

Programs for substance abusing offenders in Canada: A national survey

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One recommendation that stemmed from meetings by the Canadian Federal, Provincial, Territorial Justice Ministers and the Heads of Corrections regarding the issue of growth in prison populations, was the need for improved understanding about offender programming. An ongoing initiative to address this concern has been the development of a contemporary compendium of "what works" in offender programming.² For this initiative, a program is defined as 'any intervention that is systematically applied to offenders with the expectation that it will result in reduced recidivism'. In this manner, correctional agencies provide intervention, including correctional programs, that is intended to contribute to their mandate for both public safety and timely release of offenders.

Overview

The importance of substance abuse programming is clear from several studies that report a relationship between substance use and crime.³ For instance, 55.9% of federal offenders were under the influence while committing their crimes. Further, standardized assessments at intake indicate that almost 70% of all federal offenders have problems with alcohol or other drugs that warrant intervention, but almost 80% have abused alcohol or drugs. Similar findings are available from a one-day snapshot of provincial offenders⁴, where 20% were reported as having no substance abuse treatment needs.

As part of an initiative to compile a compendium on effective correctional programming, all correctional jurisdictions in Canada were asked to complete a Treatment Survey or Best Practices Survey that fit the aforementioned description of a program. Respondents were asked to identify the program domain or target group for each survey completed, (e.g., substance abuse). Interestingly, in most jurisdictions there were programs designated as exclusively for substance abuse as well as hybrid or multi-need programs that considered a variety of problems, such as, domestic violence, sex offending and violent offending in combination.

At present there is Treatment survey information available from the Correctional Service of Canada (CSC) and all provinces and territories except Quebec. There were 574 programs reflected in the Treatment Survey and of these 94 (16.4%) were

specifically for substance abusers. There were 136 programs reflected in the Best Practices Survey and of these 18 (13.2%) were specifically for substance abusers. Of the Treatment Surveys, 288 (50.2%) were federal and of the Best Practice Surveys, 77 (56.6%) were federal. For the purpose of this article comparisons have been made between federal and provincial jurisdictions, but breakdowns are available upon request for a specific jurisdiction.

One program may be in multiple sites, particularly for the federal context. Increasingly it appears that fewer, standardized programs are provided across several sites within a jurisdiction rather than a model of having a unique program for every site. Nonetheless, both the federal (2.1%) and provincial (5.6%) jurisdictions described multi-need programs that included substance abuse as a target. These findings suggest that jurisdictions may attempt to provide programming services to multi-need offenders by combining elements of different programs. It is unclear if this is driven by operational and practical considerations or theoretical (i.e., must consider the context of substance use and violent or sexual offending).

Federal programs

The most prevalent two programs in CSC are Offender Substance Abuse Pre-Release Program (OSAPP, ALTO in Quebec) and Community Correctional Brief Treatment, Relapse Prevention and Maintenance Program (*Choices*). OSAPP and ALTO are multi-faceted cognitive-behavioral interventions designed to assist offenders in developing and mastering skills to successfully modify their substance abuse. A recent study reported completion rates of 89% for OSAPP.⁵ OSAPP participation has been related to significant reductions in re-admissions, re-convictions, and violent re-convictions. The overall goal of *Choices* is to reduce offenders' risk for relapse to substance abuse and criminality. Program objectives include the development of motivation for behavioral change, attitudes that are inconsistent with substance abuse, and the development and enhancement of a range of problem-solving and coping skills that reduce risk of relapse. The completion rate for *Choices* is 86%.⁶

Provincial programs

Although the provinces appear to have fewer dedicated specialized substance abuse programs, the theoretical basis is cognitive behavioral for 70% of the Treatment Survey respondents and 75% of the Best Practice Survey respondents. Most programs indicated the existence of specific admission criteria, service delivery was usually group and individual therapy, and that program targets were both knowledge and skills-based. Program completion rates were unavailable. A one-page description of the essential aspects of each program has been developed for publication in the upcoming compendium. It is hoped that this will provide assistance to referral agents as well as correctional policy staff as they evaluate program requirements.

Description of program elements

Using data from 388 Treatment Surveys and 134 Best Practice Surveys representing unique programs (not sites), comparisons between federal and provincial programs is possible. Regarding program intensity, there was some variability between jurisdictions. For federal programs the proportion for intensive, moderate, and low were comparable (31.5%, 26.3%, and 42.1% respectively). For provincial programs there were relatively few intensive programs (8.3%) compared to moderate (62.5%) and low (29.2%). These differences are notable and may reflect differences in terms of time available to provide programs and offender profiles in terms of need and risk. With respect to program duration, the range was considerable, from 1 week to 52 weeks. However, the majority of the programs (55.6%) were between 6 and 12 weeks duration. Not surprisingly, program duration varied as a function of program intensity (low, $M = 9.1$ weeks; moderate, $M = 12.4$ weeks; intensive, $M = 14.7$ weeks). Similar data reflect the Best Practices, with program duration ranging from 2-30 weeks. The average duration by intensity level were low ($M = 14.3$ weeks), moderate ($M = 19.6$ weeks) and intensive ($M = 39.4$ weeks). Community programs are represented in both the federal and provincial Treatment Surveys.

Interestingly, federal programs appear to have a longer history. Approximately 67% of federal programs were in existence prior to 1991 compared to just 14.5% of provincial substance abuse programs. As noted above, the predominant theoretical approach is cognitive behavioral with emphasis on relapse prevention, but there are many other models available (psychodynamic, psychotherapy, 12 steps, therapeutic community, spirituality).

With respect to admission criteria, the predominant method to select offenders for a program is interview

(federal 28.0%, provincial 27.3%). The nature of their offences (federal 18.0%, provincial 22.7%) and criminal history were also considered (federal 12.0%, provincial 14.8%) in program admission decisions. For the provinces, pre-treatment testing results were also very important (35.2%) in determining which offenders should be admitted to a substance abuse program. Not surprisingly acceptance of responsibility and level of motivation were also considered important (federal 10.0%, provincial 12.5%).

In terms of program delivery format, according to the survey results, the provincial programs are not delivered as group only. For all jurisdictions the preferred model is group with individual sessions (federal 73.7%, provincial 51.7%). Also, program staff are most likely to be the facilitators for substance abuse programs. According to the survey results, few correctional or mental health staff actually deliver these programs.

Summary

As can be seen in Table 1, not all jurisdictions submitted treatment or best practice surveys but this should not be necessarily be interpreted to mean that substance abuse programs are unavailable in those provinces. This is, however, the first attempt at developing an inventory of programs across a variety of program domains. Also, many jurisdictions incorporate substance abuse programming into a multi-need model and these are not reflected in the summary table. Nonetheless, it may be instructive to

Table 1

| Overview of Dedicated Substance Abuse Programs by Jurisdiction | | |
|--|---|---|
| Jurisdiction | Proportion of Programs (%) (n = 574) | Proportion of Best Practices (%) (n = 236) |
| Newfoundland | 23.1 | 0 |
| Nova Scotia | 0 | 25.0 |
| Prince Edward Island | 22.2 | 0 |
| New Brunswick | 28.6 | 0 |
| Ontario | 11.8 | 10.0 |
| Manitoba | 7.5 | 12.5 |
| Saskatchewan | 28.9 | 0 |
| Alberta | 3.0 | 6.3 |
| British Columbia | 25.0 | 0 |
| Yukon | 28.6 | 20.0 |
| Northwest Territories | 31.6 | 0 |
| Correctional Service of Canada | 12.5 | 15.6 |
| Total | 16.4 | 13.2 |

consider the prevalence of the need (approximately 70-80% of offenders have substance use difficulties) with the proportion of programming resources allocated. In this respect, the proportion of program resources is more important than the actual number of programs. It may also be instructive for jurisdictions to review their resource allocation to substance abuse programming relative to their correctional partners and a national "average".

Discussion

The results from this national survey suggest that there is much in common among correctional programs targeting substance abuse in provincial and federal jurisdictions. They share similar referral criteria (criminal history, recognition of problem) and theoretical framework (cognitive-behavioral, relapse prevention). Further, consistent with effective correctional practices, programs of varying intensity are provided (low, moderate, intensive) and program duration increases with the level of intensity. Further, program content appears relatively similar across all programs. Differences between jurisdictions may reflect population differences, (e.g., severity of substance use and/or criminal history) or availability due to differences in sentence length.

For all programs reflected in the Treatment Surveys, 16.4% target substance abuse, compared to 15.2% for violent offenders and 16.6% for sexual offenders. The

relative proportion of programs directly targeting substance use is similar to that for violent and sex offenders, however, the prevalence of a treatment need may be higher for substance abuse. The inclusion of substance abuse as a target in multi-need or hybrid programs perhaps addresses this issue. Such variability in treatment targets, however, may make evaluation difficult in that it may be unclear what in particular contributes to program effectiveness. Finally, all jurisdictions provide some level of programming for substance abuse as part of a broad array of program options and evidence to date suggests that approaches such as those described in the surveys are likely to contribute to the goal of reducing future criminal behaviour. ■

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² Motiuk, L., and Serin, R. C. (2000). Acompendium on "What Works" in offender programming. *Forum on Corrections Research*, 12(2), 3-4.

³ See *The Safe Return of Offenders to the Community: Statistical Overview*, October 2001, Correctional Service of Canada, Research Branch, Ottawa, ON.

⁴ Robinson, D., Porporino, F. J., Millson, W. A., Trevethan, S., and MacKillop, B. (1999). A one-day snapshot of inmates in Canada's adult correctional facilities. *Statistics Canada: Juristat*, no. 85-002-XPE, 18(8).

⁵ T³ Associates (1999). *An outcome evaluation of CSC substance abuse programs: OSAPP, ALTO, and Choices*, Ottawa, ON: Correctional Service of Canada.

⁶ T³ Associates (1999).



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