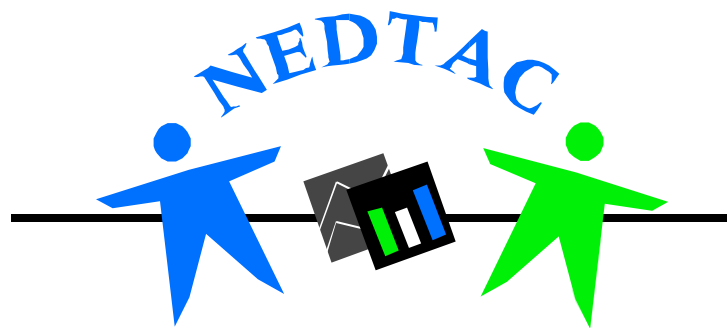


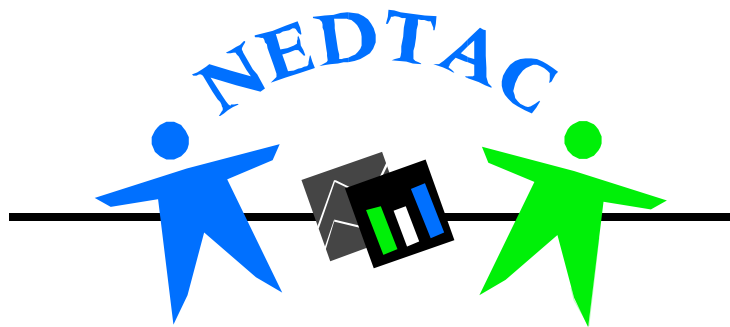
**NATIONAL EVALUATION DATA AND
TECHNICAL ASSISTANCE CENTER**



**RESIDENTIAL TREATMENT IN A THERAPEUTIC
COMMUNITY MAY REDUCE FUTURE INCARCERATION:
A RESEARCH NOTE**

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A RESEARCH NOTE**

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CSAT
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FOREWORD

The effectiveness of publicly funded substance abuse treatment has come under increasing scrutiny in recent years. Indeed, the need to justify the expense of treatment programs based on the results achieved has never been more critical. Toward this end, the Center for Substance Abuse Treatment (CSAT) entered into a cooperative agreement called the District of Columbia Treatment Initiative (DCI). The DCI was an experiment designed to test the efficacy of providing enhanced inpatient and outpatient treatments of different durations to clients seeking treatment in Washington, D.C. The organizations involved in the cooperative agreement included CSAT; D.C. Alcohol and Drug Abuse Services Administration (ADASA); the National Institute on Drug Abuse (NIDA); Koba Associates, Inc., in collaboration with the Research Triangle Institute (RTI); the Institute for Behavior Resources (IBR); and Second Genesis, Inc.

The Center for Substance Abuse Research (CESAR), at the University of Maryland, College Park, was funded by CSAT to conduct a follow-up study with clients who participated in the DCI; specifically, clients assigned to the Second Genesis residential programs. The objective of the study was to determine the extent to which client outcomes differed between clients receiving the experimental program (6 months of inpatient treatment followed by 6 months of outpatient care) and those receiving the standard program (10 months of inpatient treatment followed by 2 months of outpatient care). The study obtained a very high follow-up rate (93%), which is essential to the accurate measurement of treatment outcomes.

This report presents results from a study using data from the DCI. Substance abusers who completed treatment were compared to those who did not complete treatment to determine the likelihood of post-treatment incarceration.

Sharon Bishop
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National Evaluation Data and
Technical Assistance Center (NEDTAC)

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The District of Columbia Treatment Initiative (DCI) was a cooperative agreement among the D.C. Alcohol and Drug Abuse Services Administration (ADASA), the National Institute on Drug Abuse (NIDA), through a contract from Caliber Associates, the Center for Substance Abuse Treatment (CSAT), Koba Associates, Inc., in collaboration with the Research Triangle Institute (RTI), the Institute for Behavior Resources (IBR), and Second Genesis, Inc.

We are grateful to the staff and clients at Second Genesis for their participation. We also appreciate the assistance of Jerome Jaffee, Barry Brown, Herman Diesenhaus, Gary Palsgrove, Jeffrey Hoffman, John Carver, Samuel Carson, Robert Gesumaria, and the Addiction Prevention and Recovery Administration (APRA). Finally, special thanks to the interviewers who conducted the follow-up interviews and worked day and night to locate the clients. Without the cooperation of all these parties, this study would not have been possible.

We wish to thank Nena Messina, M.A., Eric Wish, Ph.D., and Susanna Nemes, Ph.D., from CESAR for their development of this report, and Ron Smith, Ph.D., at CSAT for his guidance, review, and comments.

ABSTRACT

This study compared the likelihood of post-treatment incarceration of substance abusers who completed treatment with those who dropped out of treatment. We hypothesized that clients who completed treatment in a residential therapeutic community (TC) would be less likely to be incarcerated at follow-up (an average of 19 months post-discharge). Data came from the District of Columbia Treatment Initiative Experiment (DCI). After controlling for treatment admission variables that were found to be associated with post-treatment incarceration, results indicated that treatment completion remained associated with considerable reductions in incarceration at follow-up in this high risk population. Findings from this study should be replicated.

RESIDENTIAL TREATMENT IN A THERAPEUTIC COMMUNITY MAY REDUCE FUTURE INCARCERATION: A RESEARCH NOTE

1. INTRODUCTION

Collective incapacitation (i.e., offense-based imprisonment policy) is the primary strategy for crime control in the United States. Increased reliance on collective incapacitation has resulted in the tripling of the United States prison populations since 1980 (Beck, 1999; Cohen & Canela-Cacho, 1994). The enactment of new laws that increase the certainty and severity of punishment has predominately targeted drug crimes. Recent estimates from the Arrestee Drug Abuse Monitoring Program (ADAM) are that 68 percent of the arrestees in the United States test positive for one or more drugs (NIJ, 1999). From 1980 to 1990, the likelihood of incarceration after arrest increased fivefold for drug offenses (Beck, 1999), most notably in the Federal system (Mauer, 1997). In fact, 61 percent of the Federal prison population was comprised of drug offenders as of 1995 (Mauer, 1997).

There are several consequences of incapacitation policies for drug offenses. First, these policies have contributed to large increases in criminal justice costs, because of substantial increases in prison populations. At year-end 1996, 1.1 million adults were in custody in state or Federal prisons (Beck, 1999). National corrections costs, including probation and parole, are currently more than \$30 billion annually (Mauer, 1997). Continued imprisonment of drug users will require building new prisons at an estimated cost of about \$75,000 per prison cell (Blumstein, 1995).

Second, incapacitation policies have had minimal crime reduction effects on drug offenders, as evidenced by the fact that traditional sanctions have already been imposed on many repeat offenders and have failed to prevent continued drug use or criminal activity (Cohen & Canela-Cacho, 1994; Mauer, 1997).

Finally, the disproportionate impact of these policies is felt by minority populations and communities (Tonry, 1995). Although drug use cuts across class and racial lines, drug law enforcement has been directed at inner-city minority communities (Mauer, 1997). In fact, Rose and Clear (1998) suggest that over-reliance on incapacitation can actually lead to the social conditions that increase crime, such as urban communities facing economic hardship due to the removal of large numbers of adult males. The increased numbers of single-parent households and unsupervised youth that result have been shown to be associated with increases in crime rates (Sampson, 1985; Sampson & Groves, 1989).

Many social scientists recognize the inability of traditional criminal justice policies to deal with the extensive drug problem in this country (Mauer, 1997). Fishbein (1990) contends that mandatory minimum sentences designed to “get tough” on drug crime have had limited success because they fail to address the underlying problems of addiction. The recent development of over 275 drug courts across the United States indicates a growing acceptance that court-ordered, community-based treatment may be a promising alternative to incapacitation (Dcschenes, Turner, & Greenwood, 1995). Zimring and Hawkins (1995) state that crime reduction by means of imprisonment lasts no longer than the last day of incarceration. The authors claim that influencing behavior through appropriate treatment will have a greater likelihood of reducing crime by that offender. One alternative to incarceration may be placement in a residential (TC). In this paper we use findings from the (DCI) to look at whether completing treatment in a residential TC might be an effective strategy for reducing the likelihood of a subsequent incarceration.

2. THE DISTRICT OF COLUMBIA TREATMENT INITIATIVE (DCI)

The DCI was a randomized experiment designed to test the efficacy of providing TC treatment and subsequent outpatient treatment of different lengths and intensity to clients entering treatment in Washington, D.C. An extensive follow-up study of DCI clients re-interviewed 93 percent (N=380) of the target population an average of 19 months after release from treatment (Nemes, Wish, & Messina, 1999). A more detailed description of the DCI appears in Nemes, Wish, and Messina (1998). As part of this outcome study, we found that treatment completion was related to marked reductions in drug use and post-discharge arrests, as well as increased employment at follow-up (Nemes et al., 1999).

We also discovered that clients interviewed in the community were much more likely to have completed treatment than clients interviewed in prison (44% versus 10%). It appeared reasonable to hypothesize that treatment completion had reduced the likelihood of being incarcerated at follow-up. We first considered the obvious possibility that this relationship was circular, with clients being terminated from treatment after they had been arrested and incarcerated. Yet, we found that only four clients in our sample reported being terminated from treatment because of an arrest. We excluded these four clients from further analysis, leaving a final sample of 376 clients.

3. RESULTS

We used bivariate analyses to identify factors that were associated with incarceration at follow-up and immediately found that only 6 percent of the 105 women were incarcerated at follow-up compared with 24 percent of the men. Due to the very low number of women incarcerated (n=6), we limited our analyses to the 271 male clients.

In addition to treatment completion status, we looked at a number of demographic, criminal history, and substance abuse history variables collected at treatment admission that we thought might be related to post-treatment incarceration. Exhibit 1 shows that 6 of the 10 variables that we examined were significantly related to being incarcerated at follow-up. Most notably, men who dropped out of treatment, who were under 25 years old at admission, and who had extensive involvement with the criminal justice system prior to treatment, were most likely to be incarcerated at follow-up.

Logistic regression analysis was performed to determine the degree of the association between treatment completion and incarceration at follow-up while controlling for significant client characteristics and other related factors found in the bivariate analyses. Exhibit 2 shows that two treatment admission variables, age and criminal justice status, remained significantly related to incarceration at follow-up (drug disorder at admission, prior drug treatment, and total prior arrests were no longer significant). Each 1 year increase in the age of a client reduced the odds of being incarcerated by 10 percent. However, formal criminal justice supervision at treatment admission (i.e., probation, parole, on bail, or in jail) increased the odds of incarceration at follow-up by over 1000 percent.

After controlling for treatment admission variables, treatment completion remained significantly related to incarceration at follow-up. Completing treatment reduced the odds of being incarcerated at follow-up by 90 percent (this translates into an average 10% probability of being incarcerated at follow-up for treatment completers across all predictors in the model versus an average 51% probability for treatment drop-outs).

EXHIBIT 1 PERCENT OF MEN INCARCERATED AT FOLLOW-UP, BY CLIENT CHARACTERISTICS (N=271)^{ab}		
CHARACTERISTICS	INCARCERATED %	P-VALUE
Age at Admission		.01
19-25 (44)	48%	
26-30 (86)	24%	
31-35 (71)	18%	
36-40 (41)	20%	
>41 (29)	7%	
Education at Admission		.22
11 years or less (176)	26%	
12 years (44)	25%	
Post High-School (49)	14%	
Ever Had Legitimate Job		.35
Yes (245)	23%	
No (24)	29%	
Marital Status at Admission		.09
Married/Living As (41)	17%	
Divorced/Separated (38)	13%	
Never Married (190)	27%	
Primary Drug Disorder		.01
Alcohol/Marijuana/PCP (13)	54%	
Cocaine (112)	21%	
Heroin & Cocaine (102)	16%	
Prior Treatment		.05
Yes (123)	19%	
No (145)	28%	
Total Prior Arrests		.01
0-1 (33)	0%	
2-5 (68)	19%	
6-9 (74)	30%	
>10 (95)	32%	
C.J. Status at Admission		.01
None (78)	4%	
Probation, Parole, Bail, Jail (192)	32%	
SCID Diagnosis		.23
No Disorder (47)	21%	
Provisional Only (26)	31%	
Other Disorders (16)	6%	
Depression (15)	33%	
APD (101)	21%	
APD & Depression (22)	9%	
Treatment Program Status		.01
Did Not Graduate (173)	36%	
Graduated (98)	7%	

^a Excludes clients terminated from treatment due to arrest.

^b Numbers vary slightly due to missing data.

EXHIBIT 2			
COEFFICIENTS OF LOGISTIC REGRESSION ASSESSING INCARCERATION AT FOLLOW-UP (N=267)			
VARIABLES	BETA	P-VALUE	EXP (B)
Age	-.1071	.01	.8984
Total Prior Arrests	.0458	.16	
C.J. Status at Admission [None] Probation, Parole, Bail, Jail	2.7419	.01	15.5168
Primary Drug Disorder [Alcohol/Marijuana/PCP] Cocaine Heroin & Cocaine	-1.1972 -1.4805	.14 .09	
Prior Drug Treatment [No] Yes	.0334	.94	
Treatment Status [Did Not Graduate] Graduated	-2.3224	.01	.0980
Constant	1.0939	.45	

Note: [Brackets] indicate reference category

4. DISCUSSION

Our findings suggest that completion of treatment was associated with considerable reductions in incarceration at follow-up in this high risk population. Even after controlling for the large negative effect of being under formal criminal justice supervision at admission, completing treatment remained an important factor associated with substantially lower probabilities of incarceration. This result is consistent with our prior findings indicating that treatment completion was related to a number of other positive outcomes at follow-up (Nemes et al., 1999), even after controlling for a multitude of other variables related to treatment outcomes, such as inpatient treatment services (Nemes, Messina, Wish, & Wraight, 1999), gender (Messina, Wish, & Nemes, submitted), and antisocial personality disorder (APD) (Messina, Wish, & Nemes, 1999).

Although our findings indicate that treatment completion is associated with a reduced likelihood of being incarcerated at follow-up, it is difficult to identify the mechanism behind these findings. Is it treatment completion or client compliance that is most important? Clients who are motivated to complete treatment could also be the most motivated to do well after treatment.

Regardless of the “completion versus compliance” dilemma, the findings from this study should be replicated. If persons who complete treatment in a TC are less likely to be incarcerated at follow-up, residential treatment may be one answer to the rising costs of the criminal justice system in the United States, as well as to the huge social costs to minority populations.

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