

Substance abuse — The perspective of a National Parole Board member

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It is clear that alcohol and other drug problems constitute a major problem for both incarcerated offenders and those who are on some form of conditional release. It is estimated that about 70% of offenders have substance abuse problems that are in need of treatment, and that more than 50% of their crimes are linked with substance use and abuse.²

The mandate of the National Parole Board is to make decisions with respect to the timing and conditions of the release of offenders, which will contribute to the protection of the public by facilitating their reintegration into the community as law-abiding citizens. In meeting this primary mandate, the Board must assess the risk posed by each offender, and then examine the proposed plan for conditional release that is offered by that person. In essence, the Board will grant the release if it is determined that the offender is not likely to re-offend, that the risk is not undue, and that the release will facilitate the offender's reintegration.

It follows then that the Board will need to review information about each offender's criminal history, risk factors and criminogenic need factors that have been identified, both at the time of incarceration, and as the sentence unfolds.

Board members are quite cognizant of the Principles of Effective Treatment as described by Andrews, Bonta and Hoge in 1990. These are the common characteristics of offender programs that reduced recidivism.³ The four principles are Risk, Need, Responsivity and Professional Discretion. From the Board's perspective, the two more relevant principles are risk and need. The Need Principle suggests that effective treatment programs must be able to differentiate offenders in their risk to re-offend and then match their risk to the level of service (and supervision) that they require. Thus, higher risk offenders require more intensive services, while lower risk offenders require very little or no services.

The service that is offered must address what are referred to as criminogenic needs. These are offender needs that, when changed, are associated with changes in recidivism. Employment problems are an example of a criminogenic need. Self-esteem, for example, is not. Clearly, substance abuse is another example of a criminogenic need. That is, a reduction

of an offender's reliance on, or use of alcohol or drugs, should result in a reduction in the likelihood of re-offending.

While it is clearly evident that an offender who is serving a federal sentence will likely have a number of criminogenic needs, it is evident that substance abuse may well be one that is most common among inmates. This fact has been recognized by the Correctional Service of Canada (CSC), and a range of treatment programs is available throughout all regions, both institutionally and in the community. In addition to the programs that have been developed by CSC, a number of other substance abuse treatment programs are available in many communities throughout Canada.

In some respects, it would appear that the task of a Board Member is relatively straight-forward when it comes to substance abuse issues and decision-making relative to offender release. There should be file information that indicates whether an offender has a substance abuse problem, the nature (drugs or alcohol, or both) of it, and its severity. There should also be information that confirms whether there is a direct link between the substance abuse problem, and the individual's criminal history. Furthermore, there should be an indication that a treatment program has been identified, and that it is a part of the offender's correctional plan. There should then be a report on the program that the individual attended, that will contain an indication of any benefits evident from programs, and recommendations (if any) regarding further treatment. Finally, if further treatment in the community is suggested, this should be addressed in the Assessment for Decision and Correctional Plan Progress Report that are available at the time that a decision is required. Simply stated there should be an assessment of the problem, a treatment report, and specific recommendations for any follow-up.

Life, of course, is not always that simple, and the Board must deal with substance use issues both prior to a release decision, and following release. There are a number of problems that may arise, and interfere with the "ideal" scenario. For example, there are times that while an offender may require treatment, it is not available at the right location. In that case, the Board members must determine if

his/her risk for re-offending will remain undue without that treatment prior to release, or whether a community-based treatment program will be sufficient. There will be other times when, in spite of successful program completion, the offender has been caught using either drugs or alcohol prior to release. In addition, it is logical to assume that at least some offenders are not always truthful with people in authority as they are processed during their early stages in federal custody. As a result, the assessment of the severity of a substance problem may not be accurate; if so, an offender will not likely receive the level of intervention, or treatment that is required.

The aforementioned are not untypical examples, and are an indication of the types of issues that may require a Board member, during a panel hearing, to ask a number of questions related to the offender's history of substance use (or abuse).

A Board member must be satisfied that the information that is contained in an offender's file is accurate regarding their history of drug or alcohol use. In the end, a Board member needs to determine whether an individual's substance abuse history is actually linked to their criminal history, or index offence. There are times when there appears to be a link, but it is not actually causal. That is, an offender may have been drinking prior to an offence, but it was not related to the decision to commit a crime. In addition, a Board member should know the benefits of any treatment that the offender has participated in — at any time, not just during the current sentence. It is often the case that an offender has attempted to cease their drug or alcohol use at some time prior to the current sentence. If the previous treatment was considered successful, and the individual returned to substance use which is then linked to the current offence, knowing why the previous treatment 'failed' might be useful in determining if the current treatment will be more successful.

In essence, each Board member's task is to determine the risk that the offender may pose for returning to substance use and (ultimately) criminal activity.

Ultimately, it is the task of the Board member to determine whether substance abuse is a current criminogenic factor. And if it is, whether the risk for re-offending is manageable, or not, in the community. For an inmate whose release plan includes participating in a substance abuse treatment program while in the community, the risk for returning to substance use is still present. It is

necessary, therefore, to determine whether the treatment program is sufficiently intensive, and whether it will be starting close to the inmate's release date.

Current research in the field of substance abuse strongly suggests that one of the most important predictors of relapse is an individual's inability to deal effectively with various stressors, or negative life events. The ability to 'cope' may be enhanced by other programming, particularly ones that improve an individual's ability to solve problems and make appropriate decisions, and evidence of this will likely be available through the offender's file, or during the hearing.

The Board's involvement in issues related to substance use does not end with a releasing decision, or in adding Special Conditions to abstain from drug or alcohol use (or both). Offenders do violate those conditions once released, and the Board must make further decisions each time it is notified by CSC of such a violation. The Board has a limited number of options when so informed. It may take a "no action" decision; it may add a new condition, or modify an existing one, or it may take the extreme step of directly revoking the offender's release. The decision that is made is based, primarily, on the assessment of risk for re-offending that is currently posed by the offender. It is likely that if an offender returns to the type of substance that is linked to his offence history, the Board will take a more serious response than it might otherwise.

It is clear that the Board, and its members must be knowledgeable about substance use; as well as treatment programs and research that is currently available. The Correctional Service of Canada is the normal source for such information, and should be encouraged to include the Board as it disseminates its research knowledge. It is through such information sharing that Board members will increase their abilities to make decisions that are based on empirical evidence, thus improving the quality of those decisions. ■

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- 2 Weekes, J. R., Moser, A. E., and Langevin, C. (1999). *Assessing Substance Abusing Offenders for Treatment*. Ottawa, ON: Correctional Service of Canada.
- 3 Andrews, D. A., Bonta, J., and Hoge, R. D. (1990). Classification for effective rehabilitation; rediscovering psychology. *Criminal Justice and Behaviour*, 17, 19-52.