

Developing national substance abuse programs in Canadian federal corrections

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Approximately 80% of male offenders under the jurisdiction of the Correctional Service of Canada (CSC) are identified as having problems associated with substance use. This data is based on a general needs assessment that takes into account not only offenders who are appropriate candidates for substance abuse programs, but also offenders with a history of use or a current pattern of abuse not related to their criminal activity.

Accordingly, the Service addresses the spectrum of issues associated with substance use and abuse in a co-ordinated and comprehensive manner, as reflected in the drug strategy and organizational priorities. The Service's strategy is divided into the overarching categories of assessment, interdiction, intervention and ongoing research. Each plays an important role in forwarding the correctional agenda.

The focus here is on national substance abuse programming, in particular the development and current status of the National Substance Abuse Programs (NSAP). The NSAP model is a major advancement that carries on the Service's position as a world leader in effective correctional intervention. These programs and model are based on the current state of technology and, most significantly, will enhance the Service's ability to achieve our mandate.

It is critical for security and public safety that those offenders whose substance abuse is directly related to their criminal activities are provided with alternative skills and strategies to modify this pattern in order to decrease their rates of recidivism. Therefore, the target group for NSAP is those offenders whose substance abuse is a contributing factor to their offence pattern. Using this criterion, almost half of the male institutional offender population (48%) are appropriate candidates for participation in NSAP.

Not all offenders have the same severity of substance abuse problem. The largest sub-group are those with substantial to severe substance abuse problems; currently about one quarter of the total incarcerated population (24%) meet the criteria for high-intensity substance abuse intervention. About 14% of the total incarcerated population require a moderate-intensity program,

and 10% meet the criteria for a low-intensity program. We find the largest proportion of offenders rated as high criminal risk among the offenders requiring high-intensity substance abuse programming versus those in the moderate- and low-intensity program categories.

The Service required a model comprehensive enough to meet the varying needs of these offenders and modernized programs that would address substance abuse and crime.

The need for a new model

Since the mid 1980s, the Correctional Service of Canada has provided access to effective substance abuse programs for offenders with substance abuse problems. This took the form of a moderate-intensity, institutional, pre-release program [Offender Substance Abuse Pre-release Program (OSAPP)] and a low-intensity, community-based program (Choices). High-intensity intervention was approximated through the combination of OSAPP and Choices plus maintenance, and later by the High Intensity Substance Abuse Program (HISAP) pilot.

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Institutional programming was generally provided pre-release, with the exception of the long-term offender program. The provision of maintenance, a critical component of the Service's programming strategy, was sporadic at best.

Program evaluation provided overall support for the efficacy of these programs; however, the data also highlighted shortfalls in the model. Offenders with the most serious problems were most likely to constitute the drop-outs of the program, and the impact of the intervention was thereby reduced.² Anecdotally, OSAPP graduates who also participated in Choices found the

repetitiveness frustrating. They did acknowledge the value of the maintenance component, however.

The evaluation results underscored the fact that it was participation in community aftercare that enhanced stability. Offenders who completed only the intensive phase of the Choices program had outcomes comparable to the matched comparison group, i.e., offenders without the low-intensity substance abuse program. There was a 56% reduction in reconvictions for those who participated in community aftercare.³

Operationally, there were also limitations. The evaluation found that, to maximize safety and security, early admission of offenders into the substance abuse programs was necessary. In the absence of this, the Service was relying primarily on interdiction measures while offenders continued their drug seeking and using behaviours without the intervention necessary to help them stop. Gaps in the ability to provide appropriately matched services, with an increasing number of offenders requiring high-intensity intervention, had an impact in the areas of management and reintegration.

In sum, the model needed to be re-worked to enhance the efficacy of our substance abuse interventions.

The development of new programs

The results of program evaluation and operational experience, in conjunction with the recommendations made during meetings of the international program accreditation panel, were used to shape the current substance-abuse program model. The core design team⁴ worked with regional experts in developing the programs. Dr. Harvey Milkman, an international expert on treating substance abuse and crime, provided further consultation.

Upon completion of this large undertaking, the Service had three essentially new programs: NSAP-high, an 89-session, high-intensity program for offenders with the most serious substance abuse problems; NSAP-moderate, a 26-session program designed for offenders with a moderate need level; and NSAP-low, a 10-session, community-based, low-intensity intervention for offenders with low-level substance abuse problems.

The NSAP model requires that offenders participate in continuous-intake institutional and

community maintenance at a frequency that is based on their risk and need. Offenders who participate in institutional programming also attend the pre-release booster no more than three months before their release into the community. The booster can be integrated into the existing maintenance or function as a stand-alone with the number of participants ranging from one to ten. It is designed to orient offenders toward the community and to augment their relapse prevention plans and strategies for high-risk situations in the community.

. . . in NSAP the link between substance abuse and crime is put into focus

The NSAP content is an evolution of the earlier programs' content. It was developed to help offenders modify their substance abuse and criminal behaviour. Unlike in the earlier substance abuse programs, in NSAP the link between substance abuse and crime is put into focus, and offenders analyze their patterns and develop a relapse and recidivism prevention plan. There are more skills taught and more time allotted to practise these skills. The strategies included in the program were selected to prepare the offenders to better manage those situations that initiate a relapse into crime and/or substance misuse and to enhance their lives in four key areas: better relationships, feeling good, satisfying life, and personal control and freedom.

The four program phases

Each intensity level of the program follows the same four phases. Phase I, "Deciding What I Would Like to Change," is devoted primarily to setting goals and enhancing motivation. Participants are taught basic self-management skills and strategies for managing cravings, and they start the process of self-monitoring. Self-monitoring plays a prominent role throughout the entire program. As the offenders are introduced to skills, they select the ones they are going to use to enhance their self regulation and then practise and monitor them regularly. They report back on their experiences using the skills, and the outcome, at the beginning of each program session.

Phase II, "Improving the Odds: Understanding and Learning How to Manage Risk," focuses on

the identification of risk situations and the cycle of substance abuse and crime. Offenders identify their internal and external triggers and also explore how these triggers build to result in problems. The escalation of difficulties is described using the traffic light analogy. Zamble and Quinsey's (1997) recidivism process⁵ is used to demonstrate how poor responses to everyday stressors can result in a return to substance abuse and crime. Problem solving is introduced, and individuals start developing their relapse and recidivism prevention plans using the steps.

Phase III, "Learning the Tools for Change: Expanding my Options," is designed to provide participants with basic cognitive and behaviour skills to manage themselves differently. Skills are taught within the context of enhancing the four key life areas. For example, social skills are taught as a way to enhance better relationships and build support networks. Cognitive coping is one part of emotion management for feeling good.

In Phase IV, "Using the Skills and Planning for my Future," the primary objective is to provide offenders with an opportunity to select and formalize how they are going to use the skills and strategies introduced in the programs to manage their behaviour and prevent relapse (relapse prevention planning). Further goal-setting is undertaken in the areas of leisure, relationships, work/school, finances, health and well-being, and building community support.

Finally, participants evaluate their own progress during the program, including their competence with the skills selected for relapse prevention. This reinforces the importance of participants continuing to self-monitor and to use the skills they have learned to ultimately achieve their life-area goals and to decrease the likelihood of a return to substance abuse and crime.

Staff training

Staff training has changed considerably in this new model. Every facilitator must be trained to deliver the highest intensity level of the program. This is a positive step that ensures facilitators, regardless of operational site or intensity of program delivered, are fully aware of the content of each program.

In order to further equip facilitators, the development team created the facilitator's manual. It is a resource that provides basic information on understanding and managing group dynamics; addressing responsiveness factors

such as mental health, diversity and literacy; and the theory behind the skills and instructions to teach them.

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Overview of changes

Overall, then, the major changes made to the Service's substance abuse programming model include the provision of all institutional substance abuse programs as early in the sentence as possible, cessation of the stacking of programs of varying intensity, and the addition of a release "booster" component and maintenance to be offered to all institutional substance-abuse program participants.

Programs are less educational in nature and focus on skill development and practice. Practically, this brings the delivery model closer in line with the principles of appropriate program matching. As well, it meets the requirement for the consistent provision of aftercare. Offenders are now provided with the ongoing structure and support for skill acquisition and rehearsal through the program and ongoing maintenance in the institution and community, as required.

The International Accreditation Panel responded very positively to the new substance abuse programs and model and accredited them. The members of the panel stated that the high-intensity program stands as a model for high-intensity treatment of drug abusing offenders. As well, the maintenance/booster phase was given special commendation. The panel considered the institutional maintenance to be innovative, and the continuity of care extending into the community as ambitiously setting a new standard within CSC.

Status of implementation of new programs

The NSAP model was fully implemented in 2004/05. The Service's ability to support the augmented model is as a result of a successful submission to Treasury Board that brought an annual increase to the existing substance abuse program budget of over 5 million dollars annually.

Program shifts such as this are immense undertakings. They require dedication and

commitment from everyone involved in the operational sites and regions across Canada. The speed with which the NSAP programs were made available to the field is due to the significant efforts of the regional substance-abuse program trainers and quality control co-ordinators. They were required to conduct numerous training events for all the new and existing program facilitators.

Their hard work has been well worth it, and operational sites have responded with an equal effort. The program facilitators and the offenders across Canada have responded enthusiastically to the modified programs. The 2005/06 fiscal year showed the highest level of enrolments in accredited substance abuse programs, as well as a significant increase in the delivery of high-intensity and maintenance programs.

Next steps

Although the NSAPs were assessed against, and deemed to have met, all the criteria for effective intervention, these programs are not static entities. The NSAP model will continue to be refined and enhanced. The delivery of NSAP is regularly monitored to assess implementation of the model and the use of funds. Regions receive reports regarding the delivery of the NSAP, pre-

release booster and ongoing maintenance, including information on the appropriateness of referrals and analysis of rates of delivery against demand.

We are also fortunate to be receiving, on an almost daily basis, feedback from the users of the programs. Program facilitators and participants have an opportunity to describe what they liked best and least in the programs and what they would change, and to provide ratings on the program's components, delivery and effectiveness.

This information, combined with the results of the evaluation conducted by CSC's Research Branch, will be used to enhance future versions of NSAP. ■

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² T3 Associates. (1999). *An outcome evaluation of CSC substance abuse programs: OSAPP, ALTO, and Choices, Final report*. Ottawa, ON: Correctional Service of Canada.

³ Ibid.

⁴ Sylvie Blanchet, John Eno and Carmen Long.

⁵ Zamble, E. and Quinsey, V.L. (1997). *The criminal recidivism process*. Cambridge: Cambridge University Press.

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