

# Women Offender Substance Abuse Programming: Interim results

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In 2001, in response to continued high levels of substance abuse problems among federally sentenced women, the Correctional Service of Canada (CSC) initiated the development of new substance abuse programming for women offenders. Research from the field and from a panel of experts demonstrated the need for a multi-dimensional, gender-responsive model that incorporates both the intervention and the environment. The product of this research was programming that offers a continuum of matched interventions supporting the women, from admission to warrant expiry, to make healthy lifestyle choices.

In 2003, Women Offender Substance Abuse Programming (WOSAP) was implemented as a pilot with the two-year demonstration period ending in May 2005. Preliminary research from the first year has demonstrated strong completion rates, increases in participants' knowledge and skills, and positive participant satisfaction. A final outcome evaluation of WOSAP is currently underway.

## WOSAP implementation

The Women Offender Substance Abuse Programming (WOSAP) was developed to address the substance abuse needs of all women offenders. WOSAP offers formal interventions in addition to focusing on building a supportive institutional community for the development of healthy, functional relationships.<sup>2</sup> Programming offers three modules: 1) Engagement and Education (E & E) - offered to all women in the institution regardless of identified substance abuse problem; 2) Intensive Therapeutic Treatment (ITT) - for offenders with moderate to high substance abuse needs; and 3) Relapse Prevention and Maintenance (RPM) - offered in both the institution and the community to address problematic behaviours related to crime, including substance abuse. In addition, community-building initiatives and a mutual support group specific to women with substance abuse needs provide an environment that supports healthy change.<sup>3</sup>

The first national training session for WOSAP was held in May 2003 with subsequent implementation in four women's federal institutions as well as Burnaby Correctional

Centre for Women and Okimaw Ohci Healing Lodge. Since 2003, WOSAP has been introduced to 22 community sites, with two additional national training sessions. During implementation, program facilitators were supported by regular national teleconferences in addition to site visits and direct communication from national headquarters staff. Feedback collected from program participants and facilitators informed two sets of revisions to both the program manual and implementation guidelines, resulting in a standardized yet dynamic program responsive to the unique needs of each site.

## Interim evaluation

The interim evaluation of the program focused on the first seven months of WOSAP's implementation, from June 1, 2003, to January 1, 2004.<sup>4</sup> Three study groups were compared: 1) an Engagement and Education (E & E) group consisting of 148 women offenders who participated in E & E only; 2) an Intensive Therapeutic Treatment (ITT) group comprised of 45 women; and 3) a comparison group, representing the general population and consisting of 269 women who were incarcerated in federal institutions on May 1, 2003, but who did not participate in WOSAP.<sup>5</sup>

Offender information was obtained from the Offender Management System. Measures of change resulting from participation in the program were gathered from pre- and post-test assessment material. Finally, self-reported information was collected from a semi-structured interview administered prior to participation in Intensive Therapeutic Treatment.

## Interim results

The three study groups were similar in terms of age, race and marital status. Offenders in the E & E, ITT and comparison groups were, on average, 35, 36 and 37 years old, respectively. Almost half of the women in both modules were either married or had common-law status. Similar to the women offender population, the majority of women in both modules, two thirds,

were Caucasian. Aboriginal women accounted for between 23% (E & E) and 31% (ITT) of program participants, similar to the proportion of Aboriginal women in the institutional population (29%).

Severity-of-substance-abuse measures indicated that the appropriate women were assigned to, and participated in, the ITT module with 95% assessed as having a moderate to severe substance abuse problem. Overall, more women were assessed as having a drug problem (80%) than an alcohol problem (50%). Results also demonstrated that most women offenders required treatment for their substance abuse problem, with 75% of the E & E group (keeping in mind that E & E is offered to all women offenders) and 71% of the comparison group (untreated women offenders) assessed as having a moderate to severe problem.

There was total agreement between self-reported and assessed severity of substance abuse for ITT participants who participated in the semi-structured interview, suggesting that the women had an accurate perception of their own problem with drugs and alcohol. A high percentage of these same participants reported problems with the most addictive drugs: cocaine (68%), opiates (56%), crack (51%) or heroin (46%). In contrast, while most women reported using marijuana or hashish over their lifetimes, only 16% indicated that their use of this substance resulted in addiction problems.

Substance use started at an early age for many of these women, and was initiated by the use of alcohol. Less time elapsed for drug use to become regular (2.8 years), however, as compared to regular alcohol use (4.6 years).

High completion rates for E & E (93%) indicate that almost all women were able to complete the module, providing them with an opportunity to learn about the impact of drug and alcohol use in their lives and in the lives of women around them. The more seriously addicted women then proceeded to the ITT module, suggesting that the program is attracting the participants for which it was intended and, with an 82% completion rate, it demonstrated a strong ability to retain these women. A very high degree of participant satisfaction with all aspects measured provides additional support for the use of both modules (see Table 1).

Pre- and post-test assessment results indicate that the program had a positive impact on the women in several domains. Generally, in all of the areas evaluated in this study, changes in the positive

Table 1

Mean scores for the Participant Feedback Questionnaire (PFQ)		
Subsections	E & E Mean score	ITT Mean score
Overall impression <sup>a</sup>	3.4	3.7
Program content and methods <sup>a</sup>	3.5	3.7
Program length <sup>b</sup>	2.9	3.3
Group experience <sup>a</sup>	3.6	3.7
Total number of cases	180	40

<sup>a</sup> Scores increase in degree of satisfaction from 1 to 4.

<sup>b</sup> Scores range from 1 (program perceived to be too short) to 5 (program perceived to be too long).

direction were detected. For E & E participants, women demonstrated an increase in knowledge of the impact of substance abuse in several life areas as measured by the Substance Abuse Knowledge Questionnaire<sup>6</sup> and the How Much Do They Matter Questionnaire<sup>7</sup> (see Table 2), although the increase for the latter scale was not statistically reliable. They also demonstrated an increase in motivation to change (see Table 3) as measured by the Readiness to Change Questionnaire.<sup>8</sup>

ITT participants had similar results, with additional increases in knowledge of the coping skills needed to prevent relapse and increases in self-efficacy and self-esteem, indicating that the program helped to build confidence to address substance abuse challenges. Assessment results are summarized in Table 4 for the following scales: Intensive Therapeutic Treatment Questionnaire,<sup>9</sup> Relapse Attitudes and Knowledge Questionnaire,<sup>10</sup> Coping Behaviours Inventory,<sup>11</sup> Rosenberg's Self-Esteem Scale,<sup>12</sup> and Alcohol/Drug Abstinence Self-Efficacy Scale.<sup>13</sup>

**Relationships**

The majority of ITT participants reported that substance use had had a negative impact on

Table 2

Pre- and post-test mean scores for E & E knowledge measures		
Measures	Pre-test Mean score	Post-test Mean score
Substance Abuse Knowledge Questionnaire	63.8	66.5****
How Much Do They Matter Questionnaire	61.2	62.1
Total number of cases	189	176

Note. Desired change in pre-post test scores: Increase.

\*\*\*\* p < .0001.

Table 3

## Participants' stage of change for E &amp; E and ITT

Stage	E & E		ITT	
	Pre-test %	Post-test %	Pre-test %	Post-test %
Precontemplation	2.0	2.1	2.3	0.0
Contemplation	2.6	1.0	2.3	0.0
Preparation	25.0	11.3	29.6	11.4
Action	14.7	19.0	20.4	14.3
Maintenance	55.8	66.9	45.4	74.3
Total number of cases	156	142	44	35

relationships with their family, friends, partners and children. Furthermore, many women seem to have had relationships with others who abuse substances, with a quarter of the women reporting that their partner was currently using substances and a further 69% having at least one family member with a substance abuse problem.

These findings are consistent with current feminist theory which explains substance abuse within the context of women's relationships. Relational theory posits that women develop a sense of identity and achieve psychological health through mutually supportive relationships and through a sense of connection with others.<sup>14</sup> A lack of such relationships may translate into increased vulnerability to substance use. Women may also use substances as a means of connecting to substance-abusing partners.<sup>15</sup> The results from this study provide empirical evidence for the need to focus on developing and sustaining healthy relationships within the context of substance abuse treatment programming – a component which is woven throughout WOSAP's content and structure.

### Trauma

There is longstanding consensus in the literature on the association between the experience of past trauma and substance abuse for women. In this study, all women who responded to the trauma interview reported having experienced trauma in their past. Furthermore, the majority of women who participated in ITT admitted to using substances to cope with their traumatic experiences. Reports of depression and anxiety, and using drugs and alcohol to cope with these emotional states, were also frequent.

WOSAP addresses the first stage of trauma recovery, creating safety, in which women are taught coping strategies to deal with negative emotions associated with their trauma. These study results suggest that the women may benefit from further trauma programming / group work (existent in some institutions) where they can progress to subsequent stages to process their trauma histories, make new and healthier connections, and ultimately sever the tie between their substance use and trauma.

Table 4

## Pre- and post-test mean scores for ITT measures

Measures	Pre-test Mean score	Post-test Mean score
<b>ITT questionnaire subscales<sup>a</sup></b>		
Emotions	49.5	51.7
Spirituality	41.6	45.2**
Relationships	35.9	38.4*
Sexuality	37.2	40.1**
Self	36.1	39.8**
<b>Relapse Attitudes and Knowledge Questionnaire<sup>a</sup></b>		
	80.3	86.8**
<b>Coping Behaviour Inventory<sup>b</sup></b>		
	63.9	33.4****
<b>Rosenberg's Self-Esteem Scale<sup>a</sup></b>		
	28.4	31.5*
<b>Alcohol/Drug Abstinence Self-Efficacy Scale</b>		
Temptation domain subscales <sup>b</sup>		
Negative affect	19.6	10.4****
Social/Positive	18.4	9.5****
Physical and other concerns	15.6	8.4****
Craving and urges	17.0	10.0****
Confidence domain subscales <sup>a</sup>		
Negative affect	11.0	18.3****
Social/Positive	11.4	19.2****
Physical and other concerns	12.3	19.6****
Craving and urges	11.4	18.8****
Total number of cases	45	35

<sup>a</sup> Desired change in all subscale pre-post test scores: Increase.

<sup>b</sup> Desired change in pre-post test scores: Decrease.

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*\*  $p < .0001$ .

## Crime

The association between crime and substance use is also well documented and was replicated in this interim analysis. Almost all women offenders (91%) indicated that they were under the influence of drugs and/or alcohol at the time of their most recent offence. More women reported being under the influence of drugs than alcohol or a combination of both. Of the women reporting being under the influence, 72% indicated that they felt their involvement with drugs contributed to the commission of their crime(s). This percentage dropped to 46% for women who were under the influence of alcohol.

## Conclusion

Before women can implement positive change in regards to their substance abuse, they need the support, knowledge, skills and motivation that will provide them with the foundation upon which to build change. The preliminary results from the WOSAP pilot indicate that women are making gains in these areas as a result of participating in the E & E and ITT modules. The next stage of evaluation will determine whether this foundation translates into sustained change in terms of a decrease in detected drug usage within the institution and reduced recidivism in the community. ■

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<sup>2</sup> For details regarding the background of WOSAP development, including research, policy and program design, refer to Hume, L. & Grant, B. (2001). *Substance abuse programming for women offenders: A proposed structure*. Research Report #R-120. Ottawa, ON: Correctional Service Canada.

<sup>3</sup> For details regarding program content, refer to Hume, L. (2004). A gender-specific substance abuse program for federally-sentenced women. *Forum on Corrections Research*, 16(1), 40-41.

<sup>4</sup> For complete details regarding the interim evaluation, see Grant, B.A., Furlong, A., Hume, L. & White, T. (in preparation). *The women offender substance abuse program: Interim evaluation*. Research Report. Ottawa, ON: Correctional Service Canada.

<sup>5</sup> The Relapse Prevention and Maintenance module was not evaluated for this report.

<sup>6</sup> Addictions Research Centre. (2003). *Substance Abuse Education Questionnaire*. Ottawa, ON: Correctional Service Canada.

<sup>7</sup> Millson, W.A., Weekes, J.R. & Lightfoot, L.O. (1995). *The offender substance abuse pre-release program: Analysis of intermediate and post-release outcomes*. Research Report #R-40. Ottawa, ON: Correctional Service Canada.

<sup>8</sup> Heather, N., Luce, A., Peck, D. & Dunbar, B. (1996). *Development of the Readiness to Change Questionnaire (Treatment Version)*. Report to the Northern and Yorkshire R & D Directorate.

<sup>9</sup> Addictions Research Centre. (2003). *Intensive Therapeutic Treatment Questionnaire*. Ottawa, ON: Correctional Service Canada.

<sup>10</sup> Millson et al. (1995), The offender substance abuse pre-release program.

<sup>11</sup> Litman, G.K., Stapleton, J., Oppenheim, A.N., Peleg, M., & Jackson, P. (1983). An instrument for measuring coping behaviours in hospitalized alcoholics: Implications for relapse prevention treatment. *British Journal of Addiction*, 78, 269-276. (Original adapted to refer to both drug and alcohol use.)

<sup>12</sup> Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

<sup>13</sup> DiClemente, C.C., Carbonari, J.P., Montgomery, R.P.G., & Hughes, S.O. (1994). The Alcohol Abstinence Self-Efficacy Scale. *Journal of Studies in Alcohol*, 55, 141-148. (Original adapted to refer to both drug and alcohol use.)

<sup>14</sup> Miller, J. B. (1987). *Toward a new psychology of women*. Boston: Beacon Press.

<sup>15</sup> Covington, S. S. & Surrey, J. (2000). The relational model of women's psychological development: Implications for substance abuse. *Work in Progress*, No. 91. Wellesley, MA: Stone Center, Working Paper Series.

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