

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 coordinators 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;
- 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.