

# Offender Substance Abuse Report

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## *CJ-DATS Project Spotlight*

### Targeted Interventions for Corrections (TIC)

*Note: This is the fifth in a series that describes specific CJ-DATS projects and, when possible, shares preliminary results.*

#### Lead Research Center: Texas Christian University

Texas Christian University is the lead research center for the project. The primary researchers are Dwayne Simpson, Kevin Knight, Pat Flynn, Norma Bartholomew, Janis Morey, and Bryan Garner.

#### Collaborating Research Centers:

The centers and researchers collaborating with Texas Christian University are the:

- University of California, Los Angeles (David Farabee, Michael Prendergast);
- University of Delaware (Dan O'Connell, Steve Martin, James Inciardi);
- University of Kentucky (Michele Staton Tindall, Carl Leukefeld).

#### Project Rationale and Objectives

CJ-DATS is a NIDA-funded Cooperative Agreement designed to address correctional treatment using a "systems perspective." The present study addresses community reentry  
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## Maximum-Security Prison Therapeutic Community and Aftercare: First Outcomes

by Harry K. Wexler, William M. Burdon, and Michael L. Prendergast

### TC Programs in the U.S. Prison System

Prison-based therapeutic community (TC) treatment programs are in place in the federal prison system and in various state prison systems throughout the country. Over the last decade, California has been a leader in implementing prison-based TC treatment programs and in developing a comprehensive system of community-based aftercare for inmates paroling from these programs (for an overview, see Wexler et al., 2004).

**Demonstrated Effectiveness of TC.** Evaluation studies of prison-based TC programs in several states and within the federal prison system have consistently demonstrated their effectiveness at reducing recidivism and relapse to drug use, especially when combined with continued treatment in the community following release to parole (Field, 1998; Knight et al., 1999; Martin et al., 1999; Prendergast et al., 1996; Wexler, 1996; Wexler et al., 1992; Wexler, De Leon et al., 1999; Wexler, Melnick et al., 1999; Prendergast et al., 2004). The selection of the TC as the model of treatment for the California initiative was based largely on the positive results that emerged from early evaluation studies of prison-based treat-

ment—specifically, the results of an evaluation of the Amity TC at the R.J. Donovan Correctional Facility near San Diego, California (Wexler, 1996).

**Differential Outcomes and Security Level.** A recent large-scale California study of outcomes for 4,155 inmates who participated in prison-based TC treatment (and a subgroup who participated in aftercare) by Burdon, Messina, and Prendergast (2004) included a number of TC programs that provided treatment services to male and female inmates at all levels of security (minimum to maximum). That study found that increased time spent in prison-based treatment predicted increased participation in aftercare and decreased 12-month return to custody (RTC), and that increased time spent in aftercare predicted decreased 12-month RTC. However, the Burdon et al. (2004) study did not examine possible differential outcomes related to security level.

### Impact of TC Programs in Maximum-Security and Lower-Security Prisons on 12-Month RTC: Amity at CSP-LAC

The present study is the first to examine the effectiveness of a prison-based TC program  
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gram housed in a maximum-security prison. Drug treatment programs are rarely found in maximum-security prisons, largely because of the generally harsh prison conditions, which are believed to be not supportive of a treatment culture and which result in low expectations for the inmates housed in these institutions, who tend to have extensive criminal histories.

Based in large part on the success of the Amity TC program in the medium-security R.J. Donovan prison in San Diego (Wexler, 1996), the Amity Foundation was contracted by the California Department of Corrections and Rehabilitations (CDCR) in 1998 to operate a maximum-security TC program at the California State Prison, Los Angeles County (CSP-LAC), in Lancaster, California. This study examined the differential impact of this maximum-security TC program and lower security level TC programs in the California state prison system on 12-month RTC rates. Based on previous research of prison-based TC treatment programs, it was expected that increased time spent in prison-based TC treatment and increased time spent in aftercare would be related to decreased 12-month RTC, but that security level would not be significantly related to 12-month RTC.

### Study Methods

This study employed independent sample t-tests and chi-square analyses to examine differences between participants in the Amity TC program at CSP-LAC (i.e., a maximum-security facility) and other male felons

who participated in lower security level TC treatment programs in the California state prison system. Differences between the two groups were examined with respect to personal and criminal background, drug use and involvement in treatment, and 12-month RTC rates. A logistic regression analysis was performed to examine predictors of 12-month RTC rates among parolees from both the Amity TC and other male felon parolees from prison-based TC programs.

els I to III). These five programs became operational between July 1998 and December 1999. With few exceptions, participation in these programs is mandatory for inmates who have a documented history of substance use or abuse (based on a review of inmate files) and who do not meet exclusionary criteria for entrance into a TC treatment program (e.g., documented in-prison gang affiliations, being housed in a security housing unit within the previous 12

## *Increased time spent in prison-based treatment predicted increased participation in aftercare and decreased 12-month return to custody (RTC); increased time spent in aftercare predicted decreased 12-month RTC.*

**Five Treatment Programs at Four Prisons.** As part of the ongoing expansion of prison-based TC treatment in California, the California Department of Corrections (CDC; now the CDCR) contracted with the UCLA Integrated Substance Abuse Programs (ISAP) to conduct evaluations of 18 TC programs at 11 institutions.

This study focused on data collected from five programs at four prisons; the maximum-security (Level IV) Amity TC at CSP-LAC and four other male felon TC programs located at three other institutions, which provided treatment services to male felons at lower levels of security classification (Lev-

months for assault or weapons possession, or Immigration and Naturalization Service holds).

**Data Collection From Three Sources.** This study incorporated data from three sources:

- **Client-level data at entry:** First, client-level data were collected by the treatment providers at the time inmates entered the TC treatment programs, using an intake assessment (IA) instrument that was designed to assess a client's pre-treatment/pre-incarceration sociodemographic background, criminality, employment, and

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## Offender Substance Abuse Report™

### Editors:

**Kevin Knight, Ph.D.**, Institute of Behavioral Research, Texas Christian University

**David Farabee, Ph.D.**, Integrated Substance Abuse Programs, University of California-Los Angeles

### Contributing Editors:

**Margaret R. Moreland, J.D., M.S.L.S.**

**Janis T. Morey, M.Ed.**

**Managing Editor: Margaret B. Riccardi**

**Publisher and Editorial Director: Deborah J. Launer**

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substance use, abuse, or dependence (Broome et al., 1996). This IA instrument included a set of questions based on the most recent *Diagnostic and Statistical Manual (DSM-IV)* criteria for the assessment of abuse of, or dependence on, alcohol or drugs.

- **Aftercare participation data:** Second, aftercare participation data (i.e., admission and discharge dates) were collected from community-based treatment providers.
- **Client-level and RTC data from CDCR:** Third, some client-level data (e.g., ethnicity, most recent offense), as well as RTC data, were obtained from CDCR. All client-level data collected from treatment providers were provided to UCLA ISAP through disclosure agreements under CFR 42 Part 2, Section 2.52, which allows the treatment providers to

Correctional Clinical Case Management Services (CCCMS) by CDCR are said to have some co-occurring mental disorder, which can range in severity from mild depression to bipolar disorder or mild schizophrenia. (Inmates with severe forms of mental disorders are classified as Enhanced Outpatient [EOP] and are generally excluded from participating in prison-based TC treatment. Although some inmates classified as EOP were enrolled in prison-based TC treatment programs, they were removed from the sample included in these analyses.)

- **Alcohol/drug disorder:** For the alcohol/drug disorder variable, the IA instrument allows for an unconfirmed diagnosis for alcohol abuse, alcohol dependence, drug abuse, or drug dependence based on established DSM-IV criteria. Subjects who met the criteria for one or more of these four diagnoses were classified as having an alcohol/drug disorder.

**Study Subjects.** Subjects were 2,813 male felon inmates admitted to one of these five prison-based TC treatment programs since they commenced operation (495 were admitted to the Amity maximum-security level TC program and 2,318 were admitted to one of the other four male felon lower security level TC programs). Inmates in these TC treatment programs who were required to register as sex offenders were excluded from the sample. Comparative descriptive statistics of the Amity TC participants and other male felon TC participants are provided in Table 1.

### Significant Differences Between Amity and Other Male Felon Participants

**Demographic Characteristics.** On almost every variable, significant differences were found between the Amity participants and the other male felon TC participants. Amity participants were younger than other male felon TC participants (32.6 vs. 33.8 years, respectively) and less educated (11.0 vs. 11.3 years of schooling, respectively). A slight majority of Amity participants were black (50.3%), whereas whites made up the largest percentage of other male felon TC participants (39.4%). A significantly larger percentage of Amity participants reported that they had never been married, compared to other male felon TC participants (62.9% vs. 51.7%, respectively) and that they were unemployed prior to their current incarceration (64.2% vs. 47.4%, respectively). A significantly larger percentage of the Amity participants were classified by CDCR as having a mental disorder while in prison-based treatment, compared to other male felon TC participants (32.3% vs. 13.0%, respectively).

**Drug Use.** With respect to drug use, significantly fewer Amity participants met the DSM-IV criteria for drug abuse or dependence compared to other male felon TC participants (68.5% vs. 73.4%, respectively). Amity participants more frequently cited opiates or other drug as their primary problem drug compared to other male felon TC participants, who more frequently cited methamphetamine or alcohol as their primary problem drug.

**Criminal Background.** With respect to criminal background, Amity participants were younger at age of first arrest than were other male felon TC participants (14.1 vs. 16.4 years, respectively), experienced significantly more lifetime arrests (19.1 vs. 16.8, respectively), and had significantly

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## Perhaps the most important finding for this "first" study of maximum-security TC treatment is that security level was not related to differential outcomes.

share individually identifiable data with qualified evaluators.

**Dependent Variable: 12-Month RTC.** The dependent variable of interest was 12-month RTC, which was operationalized as the *first* return to prison that occurred within 12 months of a subject's parole date following his *first* admission into a prison-based TC. All study subjects had a minimum of 12 months time at risk after release from prison and any return to custody after 12 months post-prison was excluded from the analyses. This dependent variable was dichotomized and dummy coded, with 0=No and 1=Yes.

**Independent Variables.** Independent variables of interest (see Table 1) included demographic background variables, variables related to drug use, criminal background variables, and variables related to involvement in drug treatment. Select independent variables are operationally defined below:

- **Mental disorder:** The mental disorder variable reflects a CDCR classification that was assigned to the parolee while he was incarcerated and receiving prison-based treatment. Inmates classified as

• **Treatment outcome status:** Treatment outcome status consists of four mutually exclusive treatment outcome categories that, when combined, account for all subjects who entered a prison-based TC treatment program: 1) TC dropout, 2) TC completer with no aftercare, 3) TC completer with less than or equal to 90 days of aftercare, and 4) TC completer with more than 90 days of aftercare.

• **Motivation for treatment:** Finally, motivation for treatment was derived from subjects' responses to a series of six questions in the IA instrument that asked them to rate how important it was that they receive treatment or counseling for their use of alcohol, opiate, cocaine or crack, marijuana, amphetamine, or other drugs. Ratings were made using a five-point Likert scale, with 0 meaning *not at all important* and 4 meaning *extremely important*. Each subject's motivation for treatment score was determined by selecting his/her highest rating across the six questions. Thus, motivation for treatment scores ranged from 0 (no motivation) to 4 (extreme motivation).

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more self-reported lifetime years in prison (9.8 vs. 6.0 years, respectively). Amity participants were also more likely to have committed a violent offense (39.8%), whereas other male felon TC participants were more likely to have committed a drug-related offense (38.0%).

**Drug Treatment.** Finally, with respect to involvement in drug treatment, Amity participants spent a significantly longer period of time in prison-based treatment on average than did other male felon TC participants (260 vs. 229 days, respectively) but were significantly less motivated for treatment and significantly more likely to drop out of prison-based treatment.

**12-Month RTC Rates.** Table 2 contains the results of chi-square analyses that were conducted to examine differences in 12-month RTC rates between and within the two groups of offenders based on treatment outcome status. Within treatment outcome status category, there were no significant differences in 12-month RTC rates between Amity TC participants and other male felon TC participants. Thus, maximum-security level TC treatment did not differentially affect 12-month RTC outcomes as compared to TC treatment at lower security levels. However, within each group of subjects (Amity and other male felons), there were significant differences in 12-month RTC rates based on treatment outcome status. For both groups of subjects, the highest 12-month RTC rates were found among those who completed TC treatment and participated in fewer than 90 days of aftercare. The lowest 12-month RTC rates were found among those subjects who completed TC treatment and participated in more than 90 days of aftercare (Amity: 29.3%; other male felons: 20.9%).

**RTC Variance Attributable to Treatment Outcome Status.** A logistic regression, with predictors entered in blocks in a stagewise manner, was performed to determine the proportion of variance in 12-month RTC accounted for by treatment outcome status, adjusting for other predictor variables that were found to be significantly associated with 12-month RTC. These variables were entered into the logistic regression in five blocks:

- The first block consisted of static demographic background variables (age, education, ethnicity, marital status, living with prior to prison, employed before incarceration, and mental disorder).
- The second block consisted of static criminal background variables (age at first

**Table 1: Comparative Descriptive Statistics: Amity vs. Other Male Felons**

	Amity (N=495)	Other Male Felons (N=2,318)	p-value
<b>Demographic background</b>			
Age (mean/SD)	32.6 (7.0)	33.8 (8.9)	p<.01
Education (mean/SD)	11.0 (1.9)	11.3 (1.8)	p<.01
Ethnic breakdown*			
Black	50.3%	31.8%	p<.001
Hispanic/Mexican	24.4%	24.6%	
White	22.0%	39.4%	
Other	3.3%	4.2%	
Marital status			
Never married	62.9%	51.7%	p<.001
Married/living as married	20.6%	25.7%	
Previously married/separated	16.5%	22.6%	
Living with prior to prison			
Alone	23.9%	21.6%	n.s.
Family/relatives	45.2%	47.7%	
Friends	19.3%	19.7%	
Other	11.6%	11.0%	
Employed before incarceration	35.8%	52.6%	p<.001
Mental disorder	32.3%	13.0%	p<.001
<b>Drug use</b>			
Alcohol/drug disorder	68.5%	73.4%	n.s.
Most frequently cited problem substance pre-incarceration			
Alcohol	4.1%	18.6%	p<.001
Marijuana	4.7%	9.6%	
Cocaine/crack	12.0%	12.5%	
Methamphetamine/stimulants	19.3%	30.3%	
Opiates	18.1%	11.4%	
Other drug**	22.5%	5.0%	
None	19.3%	12.6%	
<b>Criminal background</b>			
Age at first arrest (mean/SD)	14.1 (3.9)	16.4 (5.7)	p<.001
Number of lifetime arrests (mean/SD)	19.1 (27.1)	16.8 (19.7)	p<.05
Lifetime years in prison (mean/SD)	9.8 (5.9)	6.0 (5.8)	p<.001
Most recent offense			
Violent	39.8%	23.6%	p<.001
Property	26.1%	28.3%	
Drug	27.5%	38.0%	
Other	6.6%	10.1%	
<b>Drug treatment</b>			
Time in prison treatment (mean/SD)	259.5 (199.6)	229.1 (151.4)	p<.001
Treatment outcome status			
TC dropout	41.7%	35.3%	p<.05
TC completer no aftercare	33.9%	40.5%	
TC completer <90 days aftercare	12.5%	12.3%	
TC completer >90 days aftercare	11.7%	11.9%	
Motivation for treatment (mean/SD)	1.9 (1.8)	2.2 (1.7)	p<.01

arrest, number of lifetime arrests, and lifetime years in prison).

- The third block consisted of time in prison treatment.
- The fourth block consisted of treatment outcome status.
- The fifth block consisted of security level

(i.e., maximum-security vs. all others), which differentiated the Amity TC participants from other male felon TC participants.

The results of this analysis (Table 3) indicate that *treatment outcome status* (block 4) accounted for an additional 5.6% of the

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variance in 12-month RTC and, in terms of predicting 12-month RTC rates, the addition of this variable in the model was a significant improvement over the model that contained only the *static background variables* (blocks 1 and 2) and *time in prison treatment* (block 3). On the other hand, the addition of *security level* (block 5) did not appreciably change the amount of variance accounted for in 12-month RTC, and its inclusion did not represent a significant improvement of the model.

The final logistic regression model further showed that, when background differences that were predictive of RTC outcomes were held constant, time spent in prison-based treatment and time spent in aftercare were both significant predictors of positive 12-month RTC rates, whereas security level (Amity vs. other male felons) was not.

A second logistic regression was conducted using all of the background variables from Table 1 to predict retention in aftercare for less than or equal to 90 days vs. more than 90 days. Only three variables emerged as significant predictors of aftercare duration. Subjects who remained in aftercare for more than 90 days were significantly more likely to be older, to have spent more time in prison-based TC treatment, and to have been more motivated for treatment at admission to prison-based treatment.

### Summary and Conclusions

This study explored 12-month RTC rates among inmates participating in TC programs in maximum-security and lower-security prisons in California. Substance abuse treatment is rarely attempted in maximum-security prisons due to the limited programming space and the general concern that offenders with more severe criminal histories are less amenable to treatment.

#### More TC Treatment, Less Recidivism.

The results of this study are consistent with the conclusions of previous research finding that more time spent in prison TC treatment and participation in aftercare were significantly related to reductions in recidivism (Burdon et al., 2004; Field, 1998; Knight et al., 1999; Martin et al., 1999; Prendergast et al., 1996; Wexler, 1996; Wexler et al., 1992; Wexler, De Leon et al., 1999; Wexler, Melnick et al., 1999; Prendergast et al., 2004). The best results were found among clients who participated in more than 90 days of aftercare. Thus, the importance of duration of time spent in treatment and aftercare replicates earlier studies of prison-based TCs.

**Table 2: Return to Custody at 12 Months**

Comparison groups*	Amity TC Level IV	Other Male Felon TCs Levels I-III	Total Amity & Other Male Felon TCs	Chi-Square Significance
TC dropouts				
Number	207	818	1,025	
Percent of total	48.3%	54.6%	53.4%	n.s.
TC completers & no aftercare				
Number	168	938	1,106	
Percent of total	57.1%	54.1%	54.5%	n.s.
TC completers & < 90 days aftercare				
Number	62	284	346	
Percent of total	69.4%	59.2%	61.0%	n.s.
TC completers & > 90 days aftercare				
Number	58	278	336	
Percent of total	29.3%	20.9%	22.3%	n.s.
<b>Total (all TC participants)</b>				
Number	495	2,318	2,813	
Percent of total	51.7%	50.9%	51.0%	n.s.
<b>Chi-square significance</b>	p<.001	p<.001	p<.001	

\* Comparison groups are mutually exclusive and account for all TC participants.

**Table 3: Effect of Variables on Variance in 12-Month RTC: Logistic Regression**

Block	R-Squared*	R-Squared Change	Model Chi-Square
Block 1: Static demographic background variables	0.045	0.045	p<.001
Block 2: Criminal background variables	0.100	0.055	p<.001
Block 3: Time spent in prison treatment	0.112	0.012	p<.001
Block 4: Treatment outcome status	0.168	0.056	p<.001
Block 5: Security level	0.169	0.001	n.s.

\*Nagelkerke R-squared.

**Low Participation and Retention in Aftercare.** The low percentage of subjects who participated in aftercare is notable (24.2%), as is the small percentage of subjects who remained in aftercare for more than 90 days (11.9%). Furthermore, among subjects who participated in aftercare, the 12-month RTC rates among those with more than 90 days of aftercare were significantly lower than among those who participated in 90 days or less of aftercare, with only age, time in prison-based treatment, and initial motivation for treatment being predictors of aftercare duration. Also notable was the fact that the 12-month RTC rates among subjects who entered into and remained in aftercare for less than 90 days were significantly higher than among subjects who successfully completed prison-based treatment but chose not to enter aftercare ( $p<.05$ ). Further study and analyses need to be performed on offenders who enter and remain in aftercare for longer periods of time (i.e., >90 days) to inform issues of client selection and perhaps how to modify programs to better recruit and retain offenders in aftercare for longer periods of time.

**Security Level Not Related to Differential Outcomes in RTC.** Perhaps the most important finding for this "first" study of maximum-security TC treatment is that security level was not related to differential outcomes, even when controlling for significant background differences between the maximum-security Amity participants and other male felons who participated in lower security level TCs (see Table 2). These significant background differences indicated that the Amity TC participants had more severe and violent criminal histories, greater unemployment, and were more likely to suffer from a mental disorder. In addition, the Amity group was younger, single, and more likely to be black and use opiates and other drugs as opposed to methamphetamine and alcohol.

**Considerable Challenges.** The significance of these differences highlights the considerable challenges faced by the Amity Foundation in treating this unique population of offenders. The finding that maximum-security TC treatment with more than 90 days of aftercare is effective, given the

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severity of participants' background, is encouraging and supports the expansion of treatment efforts to maximum-security populations.

#### References

- Broome, K.M., Knight, K., Joe, G.W., & Simpson, D.D. (1996). Evaluating the drug-abusing probationer: Clinical interview versus self-administered assessment. *Criminal Justice and Behavior, 23*(4), 593-606.
- Burdon, W.M., Messina, N., & Prendergast, M.L. (2004). The California Treatment Expansion Initiative: Aftercare Participation, Recidivism, and Predictors of Outcomes. *Prison Journal, 84*(1), 61-80.
- Field, G. (1998). From the institution to the community. *Corrections Today, 60*, 6, 94-97, 113.
- Knight, K., Simpson, D.D., & Hiller, M.L. (1999). Three-year reincarceration outcomes for in-prison therapeutic community treatment in Texas. *Prison Journal, 79*(3), 337-351.
- Martin, S.S., Butzin, C.A., Saum, C.A., & Inciardi, J.A. (1999). Three-year outcomes of therapeutic community treatment for drug-involved offenders in Delaware: From prison to work release to aftercare. *Prison Journal, 79*(3), 294-320.
- Prendergast, M.L., Hall, E.A., Wexler, H.K., Melnick, & Cao, Y. (2004). Amity prison-based therapeutic community: 5 year outcomes. *Prison Journal, 84*(1), 36-60.

*LITERATURE, from page 88*

morphine substitute discovered by German scientists during World War II, is widely regarded as the most effective known treatment for heroin addiction. When used properly, methadone maintenance reduces crime, death, and disease among heroin users. Yet critics with valid arguments against methadone can readily be found. The current study was originally conducted and followed up in Sydney, Australia, where 382 male heroin users from a randomized controlled trial of prison-based methadone maintenance treatment (MMT) were assessed to examine long-term outcomes of MMT on hepatitis C and HIV sero-incidence, mortality, and reincarceration.

**Study Methods.** Subjects were reassessed between 1998 and 2002, either in the general community or in prison, with a median time of 4.2 years between follow-up and initial interview. Time and travel were compensated and consent forms were obtained for all interviews. Methadone treatment data were obtained from the Pharmaceutical Services Branch of the New South Wales Department of Health, where a mean maximum dose of 6.9 mg/day was reported at follow-up. Hepatitis C and HIV were assessed after providing finger-prick blood samples, and mortality assessments were

Prendergast, M.L., Wellisch, J., & Wong, M. (1996). Residential treatment for women parolees following prison drug treatment: Treatment experiences, needs and services, outcomes. *Prison Journal, 76*(3), 253-274.

Wexler, H.K. (1996). The amity prison TC evaluation: Inmate profiles and reincarceration outcomes. Presentation at the California Department of Corrections, Youth and Adult Correctional Agency, Sacramento, November 1996.

Wexler, H.K., De Leon, G., Kressel, D., & Peters, J. (1999). The amity prison TC evaluation: Reincarceration outcomes. *Criminal Justice and Behavior, 26*(2), 147-167.

Wexler, H.K., Falkin, G.P., Lipton, D.S., & Rosenblum, A.B. (1992). Outcome evaluation of a prison therapeutic community for substance abuse treatment. In C.G. Leukefeld & F.M. Tims (Eds.). *Drug Abuse Treatment in Prisons and Jails* (NIDA Research Monograph 118, DHHS Pub No. [ADM] 92-1884, pp.156-175) Rockville, MD: National Institute on Drug Abuse.

Wexler, H.K., Melnick, G., Lowe, L., & Peters, J. (1999). Three-year reincarceration outcomes for Amity in-prison therapeutic community and aftercare in California. *Prison Journal, 79*(3), 312-336.

Wexler, H.K., Prendergast, M.L., & Melnick, J. (2004). Introduction to a special issue: Correctional drug treatment outcomes—Focus on California." *Prison Journal, 84*(1), 3-7.

*Harry K. Wexler, Ph.D., is a senior principal investigator at the Center for Research and Practice (CIRP)*

made through the Australian Institute of Health and Welfare, Australian National Death Index in July 2002. Imprisonment data were acquired through the New South Wales Department of Corrective Services and the relevant government departments in the other Australian states and territories. Complete record checks were available for 93% of the MMT history, for 100% of mortality rates, and for 97% of prison history.

**Study Findings.** There were no deaths while the subjects were enrolled in MMT; however, at follow-up, 17 deaths had been documented. Eight deaths were drug-related overdoses, two were suicides, one was murder, four were accidental, and two were from chronic disease (cancer and renal failure). Four of the eight individuals suffering fatal drug overdoses had never received methadone, and four had stopped using methadone prior to release from prison.

The findings indicated that methadone treatment was associated with reduced mortality, regardless of treatment duration and that MMT treatments of eight months or longer significantly reduced reincarceration risk compared with no treatment. Additionally, regarding imprisonment, less than two months of imprisonment and less than five months of MMT were both significantly associated with greater risk for hepatitis C

located at the National Development and Research Institutes, Inc. (NDRI). He is best known for his studies of the effectiveness of the therapeutic community (TC) program in prisons and aftercare.

*William M. Burdon, Ph.D., is assistant research psychologist at the University of California, Los Angeles, Integrated Substance Abuse Programs (UCLA ISAP), Criminal Justice Research Group. He was the project director for two five-year multi-site evaluation studies of prison-based TC substance abuse treatment programs in California, funded by the California Department of Corrections and Rehabilitation (CDCR).*

*Michael L. Prendergast, Ph.D., is research historian at ISAP, Criminal Justice Research Group. He was the principal investigator of three CDCR-funded five-year multi-site evaluation studies of prison-based TC substance abuse treatment programs in California.*

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*Inquiries should be directed to Harry K. Wexler, Ph.D., National Development Research Institutes, Inc., 71 West 23rd Street, 8th Floor, New York, NY, 10010; Email address: hkwxler@aol.com.* ■

infection. This finding implies that hepatitis C transmission in prisons occurs at high rates, particularly with injecting drug users serving shorter sentences.

**Recommendations.** Given these findings, the authors suggest that strategies are needed to increase MMT retention, especially during short prison sentences when dropouts are common. Also recommended is the need for the promotion of continuity in methadone treatment as clients shift from prison to community or vice versa. Although study limitations are cited, the authors argue for the provision of methadone treatment in prisons or in the community, preferring it as a viable alternative to short prison sentences that will reduce the possibility for blood-borne virus transmission, mortality, or reincarceration.

In the United States, prison-based substitution treatment programs are uncommon; however, the article refers to the Rikers Island MMT program in New York as having positive outcomes, and it mentions the existence of a program in Baltimore. Programs have also been documented in France.

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