

Managing addictions in the community

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In the summer of 2000, as part of the Correctional Service of Canada's National Drug Strategy, the Addiction Research Centre and the John Howard Society of Greater Moncton Inc. entered into a unique partnership to begin the development of a community-based substance abuse treatment program. The goal of this demonstration project was to develop a treatment program for adult male offenders with moderate to severe alcohol and drug problems as a collaborative effort between government and community. The outcome was the development of a unique, multi-disciplinary approach to substance abuse treatment that integrates a variety of community services in a comprehensive intervention framework. The *Managing Addictions in the Community* program incorporates a clinical component, draws on existing community supports and interventions, and effectively provides a continuity of treatment from institution to community for those offenders being released from federal or provincial institutions who are addicted to drugs and alcohol.

Background

In April 2000, Federal Solicitor General Lawrence MacAulay announced a three-pronged initiative by the Correctional Service of Canada (CSC) to combat the supply of drugs in federal institutions, the demand for drugs by federal offenders, and the problem of substance abuse by offenders living in Canadian communities³. In the spirit of a renewed commitment by government and the voluntary sector to work together, Graham Stewart, Executive Director of John Howard Society (JHS) of Canada proposed the development of a new community-based substance abuse treatment program for offenders.

The John Howard Society in Moncton, New Brunswick, was chosen as the site to develop and pilot the new program. The city of Moncton draws from four federal institutions in the Atlantic Region that house male offenders, as well as two provincial jails. In the two years prior to the project, a total of 203 offenders were released to Moncton and, of these, 73% were assessed as having substance abuse needs.

Furthermore, 23% of those assessed as having substance abuse needs fell into the intermediate to severe category. Because of the Canada/New Brunswick Initiative⁴, the program also targets provincial offenders. The New Brunswick Department of Public Safety reports that up to 85% of offenders on probation have substance abuse as a contributing factor to their crime.

As a key goal of this initiative, the program was designed to be developed in collaboration with key stakeholders. Although this goal initially proved to be a challenge to traditional ways of thinking and working for both JHS and the Addiction Research Centre, bringing in a third level of government and the community generated even greater challenges. The outcome of working in partnership on this project, however, has been a greater mutual understanding and respect for each other's sector, and new working relationships.

The program model

Consultations with the federal and provincial corrections community, and the after-care community, identified that offenders with severe to substantial substance abuse problems often have a correspondingly high need for other interventions upon release. The combination of housing, employment, family, social and recreational needs, along with psychological, medical, and financial problems that are compounded during the offender's reintegration into the community can increase stress levels that may trigger relapse. An effective community-based model must incorporate a comprehensive intervention framework to address these needs, combined with a continuation of the substance abuse treatment received in the institution.

Based on the time frame, it was decided that the most efficient way to achieve our development goal was to incorporate a series of program components into our model that have been researched and documented as effective treatment responses for offenders with substance abuse problems.

The Managing Addictions in the Community demonstration pilot project has three key components:

1. *Choices*: core treatment component that provides continuity of care from the institution.
2. *Substance Abuse Maintenance (SAM)*: long-term ongoing support to maintain improved behaviours before and/or after Choices.
3. *Wraparound Process*: coordination of multiple community resources around the offender in an integrated, formalized, way.

Choices

The Choices program is a community correctional Brief Treatment Relapse Prevention and Maintenance Program that was developed as a national substance abuse treatment program for CSC. It is delivered to offenders who are on conditional release in the community. The overall goal of the program is to reduce the offenders risk for relapse to substance abuse and criminal behaviour. Choices is based on the social-learning model, the most effective model for treatment of offenders in a variety of life domain need areas. The results of an outcome evaluation of the Choices program suggest that the program was successful in increasing the offenders' knowledge about the effects and consequences of alcohol and drug use as well as in the development of a number of skills that are deemed essential in abstaining from or controlling future substance use⁵. Further, the success rates in the community for offenders with substantial to severe substance abuse problems were greater for Choices participants than for those in a matched comparison sample⁶. The Choices program, then, successfully met the criteria for an effective core treatment component that would provide a continuity of treatment from institution to community.

Substance Abuse Maintenance (SAM)

SAM is a continuous-intake community-based substance abuse maintenance program based on the Choices program's relapse prevention theory. With a new Choices program scheduled to begin every 8 to 9 weeks, SAM is available for an offender who is waiting to begin the program and wants to continue maintaining and developing his relapse prevention skills. SAM is also accessible for the offender who has completed the Choices intensive and

maintenance phase. It provides clients with opportunities to discuss challenges, receive feedback, and generally receive long-term ongoing support that some clients may need to maintain changed behaviour in the community.

Wraparound Process

The Wraparound Process is a community-based intervention designed for individuals with complex needs, using a team approach to address those needs. It focuses on developing support for the offender by bringing existing community resources together in a collaborative way. The offender and a Wraparound facilitator begin the process with the identification of needs that fall within 12 life domain areas (such as housing, employment, financial, medical, family, legal). The offender's strengths are also identified at this point through a structured but informal discussion between the facilitator and the offender. This initial process is designed to motivate the offender to fully commit to achieving his substance abuse goals and addressing his reintegration needs.

The offender and the facilitator begin identifying existing resources in the community that may be able to meet those needs as a team. The facilitator and the offender make contact with the various resource people identified and invite them to meet together with the offender. This team then works together to assist the offender in developing a plan to meet his needs. Wraparound has been described as a step above the traditional inter-agency team approach in that it includes non-professional people in the team. For example, a Wraparound team might include clergy, community volunteers, or representatives of community leisure activities to meet the offender's spiritual, socialization, or recreation needs.

The Wraparound Process is based on strong support for the offender when he needs it and at the level of intensity he needs. Services are brought in and phased out based on his needs. When his risk level increases, or he is returned to secure custody, the team members 'wrap tighter' around the client as opposed to walking away. In essence, everyone on the team is working together based on the offender's needs and works with the offender until the needs have been met.

This approach can lead to a total integration into the community of the offender and is based on the concepts of community inclusion and responsibility for "taking care of our own".

Secondary outcomes include feelings of increased support amongst community service providers, increased networking and partnering amongst community service agencies, cross-pollination between corrections and other sectors, and increased knowledge within the service community about the needs and dynamics of substance abuse and offenders. On a broader scale, data capturing tools designed for the project are recording most commonly recommended services, and their availability in the region, providing a 'snapshot' of assets and gaps in community service in the Moncton region.

Most importantly, this approach is providing offenders with more directed interventions and assistance to meet their complex needs while they are working on their substance abuse problem in the community. With the team of professionals and non-professionals working with him, the offender should feel more supported, less isolated, and therefore more likely to succeed in his treatment and integration goals.

Evaluation

Since October 2001, 105 clients have been referred to the Choices program, 32 to SAM, and 25 to the Wraparound Process. Over 40 different community-based agencies/resources and almost a dozen non-professionals have been involved with offenders in the Wraparound Process to date.

The development of a research model consistent with the information required by CSC and the

New Brunswick Department of Public Safety is being done in collaboration with the Addiction Research Centre. Traditionally, substance abuse treatment programs developed for CSC have generally identified recidivism as a primary indicator of successful treatment. There are three areas in which this project is being evaluated. The project's main research question is around whether the Wraparound Process is effective, as an add-on to existing CSC substance abuse programming. Second, this project will identify and use additional indicators that relate to the objective of community integration. As such, positive changes in money management, employment, development of social/recreational support systems, and general coping in the community are being recorded. Third, because of the strong collaborative nature of this pilot project, information is being gathered from community partners to find out if the program and process are of value based on their own mandates.

Next steps

As a result of tremendous work of all partners involved, unforeseen and unavoidable delays that occurred early in the project have been corrected. In essence, these problems created a lack of referrals to the Wraparound component and, as such, the number of participants in this component has been less than anticipated. Fortunately, there is an opportunity to continue the research and evaluation of the program over the next two years and a full evaluation should be completed in March 2005. ■

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³ News Release: *Federal Solicitor General Announces Drug Strategy Initiatives*. Downloaded via world wide web 2003-01-07: www.csc-scc.gc.ca/text/releases/00-04-05_e.shtml.

⁴ An Exchange of Services Agreement between the Government of Canada and the Government of New Brunswick pursuant to section 16 of the CCRA.

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

⁶ Delnef, C. (2001). Correctional Service of Canada substance abuse programs: OSAPP, ALTO, and Choices. *Forum on Corrections Research*, 13(3), 39.

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