

# Programming for substance abusing women offenders

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**T**he 1990 task force on federally sentenced women, *Creating Choices*, laid the foundation for all future treatment of women offenders. The key principles set out by the task force (empowerment, meaningful and responsible choices, respect and dignity, supportive environment, and shared responsibility) became the driving force in designing all core programming for women, including a national substance abuse treatment program introduced in 1995. This article discusses recent observations made by an expert panel reviewing the national program, as well as responses from management, staff, and women in federal prisons across Canada. Their shared recommendations point the way for the development of a new model for substance abuse treatment.

## Substance abuse programming for women: The first five years

The first national substance abuse program "Substance Abuse Program for Federally Sentenced Women"<sup>2</sup> was introduced in 1995. In 1997, a community component followed. Both programs drew heavily on the Model of Change<sup>3</sup> and offered an action-oriented and gender-based response to women and addiction. A later and more intensive version "Solutions" was piloted regionally in 1998. Since 1995, close to 500 women have participated in these programs.

## An external review

In late 1999, the Correctional Service of Canada (CSC) asked a panel of national and international experts to assess the existing women's substance abuse programs. Informed by the principles set out in *Creating Choices*, the panel conducted an in-depth review of existing substance abuse programming. While these experts agreed that earlier efforts represented an important beginning, they identified concerns with both process and content, and recommended the development of a more comprehensive treatment model. They proposed a design that would ensure that programming is:

- In accord with correctional philosophy with a clear understanding of the role of abstinence within a harm reduction framework;

- Firmly rooted in holistic and gender responsive principles, including relational theory; and
- Balanced, incorporating both cognitive learning and therapeutic needs.

Effective treatment, experts state, must be multi-dimensional, addressing both the intervention (cognitive, affective and behavioural) and the environment (safety, connection and empowerment).

Cognizant of these elements, the panel also stressed the need to:

- Identify relationships between substance abuse and pathways to crime, which differ significantly for women;
- Emphasize the importance of appropriate referrals and corresponding levels of intervention, including pre- and post-treatment components;
- Create linkages to other areas of need and programming. This is key to fostering an integrated environment where 'connection' and 'community' set the stage for positive change;
- Train and maintain qualified staff. The panel noted that training and upgrading are integral to effective treatment and program fidelity; and
- Evaluate effectiveness using a combination of behavioural (recidivism, suspensions, infractions) and personal/emotional variables (self-esteem, post-traumatic stress symptoms, depression, changes in health, improved functioning, productive use of leisure time). Conceptually, this process, which includes both qualitative and quantitative measures, offers a comprehensive evaluation of treatment.

Overall, the panel members were emphatic that, in order to maximize treatment efficacy, a substance abuse program must create an environment which permits women an opportunity to integrate information and behaviour within their own life experiences.

## Responding to the recommendations

Correctional Service of Canada accepted the panel's findings and work is now underway to design a new substance abuse program. Several members of the

expert panel will continue to play an advisory role in the development of this model. As a first step, management, program staff, and federally sentenced women in each of the regional prisons were consulted. The women interviewed included those in the early stages of treatment, those who had successfully completed treatment and a number who had returned to the institution following a lapse or relapse. Both groups (staff and women) shared their experiences with the existing program and identified areas for consideration in the design of a new model.

This consultation clearly illustrated that many women have benefited from existing substance abuse programming. Equally clear, however, were the gaps not addressed by current treatment.

The following quotes are taken from interviews with women offenders. They provide a glimpse of their histories. They also speak to the strengths and weaknesses of the current program.

*“My life was very different before...my partner was abusive and I have a history of abuse. The program helped me to come to terms with my reality...They didn’t preach quitting, but pointed out my options.”*

*“The model of change helped me to take responsibility, to separate the person from the action — I wasn’t bad, I felt bad...The drugs were the tip of the iceberg.”*

*“I hate the role-plays but that’s when I really experience stuff...I need a place where I can continue to do this work when I get out.”*

*“I did the program and now I’m back...I thought I’d be safe, but I succumbed to peer pressure...aftercare is really needed...there should be another component for us when we come back...we’re in a different frame of mind.”*

*“I am not in programming now...there definitely needs to be something that runs all the time, even a peer led group...life stories really motivate me...There’s not much on relationships and how my use affects the people around me.”*

The feedback offered by these women echoes many of the issues noted by the staff and the expert panel, and offers compelling support for a program capable of responding to a wide range of complex issues and needs.

Many of the recommendations made were program specific, while others are directed at the supporting infrastructure. Together, they serve as a strategic guide in the design of a new model for substance abuse treatment.

Suggestions for programming included:

- A harm reduction framework for programming is supported, with the understanding that abstinence

(whether it is situational by virtue of legal status or a choice matched to lifestyle and severity) holds a valid position on this continuum. Abstinence is required in a correctional setting and for many women with severe histories of drug and alcohol use, it may be the safest option in the long term. Learning about using in the context of responsible choice is also valuable. It empowers women and is more likely to result in sustained change;

- While current programming strives to be women-centered, it doesn’t go far enough. The new model must be gender responsive in every respect. This cannot be achieved through modification or substitution. Program content will be presented through the lens of women’s lives and will be expanded to incorporate relevant and critical issues facing women such as infectious disease, fetal alcohol syndrome, trauma etc;
- Programming is described as “tipped” with therapeutic needs receiving minimal attention. An integrated and multi-model approach is needed to ensure that *both* the cognitive and therapeutic needs of federally sentenced women are addressed. The debate between these two approaches is seen as counterproductive. Both are clearly supported and will be incorporated in a complementary and balanced ‘core treatment’ component. The model of change remains a valued framework and many saw merit in a broader application within the prison culture. Education, pre-treatment and ongoing maintenance (for both incarcerated women and women in the community) are also considered essential and will be added to the treatment continuum; and
- Programs generally are delivered in isolation from one another. Communication is difficult and content overlap is discouraged. Isolation or fracturing is also evident in the growing concern regarding prison culture. The new model for substance abuse programming will promote connection and common purpose with other program areas and, in so doing, will encourage a return to the holistic ‘healthy community’ model originally envisaged in *Creating Choices*. Enhanced opportunities for peer support will be important in encouraging program integration and community building.

Equally important were the recommendations pertaining to the infrastructure. The following are examples of commonly noted themes:

- Most supported the intent and value of using community agencies in program delivery, although stability and continuity are real concerns. Strengthening community support systems requires dedicated effort within each institution.

This is an ongoing task that not only affects institutional programming, but also directly impacts on effective reintegration;

- Program resources must be protected. Competing priorities should not impact on program delivery.
- Timely orientation and training at all levels, from primary workers to senior management, is critical in order to preserve direction and program integrity; and
- Research and evaluation are essential components. Despite the challenges associated with population size, dispersement, etc., initiatives to develop gender responsive instruments for assessment and measurement of program impact are needed.

### The future

Experts, Correctional Services of Canada staff and the women in the prison system agree on the need for change. Their assessments of existing substance abuse programming and recommendations for the future are strikingly similar. With this level of consensus and endorsement, CSC has begun the work of creating a multi-faceted treatment continuum, one that anchors programming in a gender responsive framework and incorporates best practices from credible theoretical models.

Modules under development for substance abuse programming include:

- Initial Engagement;
- Education and Pre-Treatment;
- Recovery (Therapeutic/Cognitive);

- Maintenance (Institution & Community); and
- Peer Support.

Community integration initiatives, such as, community meetings, peer facilitation, shared program content and goals are also being explored. The role of program coordination is central to the success of this design.

Program enhancement and integration with other core programs will foster a culture or 'milieu' for positive change. By shifting from a related but separate collection of programs to a system that is interdependent, we begin to build connection and community focus. For the women living in this setting, their learning will extend beyond formal teaching or counseling to experiencing and living. This 'healthy community' milieu ultimately functions as a primary intervention as well as a foundation for programming.

Implementation will be phased in. A pilot at one institution is planned for early 2002. It will offer the full treatment continuum with additional components geared to broader program integration and community building. A national pilot will follow later in the year. Parallel challenges to the supporting infrastructure require immediate and ongoing attention. ■

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<sup>2</sup> Alberta Alcohol and Drug Abuse Commission and Kerr Creative Consulting (1995). *Substance Abuse Program for Federally Sentenced Women*.

<sup>3</sup> Prochaska, J., Norcross, J., and DiClemente, C. (1994). *Changing for Good*. New York, NY: Morrow.

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