Return-to-Custody Rates (%)

(Knight, Simpson, & Hiller, 1999, *The Prison Journal*)



Outcomes for Special Comparisons



General Findings and Recommendations

1. Duration, setting, & training are fundamental for *In-prison TC* programs
 - ✓ ITC is defined as 6-12 months in a residential (segregated) treatment unit
 - ✓ Staff training should follow a “modified TC” therapeutic regimen
 - ✓ On-going monitoring & evaluation serves management & accountability need
2. Engagement in transitional “aftercare” is crucial for effectiveness
3. ITC is most cost effective for high-problem cases (Griffith et al., 1999)
4. Intensive TC approaches are most effective (Pearson & Lipton, 1999)
 - ✓ Boot camps & periodic drug-focused counseling have poor outcomes
 - ✓ Programs that use agonists (such as methadone) show promise
 - ✓ Selective education, 12-step, & cognitive-behavioral therapies show promise
5. Inappropriate placements in ITC reduce its effectiveness & efficiency
6. Risk assessments should guide selections for treatment (Hiller et al., 1999)
7. Induction strategies can raise treatment engagement (Blankenship et al., 1999)

(All citations are from *The Prison Journal*, September/December 1999)

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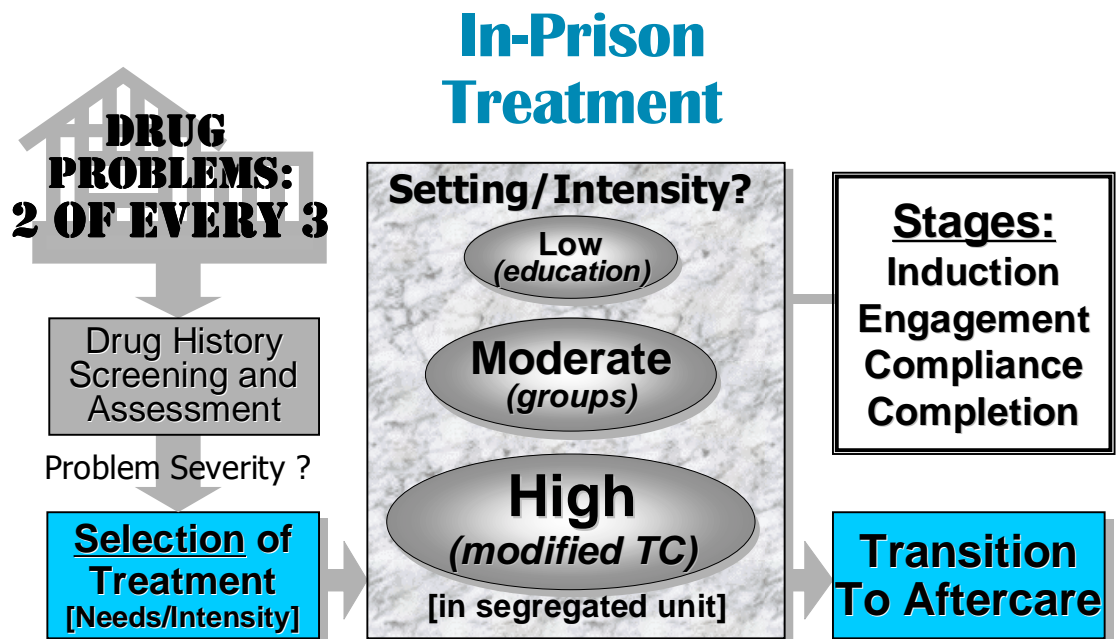
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