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ACQUISITIONS This Issue in Brief

The Leadership Development Program for Federal Probation and Pretrial Services Officers.—Authors Michael Eric Siegel and Marilyn C. Vernon describe the Federal Judicial Center's Leadership Development Program, a 3-year program designed to give participants the opportunity to develop the knowledge, skills, and attitudes of effective leaders. The authors explain why the program was developed, who is eligible to participate in the program, and what the program requires. They give examples of the in-district reports and temporary duty assignments undertaken by participants thus far.

The Feasibility of Establishing Probation Field Offices in the District of Minnesota.—Author Garold T. Ray reports on a comprehensive study which addressed the issue of whether to open additional probation field offices in the district. Based on data regarding numbers of supervision cases and investigations, a survey of officers' opinions, and a cost analysis, he addresses whether establishing field offices will improve the quality of investigations and supervision, provide greater service to the court, enhance officer morale, and be cost effective.

Building Synergy in Probation.—Can traditional management styles keep pace with the multidimensional, fast-paced fluidity of the present-day criminal justice system? Author Frederick R. Chavaria explains the limitations of the traditional top-to-bottom command authority and relates the benefits of a managerial/leadership approach which encourages synergy, a notion of partnership. He stresses the importance of continually reassessing organizational priorities, policy, and mission and of practicing a management style anchored in trust, concern for staff, and shared decisionmaking.

Intensive Supervision: A New Way to Connect With Offenders.—The U.S. probation office in the Southern District of Florida was looking for an immediate sanction for drug use in the occasional drug user population. It tried intensive supervision and found "a powerful method to control risk." Authors Carol Freburger and Marci B. Almon describe what intensive supervision involved for both the officers and the of-

fenders. They point out the supervision advantages and the administrative advantages of this method and what it requires as far as personnel and equipment.

Group Reporting—A Sensible Way to Manage High Caseloads.—With more offenders on probation and fewer officers to supervise them, what is a practical way to supervise offenders who require ongoing contact but not a high degree of intervention? Anoka County Community Corrections has had some success with group reporting. Author Jerry Soma explains how group reporting works and how it allows his agency to meet its goals to maintain face-to-face con-

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Drug Treatment in the Criminal Justice System

BY GREGORY P. FALKIN, PH.D., MICHAEL PRENDERGAST, PH.D.,
AND M. DOUGLAS ANGLIN, PH.D.*

RESearch CONDUCTED during the past decade has demonstrated a need to enhance treatment for drug-involved offenders at all stages of the criminal justice process. Data from the National Institute of Justice's Drug Use Forecasting (DUF) program show that as many as three-quarters of arrestees (men and women) test positive for one or more illicit drugs; many of these arrestees are dependent on drugs and in need of treatment (National Institute of Justice, 1992). Abundant evidence exists that crime rates are higher among drug-dependent offenders than among offenders who do not use drugs, and among addicts during periods of drug use compared with periods when drugs are not used (Ball et al., 1981; Hanlon et al., 1990; Speckart & Anglin, 1986). Fortunately, research has also shown that drug treatment can curb recidivism and relapse among drug-using offenders (Anglin & Hser, 1990; Falkin et al., 1992; Leukefeld & Tims, 1992).

To understand the current scope of the problem and the state-of-the-art in treating drug-abusing offenders, a number of questions related to needs assessment, program effectiveness, and the delivery of treatment services must be addressed. The main policy related questions discussed in this article are: How many offenders need drug treatment, and to what extent is this need being met? How effective are different types of drug treatment programs, particularly those that specialize in treating drug-dependent offenders, and what kinds of programs work best for different types of offenders? What is the state-of-the-art in criminal justice drug treatment, and what can be done to enhance treatment efforts?

A Substantial Proportion of Offenders Need Drug Treatment

There has been a huge influx of drug users in the criminal justice system since the early 1980's, and many of these individuals have problems serious enough to warrant treatment. In the mid-1970's,

states began passing tougher laws to protect the public and to exact retribution for criminals. Law enforcement agencies stepped up campaigns against drug law violators, especially drug traffickers and neighborhood dealers (Coldren et al., 1990; Uchida et al., 1992). As a consequence, prosecutors and probation and parole officers were forced to struggle with unmanageable caseloads, court calendars became backlogged, and the Nation's jails and prisons became overcrowded (Belenko, 1990). (America's prison system grew three-fold in the last decade, becoming the largest in the free world—and at a staggering price [Morris, 1993].) A sizable proportion of offenders in each segment of the system are either there on drug charges, or they have a substance abuse problem, which is often related to their criminal involvement.

Perhaps the most widely cited indication of this problem is the DUF data, which have shown a generally high rate of drug prevalence among arrestees (National Institute of Justice, 1992). DUF data show that about 50 to 80 percent of arrestees in the 24 DUF cities tested positive for one or more drugs shortly after arrest. These prevalence figures have remained fairly constant over the last several years, while drug use in the general population has been declining. Rates of drug use are especially high for minorities and for women, and there are some indications that their rates of use (e.g., for cocaine) have been growing. Several other surveys corroborate these findings and show that drug use is prevalent among probationers, jail inmates, prisoners, and parolees (Prendergast et al., 1992).

It is possible that not all of these individuals need drug treatment. To learn more specifically how many offenders need treatment, the research team analyzed recent DUF data based on a few indications of need. The criteria for needing treatment are (a) offenders who test positive for drugs admitted using drugs regularly before being arrested (at least 10 times in the past month), (b) they were in treatment when they were arrested, or (c) they said that they wanted to be in treatment. According to this fairly conservative definition, the percentage of arrestees who are probably in need of treatment is about 45 percent for those who test positive for cocaine (in DUF cities), about 60 percent for those who test positive for opiates, and slightly more than 75 percent for those who inject cocaine, opiates, or amphetamines (Prendergast et al., 1992).

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The Need for Treatment Is Not Being Met

Although these figures demonstrate the extent of the aggregate need for treatment, they do not fully convey the magnitude of the problem. First, many arrestees who need treatment are not in treatment at the time they are arrested. In the DUF cities, the number of arrestees who need treatment, relative to the number enrolled in treatment, is about 16 to 1 for those who test positive for cocaine, 10 to 1 for those who test positive for opiates, and 12 to 1 for those who inject drugs (Prendergast et al., 1992). Second, less than one-third of the Nation's jails have a drug treatment program (most of these programs consist of drug education and group counseling rather than comprehensive services) (Peters et al., 1993). Third, although the number of prison inmates who receive treatment has increased dramatically since 1980 (Falkin et al., 1992; Harlow, 1992), the "majority of inmates with substance abuse problems still do not receive treatment while in prison" (Falkin et al., 1992). Ironically, Federal and state treatment capacity is under-utilized because some inmates who need treatment do not meet certain admission criteria (e.g., parole date is too far away), and others refuse to enter treatment (Harlow, 1992).

Finally, treatment is obviously needed because conventional criminal sanctions are not effective in reducing recidivism among drug-using offenders (Beck & Shipley, 1989; Farrington et al., 1986; Langan & Cunniff, 1992). Despite the efforts in the last several years to expand and enhance treatment programs for offenders (some of which are discussed below), indications are that treatment is not available to a large proportion of offenders who need it. A recent survey of over 2,000 criminal justice officials pointed out that "many survey respondents expressed concern that arrest and incarceration alone were insufficient to deter drug-dependent offenders from continuing their criminal behavior" and that "officials in all criminal justice professions reported needing affordable drug treatment programs" (National Institute of Justice, 1991). A more recent survey conducted specifically of judges and prosecutors found that they believe that treatment is more readily available in correctional settings and that the courts also need resources to intervene with offenders who have drug problems (Milkman et al., 1993).

Drug Treatment Is an Effective Government Response

A large body of literature has consistently shown that drug treatment is associated with significant reductions in criminality, drug use, and other lifestyle problems (Anglin & Hser, 1990; De Leon, 1985; Hubbard et al., 1989). Clients who are mandated to community-based treatment programs tend to remain in treatment longer than those who are admitted voluntarily, and length of stay is one of the best pre-

dictors of success after treatment (Anglin & Hser, 1990; Hubbard et al., 1988). A few intensive prison-based drug treatment programs have also been found to be effective in curbing recidivism (Falkin et al., 1992).

A careful review of 24 evaluation studies of drug treatment programs developed specifically for offenders (e.g., intensive supervision with treatment and prison- and jail-based programs), however, found mixed results in terms of treatment effectiveness (Falkin & Natarajan, 1993). Some studies showed favorable results in terms of lower recidivism, lower drug use, and lower rule violations, but others did not. The failure of some studies to demonstrate a positive treatment outcome may be due to one of two possibilities: either the treatment is not intensive enough to change behavior or weaknesses in the research methodologies result in inconclusive findings about treatment effects. Because there are a variety of limitations in the methodologies, it is difficult to make a definitive statement about the effectiveness of treatment programs geared specifically for offenders, and therefore additional and more methodologically sound research on these programs is needed. There are a number of national and local evaluation studies currently under way, but it will be a few years before the cumulative results can be appraised.

Offenders Have Various Needs, and Many Need Comprehensive Services

As criminal justice officials see firsthand, drug abuse is usually part of a disadvantaged and troubled lifestyle. Most drug-using arrestees have inadequate job skills, are uneducated (sometimes illiterate), without adequate housing, and in poor health, often as a direct result of drug use (e.g., hepatitis, tuberculosis, and AIDS). In addition, some suffer from mental illness. Research has shown that people with such complex difficulties can succeed in treatment, provided that it is intensive enough and that comprehensive services are delivered (Anglin & Hser, 1990; De Leon, 1985; Falkin et al., 1992). Thus, in matching offenders to appropriate treatments, it is crucial to consider the intensity and variety of services needed relative to the severity of offenders' problems.

Most criminal justice agencies, however, assign clients to treatment primarily on the basis of criminal charges and prior record, which do not necessarily reflect the severity of an individual's drug use and other psychosocial problems. The Offender Profile Index (OPI) was developed to counter this limitation (Inciardi et al., 1993). The OPI assigns clients to different levels of treatment (long-term residential, short-term residential, intensive outpatient, outpatient, and urine testing only) based on a number of

aspects of their "stakes in conformity," which includes drug use and treatment histories, job situation, education, and housing, as well as criminal involvement. The OPI is currently being used in a number of jurisdictions; it is perhaps the most sophisticated method of matching offenders to treatment. Nonetheless, questions have been raised about the validity of this instrument; further research on matching offenders to appropriate treatments would certainly be valuable.

The Treatment System for Offenders Is Being Expanded and Enhanced

In the last several years, criminal justice authorities in many jurisdictions throughout the country have dramatically increased their efforts to engage drug-dependent offenders in treatment. These initiatives include deferred prosecution programs, supervised pretrial release with a condition of treatment, special drug courts, drug testing and evaluation programs, Treatment Alternatives to Street Crime (TASC), intensive supervision programs that require treatment, and jail- and prison-based treatment (e.g., therapeutic communities). Many of these criminal justice efforts are supported by agencies in the drug treatment system, such as the Center for Substance Abuse Treatment. Federal and state alcohol and drug treatment agencies have provided funding not only for community-based programs to which offenders are referred, but also for criminal justice-based programs. Treatment slots are being dedicated specifically for offenders, and treatment professionals are providing criminal justice personnel with training and technical assistance. Thus, the considerable expansion of, and improvements in, treatment for offenders that has occurred throughout the country in the last several years has come about through the joint efforts of criminal justice and drug treatment agencies.

The State-of-the-Art Is Based on Coordination

Various approaches to drug treatment have been developed, many facilitated by linkages between the criminal justice and drug treatment systems. Some of the recent developments include contracts between probation departments and community-based treatment programs, acupuncture as a component of diversion programs, day treatment programs for offenders, boot camps devoted to drug treatment, therapeutic communities in prisons and jails, and transitional release programs that extend services from institutions into the community. These programs are often developed and implemented jointly by criminal justice agencies and drug treatment providers. To clarify some of the different approaches, and to suggest some strategies for treating offenders, the following paragraphs describe case studies that were conducted in

three state and local jurisdictions that have been developing a comprehensive array of treatment programs and a continuum of services for offenders. The sites are Multnomah County (Portland), Oregon; Jefferson County (Birmingham), Alabama; and Kings County (Brooklyn), New York. The main focus of the study concerned how linkages are involved in the development and implementation of the treatment system for offenders (for a full description, see Falkin, 1993).

Case Study Overview

In general, the main differences among the sites are as follows. Oregon's Community Corrections Act (CCA) requires criminal justice authorities to use the least restrictive sanctions possible, and it provides funding and an administrative infrastructure that fosters the use of drug treatment. Officials in the criminal justice and drug treatment systems participate in a number of state and local committees, task forces, and informal work groups to coordinate the development and implementation of treatment programs in community corrections and the prison system, including a program that provides transitional services for prisoners returning to the community. The state Department of Corrections administers the CCA, and the Office of Alcohol and Drug Abuse Programs supports correctional treatment efforts in a variety of ways (e.g., funding, training, technical assistance).

Jefferson County criminal justice authorities access treatment resources through TASC, which provides a continuum of services to offenders in each stage of the justice process. The Alabama Department of Corrections has dramatically expanded treatment in the prison system in the last several years, establishing an innovative "therapeutic prison" for 640 inmates; however, linkages with community-based treatment are not as well developed as they are in the other two states. In New York, the treatment system for offenders has undergone considerable changes in the last few years, but most of these developments are the result of agency initiatives (supported by the Mayor's Office, the state Office of Alcohol and Substance Abuse Services, and the state Anti-Drug Abuse Council). The system is much more decentralized than in the other two states, and change is accomplished more bureaucratically. Most of the criminal justice treatment efforts in the three sites are recent developments, and they are currently being evaluated.

Deferred Prosecution Programs

All three jurisdictions have a deferred prosecution program in which drug-using defendants are diverted to drug treatment. In Multnomah and Jefferson Counties, defendants charged for the first time for possession of small amounts of controlled substances (e.g.,

less than 5 grams of cocaine) are offered treatment as an alternative to prosecution. In Multnomah County, the program is a cooperative venture of the court, the District Attorney's Office, and the Public Defender's Office. There, clients are placed in an outpatient treatment program that contracts to provide acupuncture and counseling. In Jefferson County, clients are placed in TASC, which refers them to various community-based outpatient treatment programs with which it has formal agreements. The program in Kings County is much different in that it was developed by the District Attorney as an alternative to incarceration for prison-bound offenders. Only nonviolent second felony offenders arrested for drug dealing in buy-and-bust operations are eligible; if convicted, these offenders would receive mandatory minimum prison sentences. They are placed in one of two long-term residential treatment programs (therapeutic communities) with which the District Attorney's Office contracts for treatment services. The Drug Treatment Alternative-To-Prison (DTAP) program has a warrant enforcement team so that any client who leaves treatment is almost certain to be rearrested and sent to prison.

Treatment for Released and Jailed Defendants

Multnomah and Jefferson Counties also provide treatment to defendants whose abuse of drugs places them at risk of failing to appear in court if they are released from jail pending trial. Multnomah County's pretrial service agency operates a Pretrial Supervision Release Program (PSRP) in which staff refer defendants who need treatment to community-based treatment programs. The Public Defender's Office also has a treatment resource databank (with daily information on treatment availability), and attorneys refer clients to appropriate services. Although treatment in the jails is limited, there is a comprehensive program for women who are identified as pregnant drug users. The Alcohol and Drug Abuse Prenatal Treatment (ADAPT) program is coordinated by corrections, social service, and health care agencies, and is a model jail transition program, extending services into the community (Wellisch et al., 1993).

In Jefferson County, the pretrial service agency refers to TASC all drug using defendants who are released with contact conditions. (TASC eventually intervenes with all drug use cases that remain in the system.) Again, TASC assesses clients and refers them to an array of community-based treatment programs (based on the OPI); it also provides the criminal justice system with case management services. The jail does not operate a drug treatment program. In New York, the situation with respect to where and when agencies intervene during the pretrial stage is different. There is no formal pretrial supervision and treatment pro-

gram, but the city's Department of Corrections operates a large drug treatment program at the Rikers Island jail. The Substance Abuse Intervention Division (SAID) provides short-term therapeutic community treatment (inmates are released within 45 days on average) to up to 1,600 inmates. Kings County has a TASC program that intervenes during the presentence stage, but it usually intervenes later in the process than Jefferson County TASC. Multnomah County also has a TASC program, but it serves mainly sentenced offenders.

Treatment for Probationers and Parolees

In Jefferson County, the state Board of Pardons and Paroles refers probationers and parolees who have drug problems to TASC. Thus, TASC provides a continuum of services, referring sentenced offenders to various treatment programs with which it has formal agreements and providing case management services for the state agency. A key feature of the linkage between the two systems is a coordinated response to behavioral problems (e.g., drug use, lack of compliance with program rules). This approach coordinates graduated sanctions with gradations in treatment intensity, with TASC moving clients to more or less intensive programs, depending on their behavior.

In New York and Oregon, the probation and parole agencies have developed various systematic approaches to linking clients with treatment. The main features of their approaches are: (1) contracts with drug treatment programs and (2) a centralized assessment and referral unit that places clients in contracting, and other, treatment programs. These approaches strengthen linkages between the community corrections and community-based drug treatment providers, and they assure a greater degree of client compliance with treatment than the traditional approach which leaves assessments, referrals, and monitoring to the discretion of line officers.

Treatment in the Prison System and Transitional Programs

All three states have expanded drug treatment in the prison system significantly in the last few years. They have created a comprehensive array of programs, including drug education and counseling, short-term inpatient programs, and long-term therapeutic communities, and, in Alabama, a total therapeutic institution that includes each of the previous components. Some of the therapeutic community programs have been evaluated and have been shown to be effective in reducing recidivism (Falkin et al., 1992).

In addition, New York and Oregon have developed transitional programs to continue offenders in treatment and to provide them with other services when they return to the community. There are two main

aspects to Oregon's Transitional Release Program: in-prison services for inmates and formal linkages with community-based organizations. TASC of Oregon operates the Success Through Education and Planning (STEP) component, which provides inmates at a prerelease facility with drug education (including relapse prevention) and transitional planning, and staff from several counties visit the facility regularly to assist inmates who will be returning to their communities with services (drug treatment, housing, etc.) that they need to remain drug-free and crime-free. The Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program in New York consists of three phases: treatment in a prison therapeutic community, treatment in a work release facility, and treatment in a community-based program when clients are paroled. CASAT is operated jointly by the Department of Correctional Services, the Division of Parole, and community-based treatment providers.

The Federal Government Can Foster System Developments

The idea of promoting formal cooperation between the criminal justice and drug treatment systems is not new (Wellisch et al., 1994). In the 1970's, there were a number of Federal efforts aimed at forging system linkages, including the development of TASC and regional workshops to facilitate cooperative planning between state criminal justice and treatment agencies. The possibility of improved cooperation and coordination, however, became the victim of the budget cuts and decentralization of the early 1980's. Since then, some Federal efforts to forge linkages between the two systems have continued. TASC survived this period and expanded its role under the sponsorship of the Bureau of Justice Assistance (BJA). From 1986 until 1992, about one dozen states enhanced their prison-based treatment programs as participants in two federally funded projects, REFORM and RECOVERY. These projects engaged drug treatment professionals to share their expertise with prison authorities and program staff both in a series of national conferences and at program sites. In a similar way, the American Probation and Parole Association and the National Association of State Alcohol and Substance Abuse Directors recently joined as partners in a national "Coordinated Interagency Drug Training and Technical Assistance" project (funded by BJA and the Center for Substance Abuse Treatment) that is linking community-based corrections and drug treatment.

Without Federal assistance provided through such discretionary grants and the formula grants, it is doubtful that the recent developments in state and local treatment systems for offenders would have been possible. Given the need for treatment, and the poten-

tial that treatment offers for reducing recidivism among drug-using offenders, it is important that such efforts continue. Part of any effort to develop treatment systems for offenders must include carefully designed research studies because much still needs to be learned about the effectiveness of various approaches.

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