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**Treatment  
Alternatives  
to  
Street  
Crime**

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**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Public Health Service**  
**Alcohol, Drug Abuse, and Mental Health Administration**

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# Treatment Alternatives to Street Crime: History, Experiences, and Issues

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## EXECUTIVE SUMMARY

Treatment Alternatives to Street Crime (TASC) provides an objective bridge between two separate institutions: the criminal justice system and the drug treatment community. The justice system's legal sanctions reflect concerns for public safety and punishment, whereas treatment emphasizes therapeutic intervention as a means for altering drug-taking and drug-seeking behaviors.

Under TASC, community-based supervision is made available to drug-involved individuals who would otherwise burden the justice system with their persistent drug-associated criminality. More specifically, TASC identifies, assesses, and refers drug-involved offenders to community treatment services as an alternative or supplement to existing justice system sanctions and procedures. In the more than 100 jurisdictions where TASC currently operates, it serves as a court diversion mechanism or a supplement to probation supervision. After referral to community-based treatment, TASC monitors the client's progress and compliance, including expectations for abstinence, employment, and improved personal and social functioning. It then reports treatment results back to the referring justice system agency. Clients who violate the conditions of their justice mandate (diversion, deferred sentencing, pretrial intervention, or probation), their TASC contract, or their treatment agreement are typically returned to the justice system for continued processing or sanctions.

Although there has not been a national evaluation of the entire TASC effort, more than forty local programs were assessed from 1972 through 1982. In general, it was found that the majority effectively linked criminal justice and treatment systems, identified previously untreated drug-involved offenders, and intervened with clients to reduce drug abuse and criminal activity. It was established, furthermore, that these successes were related in great part to the extent of a program's attention to what has become known as the TASC "critical elements"--the very foundation of and essential components of the TASC model. These critical elements also provide a generic framework for assessing both organizational and operational program performance standards.

Two recent examinations--the Tyon study in 1986 and the NASADAD study in 1988--suggest that the TASC initiative is meeting its intended operational goals. In short, the TASC experience has been a positive one. TASC has been demonstrated to be highly productive in: 1) identifying populations of drug-involved offenders in great need of treatment; 2) assessing the nature and extent of their drug use patterns and specific treatment needs; 3) effectively referring drug-involved offenders to treatment; 4) serving as a linkage between the criminal justice and treatment systems; and, 5)

providing constructive client identification and monitoring services for the courts, probation, and other segments of the criminal justice system. Perhaps most importantly, evaluation data indicate that TASC-referred clients remain longer in treatment than non-TASC clients, and as a result, have better post-treatment success. Finally, it would appear that through the development and application of its "ten critical elements," TASC has been strengthened both conceptually and operationally. As such, it is poised for expansion in the 1990s.

It is important that TASC be expanded because of the role it can play in reducing the growing rates of violent, drug-related street crime, alleviating court backlogs, and easing crowded prison conditions. On this latter point, TASC can be especially crucial as an adjunct to parole and work release. And finally, TASC is of importance since a number of its "critical elements" directly address many of the issues and recommendations contained in the National Drug Control Strategy.

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## I. INTRODUCTION

Epidemiological data on the prevalence and incidence of drug use in the United States suggest two alternative and somewhat distinct patterns of involvement with cocaine, heroin, and other illegal substances. For the general population of the U.S., that is, the more stable "at home" residents who do not live on the streets or in jails, prisons, or other institutions, existing data indicate that illegal drug use peaked around 1980, with noticeable declines in subsequent years.<sup>1</sup> For example, for high school seniors, 1979 was the peak year for the "annual prevalence" (any use during the past year) of both marijuana at 51% and any/all illegal drugs, at 54%. By 1988, only 39% of high school seniors reported any illegal drug use during the prior year (Johnston et al., 1989, p. 62).

Data from the National Household Survey indicate similar trends among adolescents and young adults. For 18 to 25 year olds in 1979, 46.9% reported the use of marijuana during the previous year. By 1985 that figure had dropped to 36.9%. Cocaine use slipped from 19.6% in 1979 to 16.3% in 1985. Similarly declining proportions were reported for inhalants, hallucinogens, and heroin (Clayton et al., 1988, p. 23). Combined, these data strongly indicate that among those in school as well as those living in stable households, illegal drug use has noticeably declined in recent years.

During the same period, however, research focusing on criminal offenders has documented increased drug use. Data from the Drug Use Forecasting (DUF) project indicate that in most of the 20 monitored metropolitan areas, at least 40 percent of sampled felony arrestees tested positive for cocaine. Results in some urban areas--New York, Miami, Philadelphia, Washington, D.C., and Los Angeles--suggest that the arrestee population is virtually saturated with cocaine. In these cities, more than 60% of sampled felony arrestees tested positive for cocaine and at least 75% tested positive for at least one illegal drug (Drug Use Forecasting, 1990).

This high rate of cocaine use reflects a significant shift in drug use patterns among offenders. During the early 1970s, the relationship between drug use and crime was almost exclusively a problem of heroin use by street criminals. Research during those years indicated that between 15% and 40% of persons arrested or incarcerated were reporting heroin use, with only a scattered few percent reporting cocaine use (Eckerman et al., 1976; Edmundson et al., 1972; Kozel et al. 1976; Weissman et al., 1976). These reports caused the National Institute on Drug Abuse and the

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<sup>1</sup> The two major drug use monitoring systems are the National Household Survey and the National High School Senior Survey, both sponsored by the National Institute on Drug Abuse.

National Institute of Justice to organize a national panel to review the existing research on relationships between drug use and crime, and to suggest policies that might reduce the criminality of drug using offenders (Research Triangle Institute, 1976; Gandossy et.al., 1980). Heroin use and its relationship to property crime was the primary focus of both the existing research of that era and the considerations of the panel in 1975.

The changed patterns of drug use among criminal offenders since then is vividly illustrated by data from Miami. A 1974 analysis of urine samples collected from felony arrestees processed through Miami's central booking facility (using sampling methods similar to those of the current DUF system) found 16% of male arrestees testing positive for opiates and 2% testing positive for cocaine (McBride, 1976). In 1988, using the same EMIT urine testing technology, the DUF project found 64% of felony arrestees in the same central booking facility testing positive for cocaine, with only 1% testing positive for opiates (Drug Use Forecasting, 1990).

Thus, as Wish (1990) has noted, at a time when drug use is declining for students and those living in stable residential situations, street criminals have dramatically increased their drug use, and most of this increase involves cocaine--a drug clearly associated with violent aggressive behavior.<sup>2</sup> These trends have created interest in new treatment initiatives for drug abusing criminal offenders, especially since they have occurred simultaneously with three other factors bolstering interest in the wider use of drug abuse treatment.

First, prison populations grew dramatically during the 1980s. For example, state and federal prison populations grew by almost 100% since 1980, and by more than 10% during 1989 alone. At the close of the decade, state prisons housed a record 644,000 inmates, with federal prison inmates numbering some 56,500 (New York Times, May 20, 1990, pp. 1, 32). These increases are in great part a direct result of the war on drugs. Thus, drug use among street criminals continued to escalate even as more of them were being incarcerated, clearly suggesting that imprisonment alone was not an adequate solution to the drug problem. Further, the record numbers of inmates have presented large financial burdens as states struggle to keep up with the problem.

Second, HIV and AIDS among drug users, and particularly among intravenous drug users, is a large and growing problem. In 1985, intravenous drug users constituted 15% of all reported AIDS cases in the United States. By 1989, that proportion had increased to 29% (McBride et al., 1990; Inciardi, 1990a). Because of the extensive involvement of intravenous drug users in criminal

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<sup>2</sup> for a discussion of the cocaine-violence connection, see McBride and Swartz (1990), and Inciardi and McBride (1989).



activity and their consequent arrest and incarceration, the justice system is faced with the problem of screening and caring for an increasing proportion of offenders with HIV infection or those symptomatic for AIDS.<sup>3</sup> The DUF data indicate, for example, that in the 20 monitored cities, between 9% and 40% of those sampled reported injecting drugs, with some 25% of these sharing needles (Drug Use Forecasting, 1990, p. 9.).<sup>4</sup>

Third, the one helpful development is that recent research has convincingly documented the success of compulsory and coerced treatment for drug-involved offenders (Leukefeld and Tims, 1988; Hubbard et al., 1989; Platt et al., 1988; DeLeon, 1988). These evaluation studies demonstrate that the key variable most related to success in treatment is length of stay, and that those coerced into treatment tend to remain longer than voluntary commitments.

These assorted trends suggest a strong need to reexamine the existing linkages between drug abuse treatment services and the criminal justice system, to expand those linkages that have demonstrated effectiveness, and to establish additional connections. The most obvious starting place for such a consideration is the Treatment Alternatives to Street Crime (TASC) program. This national initiative has had as its objectives for almost two decades the identification, treatment referral, and monitoring of drug involved offenders. Thus, the purposes of this report are to:

1. review the social/historical context within which TASC emerged during the early 1970s;
2. examine the theoretical, clinical, and pragmatic rationales for the establishment of TASC;
3. consider TASC's initial operational structure;
4. review the early evaluations of TASC and how the program changed during the 1970s;
5. consider how the abolition of the Law Enforcement Assistance Administration impacted on TASC;
6. characterize the TASC of the 1980s;
7. examine recent evaluations of TASC; and,
8. speculate on the future of TASC.

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<sup>3</sup> For a discussion of this issue, see Inciardi (1990b).

<sup>4</sup> See also Truman et al. (1988).

## II. THE EMERGENCE OF TASC

The 1960s and early 1970s were periods of rapid social change across the United States. They were times of civil rights and anti-war movements, the coming of age of the baby boom generation, new youth cultures and countercultures, and dramatic, raucous, and at times violent confrontations between the nation's minorities, youths and young adults on the one hand, and the older generations, political establishments, and traditional value structures on the other. The '60s and early '70s also were periods that reflected the complex interaction of the idealism of the Peace Corps, the rebellion of the inner cities, and the calls for altered states of consciousness through the use of a whole array of psychoactive drugs. And this "coming of age" in America occurred at the same time as major increases in all types of crime (see Inciardi, 1986; Viorst, 1979; Gitlin, 1987).

Reactions to the rebellion of youth, and to drug use and street crime, played a significant role in the election of Richard M. Nixon to the presidency in 1968. Appealing to the traditional values of middle America, to the great majority of Americans who did not riot, protest, or use drugs, Nixon successfully built a powerful and varied constituency. Moreover, it would appear from historical records that Nixon believed that the United States was in the midst of a drug revolution that threatened the very safety of its citizens (see, Cronin et al., 1981; Epstein, 1977). Street crime was portrayed as rampant, and the President asked for and obtained major new powers to address the drug epidemic. In the opinion polls of the time, Americans were indicating that drug abuse and crime were among their major concerns.

The time was ripe for a presidential initiative, in part because prior to Nixon's entrance into the White House two new areas of consensus about drugs/crime problems had developed. First, during the 1960s, after many decades of indecision regarding how best to manage the drug involved offender, an integration of criminal justice and mental health treatment perspectives began to emerge. Clinicians successfully argued that incarceration as a punishment for crime was not the solution for drug addiction. This came in the aftermath of Robinson v. California,<sup>5</sup> decided by the United States Supreme Court in 1962. Although Robinson dealt primarily with the Eighth Amendment ban against cruel and unusual punishment, its lesser known holding was that a state could establish a program of compulsory treatment for narcotic addiction. Further, the High Court ruled that such treatment could involve periods of involuntary confinement, with penal sanctions for failure to comply

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<sup>5</sup> Robinson v. California, 370 U.S. 660 (1962).

with compulsory treatment procedures.<sup>6</sup>

Second, government officials as well as the public at large had come to view much of the criminal involvement of narcotics users as driven by economics--the necessity to obtain money to buy drugs. It was believed that if drug dependency could be treated, then drug related crime could be reduced, or even eliminated. As a result, in 1966 Congress passed the Narcotic Addict Rehabilitation Act (NARA),<sup>7</sup> which permitted federal judges and prison officials to refer narcotic-addicted probationers and inmates to the Lexington and Fort Worth treatment facilities as a condition of sentence. Release from these facilities was followed by mandatory aftercare supervision. The NARA program also permitted voluntary self-commitments by motivated addicts (Weissman, 1978, p. 122). As such, the Narcotic Addict Rehabilitation Act established statutory authority for involuntary inpatient and outpatient treatment and for treatment in lieu of prosecution.

The Nixon administration's "war on drugs" built on these earlier trends with the passage of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (see Uelman and Haddox, 1989, Sec. 3.2). More commonly known as the Controlled Substances Act, the legislation authorized, among other things, the diversion of drug-involved offenders from the criminal justice system into drug abuse treatment programs. Similar legislation was being passed in a number of state jurisdictions. At both the federal and state levels, the focus of diversion was on non-violent first offenders, particularly those whose crimes were associated with heroin

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<sup>6</sup> Robinson involved a petitioner's appeal of his conviction as a narcotic addict under a section of the California Health and Safety Code, which read:

No person shall use, or be under the influence of, or be addicted to the use of narcotics, excepting when administered by or under the direct supervision of a person licenced by the State to prescribe and administer narcotics. It shall be the burden of the State to show that it comes within the exception. Any person convicted of violating any provision of this section is guilty of a misdemeanor and shall be sentenced to serve a term of not less than 90 days nor more than a year in the county jail.

The Supreme Court reversed Robinson's conviction, declaring that status offenses such as "being addicted to narcotic drugs," were unconstitutional, and that imprisonment for such an offense violated the Eighth Amendment ban against cruel and unusual punishment.

<sup>7</sup> 28 U.S.C. 2901-2903.

addiction.

By 1972, then, several statutory linkages between the criminal justice and drug abuse treatment systems had been created. It was at this point that the Treatment Alternatives to Street Crime (TASC) program was created by President Nixon's Special Action Office for Drug Abuse Prevention. A national program designed to divert drug involved offenders into appropriate community-based treatment programs, TASC was funded by the Law Enforcement Assistance Administration (LEAA) and the National Institute of Mental Health (NIMH). The first programs became operational in Wilmington, Delaware and Philadelphia, Pennsylvania by the close of 1972 (Perlman and Jaszi, 1976, p. 2).

### III. THE EMPIRICAL AND THEORETICAL FOUNDATIONS OF TASC

TASC evolved within the context of the prevailing theoretical, clinical, and empirical understandings of the relationship between drug use and crime. TASC attempted to develop an effective alternative to the incarceration of drug using criminal offenders. At a practical level, the implementation of TASC in 1972 was based on three fundamental assumptions:

1. that in various parts of the United States, and particularly in major metropolitan areas, there are serious problems of drug abuse and addiction that both directly and indirectly affect significant portions of the population.
2. that coupled with drug addiction is a cycle of crime, arrest, incarceration, release and more often than not, continued drug dependence that inhibits efforts to "rehabilitate" the addict and safe-guard the community.
3. that the frequency of this contact between the addict and the criminal justice system provides viable opportunities for the introduction of treatment alternatives to street crime (TASC Guidelines, 1973, p. 1).

#### Empirical Research on the Drugs/Crime Connection

One of the most consistent findings in social research during the almost half century preceding the early 1970s was the statistical relationship between criminal behavior and the use of illicit drugs. That relationship, furthermore, had been documented in research from a great variety of empirical and theoretical traditions, using a wide assortment of samples, indicators, and data collection techniques. High rates of illicit drug use and criminal behavior were repeatedly found within the same types of neighborhoods (Faris and Dunham, 1937; Dai, 1937; Chein, 1966), generally existing together as a part of the same neighborhood milieu (see, for example, Agar, 1973; Inciardi, 1974). Other studies described the characteristics of users of illegal drugs, reporting that they committed numerous property crimes to obtain funds to purchase drugs (O'Donnell, 1969, Inciardi and Chambers, 1972). Examinations of arrestee populations frequently found that the majority engaged in illicit drug use (Anslinger, 1975; Eckerman et al., 1976; Ford, et al, 1975; McBride, 1976). It was even concluded that in many of the nation's major cities, the majority of property crimes were committed by heroin users (McBride, 1976; Inciardi, 1974; Research Triangle Institute, 1976).

Explanations of this empirical relationship between crime and drug use focused on three primary considerations: the legal system itself, the time sequence of addiction and criminal careers, and the economic demands of addiction.

First, and as many observers and investigators noted, the possession of heroin, cocaine, marijuana, and a variety of other substances is illegal in and of itself. As such, some proportion of the drug/crime relationship is accounted for on a de facto basis (see Lindesmith, 1967). The possession of illicit drugs and/or drug paraphernalia, even in the absence of other criminal charges, indeed results in a significant proportion of drug users coming to the attention of the criminal justice system. However, survey data and analyses of arrest and court records demonstrate that many additional drug user contacts with criminal justice agencies result from crimes against property and persons.

Second, the question of causality in the drugs/crime connection, is partly a matter of time sequence. By the mid-1970s it was clear that many drug users engaged in criminal activities before initiating extensive drug use (Voss and Stephens, 1973). However, studies also documented that drug abuse tends to both intensify and prolong criminal careers (O'Donnell, 1969; Stephens and McBride, 1976; Inciardi, 1979; Gandossy et al., 1980). This suggests that significant proportions of the crime committed by drug users is the result of drug use.

Third, this causal direction has generally been explained in terms of the cost of drugs, the economic situation of the drug user, and the physiological and psychological demands of addiction. Most illegal drugs are expensive (typically because they are available only at black market prices). In this regard, research during the early 1970s found that heroin users spent an average of some \$35 per day for their drug of choice (Weppner and McBride, 1975). Because the great majority of heroin users had either low-paying jobs or no employment at all, property crime became the major means of drug use support.

### Criminal Justice and the Drugs/Crime Connection

Criminologists have devoted a significant amount of attention to the notion that criminal justice processing has unintended consequences that foster the very behaviors it is attempting to deter and prevent. These consequences are typically discussed in terms of "labeling" and "social learning" theories of crime.

For the better part of the twentieth century, an assorted collection of researchers, theorists, and practitioners in the field of criminology have argued that arresting, processing, sentencing, incarcerating, and hence, labeling individuals as "criminal" has a major impact on their self-concepts and consequent behaviors (Tannenbaum, 1938, Becker, 1963, Lemert, 1972). From this labeling perspective, criminal justice processing causes individuals to regard themselves as criminals, motivating episodic criminal behavior to become more frequent. As applied to drug users, this perspective implies that those who might not otherwise regard themselves as criminals, do so as the direct result of being treated as criminals. Thus, the criminal justice system itself can create additional links between drug use and crime.

Labeling an individual as criminal may also have broader sociological and economic consequences. As Schwartz and Skolnick (1967) noted, being convicted of a felony or merely being accused of a serious crime can severely limit occupational choice and access. With blockage of desirable legitimate social and economic roles, the remaining rewarding roles are typically illegitimate ones. For drug users, criminal labels may enhance the social and economic isolation of individuals who, because of their status as "drug users" (and perhaps also as minority group members from inner city neighborhoods), already had severe problems of societal integration.

A second perspective on adverse consequences of criminal justice processing stresses the social learning effects of incarceration (for example, see Sutherland, 1937; Clemmer, 1950, 1958; Sykes, 1965; Gibbons, 1965). The basic notion is that prisoners, because of their associations and interaction patterns with other prisoners, learn a wide variety of criminal behaviors and attitudes. As a result, the ex-convict's repertoire of behaviors is typically even more focused on criminal roles than it was before incarceration. Thus, the social learning effects of incarceration, like the impact of criminal labeling, further links drug use and crime, since incarcerated drug users learn additional criminal behaviors.

#### Alternatives to Incarcerating Drug Users

In addition to the behavioral costs of incarceration, its monetary expense is also problematic--ranging from \$10,000 to \$30,000 per inmate/year depending on the institution and jurisdiction. During the years immediately prior to the implementation of TASC, court diversion was seen as one possible cost-effective alternative. The reasons were several:

1. unarguably, diversion would be far cheaper than incarceration;
2. if diversion occurred at the pretrial stage, it could reduce court workload and related staff and processing costs;
3. diversion to supervised treatment served the dual purposes of avoiding the criminalization process while at the same time addressing the problems of drug use that led to crime; and,
4. because the programs to which individuals would be diverted were usually of shorter duration than prison sentences, societal reintegration would occur at a more rapid pace.

Diversion in general, and TASC in particular, was an outgrowth of these considerations (American Bar Association, 1975).

#### IV. THE EARLY YEARS OF TASC

The original TASC model of the early 1970s was structured around three goals: 1) eliminating (or at least reducing) the drug use and criminal behaviors of drug-involved offenders; 2) shifting drug-involved offenders from a system based on deterrence and punishment to one fostering treatment and rehabilitation; and, 3) ameliorating the labeling and prison learning processes by diverting drug-involved offenders to community-based facilities before the application of criminal labels.

In performing these functions, TASC focused on identifying drug users in the criminal justice system, gaining the cooperation of criminal justice agencies by promoting the efficacy of its approach, convincing drug-involved offenders of their need for diversion and treatment, creating links with community treatment systems, and transferring clients from criminal justice agencies to treatment programs (TASC Guidelines, 1973).

Due to its theoretical grounding, TASC's initial focus was the pre-trial diversion of first offenders. The assumption was that since first offenders had not as yet been labeled as criminals, treatment intervention had a better chance of success. It was also assumed that legislation at federal, state, and local levels would permit the diversion of drug-involved first offenders into treatment, and that such diversion would include the withholding of further criminal justice processing after arraignment, pending the outcome of treatment. The developers of TASC also presumed that criminal justice personnel and clients could be convinced of the value of TASC diversion. During the treatment process, TASC personnel would closely monitor treatment program compliance and client retention, with rapid communication to the court as to any problems. At completion of treatment, TASC clients' court cases would be dropped or dismissed. Thus, there would be no adjudication or conviction, and hence no criminal labeling of first offenders and no incarceration in deviant learning environments.

While these initial program ideas were based on recent social science theory, their implementation quickly became problematic. Diversion itself was not the issue. Legislators approved of the idea, the judiciary found it constitutionally acceptable, and prosecutors and judges were willing to try diversion with young, nonviolent offenders. The problem was labeling theory and the reality of heroin use. Experience quickly demonstrated that labeling theory had little applicability to the worlds of heroin use and street crime. The concept of a first offender heroin user turned out to be an oxymoron. There was virtually no such thing as a first offender/heroin user! By the time drug users initiated heroin use, they had been heavy users of alcohol and other illegal drugs for quite some time, and had extensive contacts with the criminal justice system. Moreover, research was demonstrating that criminal careers and criminal self-images were well developed long before initial contacts with the criminal justice system--not



because of labeling, but because of the social learning processes that took place in drug-using subcultures.<sup>8</sup>

In addition, the courts often found that the educational histories, employment records, and unstable living arrangements of heroin users simply did not justify non-judicial processing, e.g., diversion. Prosecutors and judges were decidedly unwilling to divert heroin users with extensive criminal histories but few, if any, indicators of positive social functioning. And not surprisingly, TASC practitioners felt that labeling theory should have remained in the academic settings from which it came.

Another set of problems ensued from the fact that those drug users who were first offenders tended to be marijuana users. Treatment resources of the 1970s focused almost exclusively on heroin and heroin/polydrug users. Moreover, arrested marijuana users generally refused to participate in diversion programs. In their judgment (and in that of their attorneys), they were better off taking their chances with the criminal justice system (e.g., plea bargaining for probation) rather than agreeing to a 6, 12, or 18 month treatment program.

Within a short period of time after initiation, TASC broadened its definition of appropriate clients from first offenders to all drug-involved offenders that the courts would divert, sentence or otherwise probate to treatment. By 1977, TASC clients were equally divided between pretrial diversion and post-trial sentencing (System Sciences, 1979).

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<sup>8</sup> For data supportive of these assertions, see, Inciardi and Chambers (1972); Research Triangle Institute (1976); Inciardi (1979); Nurco et al. (1985); Inciardi and Pottieger (1986).

## V. THE EARLY TASC EVALUATIONS

By the late 1970s, TASC had been in operation in a sufficient number of jurisdictions and for a long enough period of time to warrant an evaluation of its impact. More specifically, evaluation was deemed appropriate in such areas as: 1) due process issues in TASC diversion; 2) the ability of TASC to identify drug-involved offenders; 3) TASC's ability to make the linkage between the criminal justice and treatment systems; 4) the acceptance of TASC by treatment programs; and, 5) treatment success of TASC clients.

### Evaluation Issue 1:

#### Due Process Issues in TASC Diversion

Both the judiciary and the legal profession had been active in the early discussions of the drugs/crime connection and the inadequacy of the existing system in reducing drug-related crime. As such, lawyers and judges were among the most enthusiastic supporters of TASC, for both philosophical reasons and the pragmatic problems of a court system bogged down by opiate using offenders. In 1976, however, the American Bar Association addressed the constitutionality of criminal justice diversion (see Perlman and Jaszi, 1976), touching on such matters as self-incrimination, search and seizure, equal protection, confidentiality of records, and treatment termination.

**1a. Self-Incrimination and Unreasonable Search and Seizure.** In the early days of TASC, the criteria for diversion into treatment involved the documentation of drug use in general, and opiate use in particular. This documentation involved physical examinations, self-reports, and/or urinalysis results. In most jurisdictions, client screening procedures tended to be broad, sometimes uniformly applied to all arrestees. Although the purpose of such information gathering was based on a rehabilitative ideal, its compulsory nature represented infringements of defendants' rights. At issue were the Fourth Amendment ban against illegal search and seizure, and the Fifth Amendment protection against self-incrimination. Thus, some critics felt that TASC had arguable constitutional grounding.

Although the Supreme Court had ruled in Robinson v. California that being a narcotic addict was a "status" not punishable under the law, documentation of drug use implied the possession of illegal substances (and perhaps quantities sufficient enough to imply intent to sell). Further, there were many TASC-eligible arrestees who, for one reason or another, preferred prosecution to diversion. And there were many more who were ineligible for diversion. In all of these instances, extensive data were being collected that documented drug use and perhaps other activities that carried the potential for self-incrimination.

The issue of urine testing was (and continues to be) subject to serious debate. At the inception of TASC, urine was typically viewed as abandoned property--something that was routinely expelled

and abandoned in all known cultures. The only Supreme Court decision analogous at the time to routine urine sampling was Schmerber v. California,<sup>9</sup> decided in 1966. In Schmerber, which involved a forced blood-alcohol test of an unconsenting motorist, the High Court ruled that the puncture of the human body to obtain blood represented illegal search and seizure, in violation of the Fourth Amendment. The Court ruled, however, that such a test would be permissible in the presence of probable cause. Schmerber has been applied to urine in the sense that the state has the right to obtain blood, breath, and urine as part of its regulatory function.

With regard to diversion and TASC, the function of urine collection and analysis was considered not for the purposes of prosecution, conviction, and sentencing, but for advising the judge and other court officers in the best interests of the defendant and the public. While the 1976 American Bar Association report recognized the basis of this argument for urinalysis and diversion, it nevertheless noted that the constitutional basis of state compelled urine provisions rested on uncertain assumptions. The issue of compelling urines, who may compel them, and the purpose for which they may be used is still debated and unresolved. However, TASC procedures view urine screening as involving non-constitutionally protected property. For the time being, the courts continue to view such coerced urine sampling as part of the regulatory purposes of government, and as an instrument of rehabilitation.

**1b. TASC Eligibility Requirements and Equal Protection.** As noted earlier, TASC procedures had specific eligibility criteria that restricted client selection. These criteria were determined by TASC, individual court systems, and treatment programs. Although selection procedures represented barriers to treatment for some defendants, TASC appeared to be operating on firm constitutional ground.

Prior to the establishment of TASC, the federal government had already restricted offender access to treatment. The Narcotic Addict Rehabilitation Act of 1966 specifically excluded from sentencing to treatment those offenders with two or more prior felony convictions. This provision was tested in Marshall v. United States,<sup>10</sup> decided by the Supreme Court in 1974, and became the constitutional basis for NARA, TASC, and similar programs. In Marshall, the Court held by a 6 to 3 vote that the NARA selection criteria were based on a rational relationship argument and did not violate the equal protection clause of the Fourteenth Amendment. The majority decision focused on the reasoning that those convicted of two or more felonies were likely older, more hardened offenders with longer addiction careers and therefore more difficult to treat. It seemed reasonable to the High Court that the government could restrict treatment opportunities to those offenders whom it

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<sup>9</sup> Schmerber v. California, 384 U.S. 757 (1966).

<sup>10</sup> Marshall v. United States, 414 U.S. 417 (1974).

had reason to believe would be most amenable to treatment--those who were earlier in their drug careers and not as entrenched in the drugs/crime lifestyle.

**1c. Confidentiality of Treatment Records.** Drug abuse treatment involves the collection of data on incriminating activities, such as drug sales, prostitution, and crimes against persons and property. However, the Comprehensive Drug Abuse Prevention and Control Act of 1970,<sup>11</sup> and Section 408 of the Federal Drug Abuse Office and Treatment Act of 1972,<sup>12</sup> protect research data and therapeutic records in a variety of ways. It had been the belief of Congress that their passage of the 1970 and 1972 legislation would be in the public interest in that the new protections might encourage research and the participation in treatment.

The extent to which treatment records, including urinalysis results, are protected from courts and law enforcement remains unclear. However, it would appear from the lack of court challenges by criminal justice agencies that all treatment data on diverted clients are protected. This situation applied to criminal justice clients as well, and likely played a major role in the acceptance of TASC by potential clients and drug treatment programs alike.<sup>13</sup>

**1d. Treatment Termination.** The termination from treatment of TASC diverted clients involves a number of considerations. Generally, the client was diverted to treatment while prosecution was held in abeyance, or as a condition of probation. Treatment termination thus had major criminal justice implications.

The legal issues surrounding termination focus on three areas: 1) legally permissible grounds for termination; 2) procedures required in terminating a person's diversion or probation program; and, 3)

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<sup>11</sup> 42 U.S.C., Sec. 242(a) (1970), 21 U.S.C., Sec. 872(c) (1970).

<sup>12</sup> 21 U.S.C., Sec. 1175 (1972).

<sup>13</sup> Neither the Comprehensive Drug Abuse Prevention and Control Act of 1970 nor Section 408 of the Federal Drug Abuse Office and Treatment Act of 1972 are perfect protections. The 1970 act is restricted in coverage to "persons engaged in research." The 1972 act makes certain disclosures of addiction treatment data a criminal offense, but contains a mechanism by which the disclosure of records can be compelled "for good cause." This provision was tested, however, in People v. Newman (40 A.D.2d 633, N.Y.S.2d 127 [Sup. Ct. 1973], rev'd, 32 N.Y.2d 379, 298 N.E.2d 651, 345 N.Y.S.2d 502 [1973]), decided by the New York State Court of Appeals in 1973, holding that the director of a New York City methadone program could not be compelled to provide police with patient records.

legally permissible results of termination. With regard to the first two concerns, TASC has maintained that a judge's decision to send a drug-involved offender into treatment (via diversion or probation) represents the court's acceptance of the reasonable standards and procedures of the treatment program, including the conditions under which the program would terminate a client. The third issue, results of termination, is likewise relatively unproblematic. For pretrial diversion cases, termination from treatment represents neither the commission of a crime nor an admission of guilt on the original charge. Rather, it initiates a resumption of the original judicial proceedings (with all of the associated due process safeguards guaranteed by the Bill of Rights) that had been interrupted by the diversion to treatment.

In the case of diversion as a condition of probation, treatment termination did not represent an automatic revocation. Rather, the revocation process was controlled by a series of due process safeguards announced by the United States Supreme Court in Mempa v. Rhay,<sup>14</sup> Morrissey v. Brewer,<sup>15</sup> and Gagnon v. Scarpelli.<sup>16</sup>

#### Evaluation Issue 2: Identification of Drug Users

One of the major purposes of TASC was (and remains) the identification of drug-involved offenders. At its inception, and as already noted, TASC programs generally used mass urine screening procedures to identify potential clients. However, in addition to the due process questions that mass screening raised, the approach was both labor intensive and costly. Subsequent comparisons of urinalysis results with self-report data on drug use found

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<sup>14</sup> Mempa v. Rhay, 398 U.S. 128 (1967). The Court's holding required that counsel be provided at those probation revocation proceedings involving deferred sentencing, and excluded those cases when the probationer was sentenced at the time of trial. Other courts have extended the Mempa ruling to all revocation proceedings.

<sup>15</sup> Morrissey v. Brewer, 408 U.S. 471 (1972). Although this case related to parole revocation hearings, it ultimately had significance for probation clients. The Court held that a parolee facing revocation is entitled to both a preliminary hearing to determine whether he or she actually violated parole, and a final hearing to consider not only the facts in question but, if there was a violation, what to do about it.

<sup>16</sup> Gagnon v. Scarpelli, 411 U.S. 778 (1973). The Court held that a probationer, like a parolee, is entitled to the due process protections extended in Morrissey v. Brewer.

considerable correspondence between the two.<sup>17</sup> Thus, within a few years after the initiation of TASC, programs had begun to move away from mass urine screening. In addition, as TASC expanded to include more serious offenders and probationers, the need for urine screening became less compelling. Data sources evolved to include client self-reports (and some urinalysis summaries), augmented by information from police and prosecutors, and presentence investigation reports when ordered by a judge.

The TASC evaluation conducted in 1976 concluded that programs had been successful in identifying a large number of offenders qualified for TASC services, and that self reports, urinalysis, and referrals from judges and attorneys appeared to generate a large flow of clients (Toborg, 1976). It was noted, however, that it was difficult to determine the effectiveness of TASC in identifying all eligible clients, or how selection processes were operating. Yet overall, it was clear that TASC had been successful in identifying those drug-involved offenders in need of services and in delivering them to drug treatment programs. It was also evident that this success was based on TASC's own screening techniques as well as the strong cooperation of the judiciary and other officers of the court (Toborg et al., 1976; System Sciences, 1979; Collins et al., 1982a).

The client selection issue noted by the 1976 TASC evaluation (Toborg et al., 1976) raises interesting questions as to the proportion of the eligible population that TASC selects and who agrees to participate in TASC. Both issues appear to have become more problematic over time. For several decades, the state and local courts have been somewhat overwhelmed by the sheer number of cases they must handle. The speedy trial requirement of the Sixth Amendment places additional strains on local systems, and the federal judiciary closely monitors crowding problems in prisons and jails. As a result, many cases never come to trial, pretrial release procedures are less rigid, jail and prison sentences have become shorter, and technical violations of the conditions of probation and parole less often result in incarceration. And importantly, judges are also less likely to incarcerate drug-involved offenders for failure to participate in a treatment program.

Experienced offenders are very well aware of these contingencies, including the actual odds of "doing time." During the late 1970s, a Miami, Florida study comparing the characteristics of TASC clients with those of TASC-eligibles who declined participation offered some interesting findings. A total of 2,529 drug-involved felony arrestees were randomly sampled from Miami's central booking facility. Self-reports and urinalyses were used to determine drug use. All were asked to volunteer for TASC, but less than 20% were

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<sup>17</sup> These studies were conducted in Denver, Philadelphia, and Cleveland during 1973 and 1974. See, Toborg et al. (1976), pp. 3-4.

willing. Those who chose TASC diversion were more likely to be black, 25 years of age or older, exclusively opiate using, high school drop outs, and unemployed (McBride, 1978). These data suggest that TASC may be attracting only the more difficult cases, individuals who see themselves as the most likely to be convicted and sentenced to incarceration. As such, they view TASC as an alternative to incarceration. By contrast, arrestees who were younger, less criminally involved, and with jobs and high school diplomas may well have concluded that they were better off dealing with the court directly; that they would probably face a sentence less severe than diversion to treatment. And while the Miami data are limited to but one location, they illustrate a dimension of possible offender responses to TASC.

### Evaluation Issue 3:

#### Linking the Justice and Treatment Systems

Prior to TASC, there were few effective links between the criminal justice process and drug abuse treatment. During these years, there were a scattering of criminal justice clients in prisons, and in probation/parole settings, who had access to drug abuse treatment. The great majority of these, furthermore, were narcotics addicts in New York and California.

Specific programs for the treatment of drug abusers in prison settings during the 1960s through the early 1970s were as diversified as programs in the free community. They included group therapy (Rosenthal and Shimberg, 1958; Dwyer, 1971), chemical detoxification (Dole, 1972), therapeutic communities (Petersen et al., 1969; Farkas et al., 1970); ex-addict counseling (Farkas et al., 1970), and methadone maintenance (Dole et al., 1969). Despite a considerable body of descriptive and philosophical writing on these early prison-based approaches, it would appear from the literature that few evaluations were conducted. Moreover, including the federal NARA effort, which had established treatment units in a number of locations, effective linkages between treatment and justice were for the most part absent. Rather, the overwhelming majority of prison-based interventions operated independent of local treatment delivery systems. As a result, most failed to provide patient aftercare following release to the community (Petersen, 1974).

The literature suggests that for the two decade period beginning in the early 1950s, there were a number of programs involving the community-based treatment of probationers and parolees (Bailey, 1956; Diskind and Klonsky, 1964a/b; Adams and McArthur, 1969; Joseph and Dole, 1970; Brill and Lieberman, 1969). A review of these studies suggests that although large numbers of probationers and parolees received treatment in local treatment programs, formalized linkages between treatment and probation/parole agencies were absent. Typically, treatment referrals and admissions were accomplished through friendships and special arrangements orchestrated by individual probation/parole officers with specific staff members in selected treatment programs. As such, linkages

were through personal contacts. When these officers transferred to other jobs, referral arrangements evaporated.

By contrast, the civil commitment experiences in California and New York during the 1960s reflected highly structured criminal justice/treatment linkages, but for the most part these operated independent of existing community-based treatment programs. The California Civil Addict Program (CAP) was initiated in 1961, and had its own inpatient and outpatient facilities.<sup>18</sup> As such, the linkage was between the justice system and the civil commitment bureaucracy. A similar situation existed with New York State's Narcotic Addiction Control Commission (NARC). In addition to its own institutional and aftercare facilities, large caseloads forced NARC to purchase treatment beds from independent community-based programs. NARC was so poorly organized and operated, however, that it would be difficult to determine if the linkages were effective.<sup>19</sup> Moreover, whatever linkages existed were between the civil commitment bureaucracy and treatment programs, thus bypassing the criminal justice system.

By the second half of the 1970s, on the other hand, it was clear that TASC had indeed bridged criminal justice agencies with local drug abuse treatment systems. The best evidence of this success is reflected in how TASC altered the client characteristics of treatment program populations. Although there are drug users with criminal records in virtually every treatment program, TASC significantly expanded their proportions. Three studies, one in Charlotte, a second in Miami, and the national Treatment Outcome Prospective Study (TOPS) indicate this impact.

In both Miami and Charlotte, TASC significantly increased the number of clients entering treatment. Furthermore, there were increases in the proportions of clients with arrest histories (McBride and Bennett, 1976; Hirschel and McCarthy, 1984).<sup>20</sup> The Miami data also reflected rising proportion of males, minority group members, the unemployed, and heroin users. Data from the NIDA-funded Treatment Outcome Prospective Study (TOPS) found that in comparison to non-TASC clients, TASC clients were more likely to be male minority group members who had not completed high school, used illegal drugs more frequently, and had larger

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<sup>18</sup> For a description of the California Civil Addict Program, see McGlothlin, Anglin, and Wilson (1977).

<sup>19</sup> For a critique of New York's civil commitment program, see Inciardi (1988).

<sup>20</sup> The Charlotte data are especially illustrative of this point. During the six-month period prior to the establishment of TASC, some 62% of treatment clients had histories of arrest. This proportion increased to 71% after TASC implementation. Furthermore, criminal justice referrals to treatment increased from 19% to 44% over this same period.



proportions of their income from illegal sources (Collins et al., 1982). Although these data documented that local treatment programs involved with TASC were faced with client populations that were more difficult to treat, the studies also indicated that the influx of TASC-referred clients did not decrease program quality and effectiveness.

**Evaluation Issue 4:**  
**Treatment Outcome of TASC Clients**

Treatment impact and outcome must be considered in a relative sense. If success in treatment is defined to include permanent and total abstinence from drug abuse and criminal activity, uninterrupted full-time employment, and stable residence and family situations, then treatment "successes" would be rare indeed. By contrast, researchers and clinicians look not for "success" or "failure," but progress in treatment and treatment outcome as more realistic indicators of treatment impact. Measures of progress and positive outcome include such indicators as length of stay in treatment, reduced drug use, lower rates of recidivism, longer periods of abstinence, increased employability, and greater economic independence.

Assessing TASC's impact on client outcome is not always possible since impact occurs in great part because of the treatment program's therapeutic efforts. TASC participation in the treatment process involves influencing clients to enter and remain in treatment. Thus, a direct measure of TASC impact would involve a comparison of length of stay in treatment for TASC versus non-TASC clients. Since length of stay in treatment has been demonstrated to be directly linked to treatment outcome, then indicators of TASC monitoring would include greater reductions in drug use and criminality, and higher rates of employment among TASC versus non-TASC clients.

The early national evaluations of TASC did not examine client outcome from these perspectives (see Toborg, 1976; System Sciences, 1979). Treatment Outcome Prospective Study (TOPS) reports on 1979 and 1980 cohorts of drug users entering treatment, however, provided data on TASC versus non-TASC clients (Collins et al., 1982a/b; Collins and Allison, 1983). Clients who were referred to TOPS programs through a TASC program differed systematically from other TOPS clients on a variety of dimensions. TASC-referred clients were more likely to be male, young, and nonwhite. There were differences in the pretreatment drug use patterns and in other characteristics of TASC and non-TASC clients. TASC clients were more likely to report recent arrest and incarceration, and to report illegal sources of income. As such, the TOPS data supported the interpretation that appropriate drug abusing offenders were being referred to drug treatment by TASC.

An analysis of treatment retention and treatment outcome indicated that TASC clients remained in treatment longer than non-TASC clients, and did at least as well as non-TASC clients on the

outcome measures of drug use, depressive symptoms, illegal activity, and employment while in treatment. The TOPS reports also demonstrated that criminal justice involvement per se influenced outcome; clients who were involved with the criminal justice system stayed in treatment longer than those who were not. And in addition, TASC referred- clients remained in treatment longer than non-TASC criminal justice clients (Hubbard et al., 1988).

**Evaluation Issue 5:**  
**Cost/Benefit Considerations**

A major objective of the TASC initiative was to reduce the costs of dealing with drug-involved offenders. The argument was that it would be more cost effective to treat drug users than to incarcerate them. The results of the national evaluation of TASC at the close of the 1970s suggested that the TASC effort had indeed been a cost effective initiative (System Sciences, 1979). Among the programs studied in this evaluation, it was determined that the cost of processing a TASC client was \$637. In addition, annual treatment costs varied from \$2,662 for outpatient programs, to \$6,212 for residential programs. Thus, it was estimated that the maximum cost for identifying, referring, monitoring, and treating a TASC client was no more than \$7,000 annually (in late 1970s dollars).

The estimate for the court processing of a drug-involved offender (with a trial by judge or jury and a not guilty verdict) was a maximum of \$5,000, suggesting that TASC could be a more costly process in some instances. However, for convictions resulting in incarceration, costs quickly escalated to over \$14,000 per year. In addition, it was argued that there were other significant cost benefits to TASC. As noted earlier in the TOPS data, TASC clients in treatment typically reduced their drug intake, and hence, their associated criminal activity. The national evaluation study estimated that for clients with a \$50 a day habit, six months in TASC had a potential savings of some \$51,000 (based on the proportion of drug funds coming from crime and the fencing of stolen property at only a fraction of its actual market value).

In summary, the preliminary evaluations during the mid-1970s suggested that TASC had been quite successful in gaining acceptance. Local courts were being overwhelmed by the sheer number of cases and by the increasing numbers of opiate-using offenders. Once TASC broadened its role beyond first offenders to include more serious offenders and probations, judges and legislators extended their support. Furthermore, TASC seemed to have a stable constitutional footing. By the late 1970s, TASC programs existed in some 40 communities.

## VI. THE CURRENT STRUCTURE OF TASC

To a very great extent, the roots of TASC can be traced not only to the Law Enforcement Assistance Administration (LEAA), but also to the President's Commission on Law Enforcement and Administration of Justice and the "war on crime" of the late 1960s and early 1970s. TASC was but one among the many initiatives. Well before the 1980s had begun, however, it was all too clear that the national war on crime had failed. The great LEAA experiment had not uncovered the secret to solving the crime problem. What it did show, though, was what didn't work to prevent crime: saturation patrolling, quicker police response times, advanced technology, and college education for law enforcement personnel. LEAA studies also served to deflate the optimistic notions about the rehabilitation of offenders, preventive detention, parole, and the death penalty as a deterrent (see Cronin et al., 1981). From its inception in 1969 through 1980, LEAA appropriations totaled almost \$8 billion.

On April 15, 1982, LEAA was terminated, and the reasons were numerous. During its formative years, LEAA had struggled to reduce crime and to respond to changing congressional priorities while managing a rapidly expanding budget. But by the mid-1970s, as the crime rate kept accelerating and the criticisms of LEAA continued unabated, inflation-conscious presidents began submitting reduced budget requests for the agency. The major criticisms included mismanagement in grant programs, inefficiency and ineffectiveness, inconsistent objectives, and lack of standards and criteria for evaluating program effectiveness. With inflation reaching new heights at the beginning of the 1980s, LEAA was given only minimal funding for 1981. And finally, there was the "new federalism"--that emergent political consensus that reduced federal involvement in direct services to local communities. With the demise of LEAA in 1982, federal funding was completely withdrawn from TASC. At the time, TASC were operating at 130 sites in 39 different states and Puerto Rico (Bureau of Justice Assistance, 1988, p. 5).

Despite the demise of LEAA, TASC has not only endured, but has done so rather well. Immediately after the withdrawal of federal funding, some 100 programs in 18 jurisdictions were able to secure local support. The Justice Assistance Act of 1984 revived federal endorsement and some fiscal support for TASC. This legislation authorized a criminal justice block grant program to encourage local and state government support of programs deemed highly likely to improve the efficiency and effectiveness of the criminal justice system and to address the problems of drug-related crime and the drug-involved offender. TASC was one of 11 programs certified by the Bureau of Justice Assistance for immediate eligibility in this initiative (Bureau of Justice Assistance, 1988, p. 7).

The Bureau of Justice Assistance (BJA) as a part of its administrative responsibilities in the United States Department of Justice, assumed the responsibility of defining and improving TASC. To accomplish this, BJA entered into a cooperative agreement with the National Association of State Alcohol and Drug Abuse Directors

(NASADAD) to develop TASC parameters, elements and standards of performance. Input for this purpose was obtained from a panel of experts, including a number of TASC administrators and program staff. The product of this endeavor was the TASC "Ten Critical Elements"--the specific steps necessary for a successful TASC program effort. As such, the critical elements are guidelines--benchmarks as to what is necessary for an appropriately functioning TASC program. Moreover, these elements provide a generic framework for assessing both organizational and operational performance standards, afford the TASC field the benefit of standardization across sites, and provide a common language upon which to bring a very complex program concept into an operational program framework.

### The TASC Critical Elements

As indicated in Figure I on the following page, there are both organizational elements and operational elements.

#### **a) Organizational Elements**

The first five elements are those administrative systems and services that must be in place before client services can be effective.

1. A broad base of support within the justice system with a protocol for continued and effective communication.
2. A broad base of support within the treatment system with a protocol for continued and effective communication.
3. An independent TASC unit with a designated administrator.
4. Policies and procedures for required staff training.
5. A data collection system to be used in program management and evaluation.

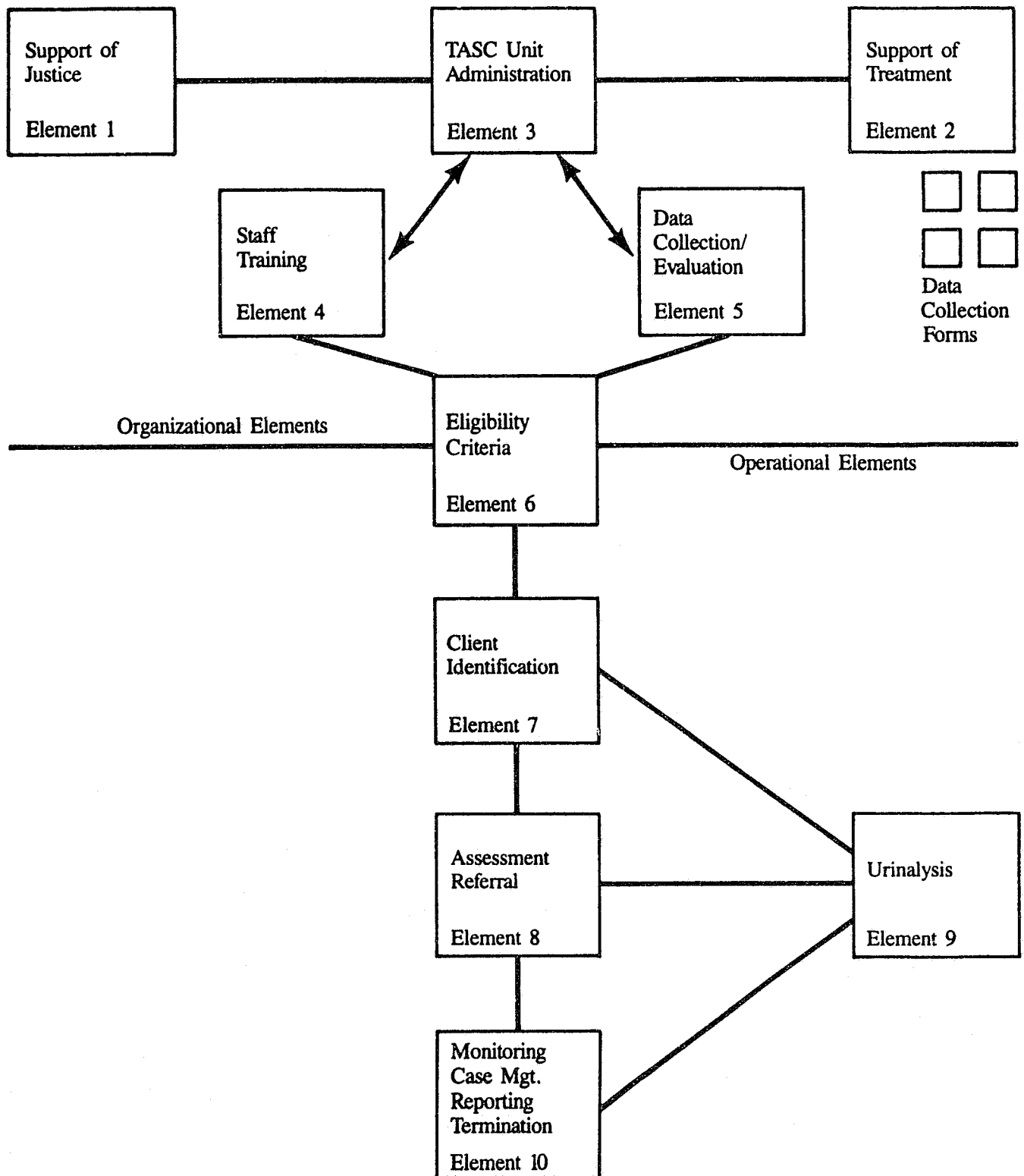
#### **b) Operational Elements**

The last five elements circumscribe client service and supervision.

6. A number of agreed upon offender basic eligibility criteria.
7. Procedures for the identification of eligible offenders that stress early justice and treatment intervention.
8. Documented procedures for assessment and referral.
9. Documented policies and procedures for random urinalysis and other physical tests.

**FIGURE I**

# The TASC System Flow by Element



10. Procedures for offender monitoring that include criteria for success/failure, required frequency of contact, schedule of reporting and notification of termination to the justice system.

**Element 1: Broad-Based Support by the Justice System**

The purpose of element 1 is to establish and maintain necessary communication and formal agreements for client referrals from justice system components and effective and accountable operation of TASC. The appropriate performance standards are:

1. Documentation of meetings convened by TASC staff with each justice system representative (e.g., from the defense and prosecuting attorney's offices, courts, probation, parole, police, corrections, jail, etc.) to:

- o Provide participants with an explanation and written description of the TASC mission and services; and
- o Negotiate memoranda of understanding between TASC and cooperating justice system components outlining TASC responsibilities and procedures for service delivery and the minimum requirements for effective justice system communication.

2. Documented procedures outlining an understanding of contacts and expectations between TASC and each participating component of the justice system that specify, at a minimum, client screening responsibilities, referral arrangements, court appearance/testimony requirements, progress reporting, termination criteria, and protocols.

3. A documented schedule and protocol for regular communications between TASC and participating justice system components, including court activities.

**Element 2: Broad-Based Support by the Treatment Community**

The purpose of element 2 is to establish and maintain the necessary linkages and understanding between TASC personnel and representatives of the treatment community for ensuring the availability of appropriate treatment program options, making effective client referrals, and conducting necessary tracking and monitoring activities. The appropriate performance standards are:

1. Documentation of meetings convened by TASC personnel with representatives of state/local authorities that license, approve, and/or certify substance abuse and other appropriate treatment agencies to:

- o Provide a full explanation and written description of TASC services and requirements; and
- o Solicit cooperation from those treatment modalities that

will serve the TASC clientele and that are officially approved and reflect the locally available continuum of care.

2. Written agreements between TASC and each cooperating treatment agency that detail, at a minimum, client eligibility criteria for TASC and treatment, standard procedures for referrals, normal services provided during treatment (including schedules), TASC and treatment success/failure criteria, and routine TASC monitoring/progress/reporting/termination notification requirements.

3. A documented schedule and protocol for regular communications between TASC and cooperating treatment system agencies.

**Element 3: An Independent TASC Unit with Designated Administrator**

The purpose of element 3 is to ensure TASC program integrity and organizational capability to carry out the program mission and meet agreed-upon expectations of the justice and treatment systems. The appropriate performance standards are:

1. Documentation should appear in the original TASC proposal to establish an independent TASC unit, including:

- o Articles of incorporation for a nonprofit agency or specific written assurances from administrators of the host organizations that TASC will function as a full-time and independent unit;
- o An organizational chart showing TASC as an independently functioning entity; and
- o Confirmation that full-time and qualified TASC administrators with the appropriate experience in the field of substance abuse and/or criminal justice have been hired or appointed, along with specific job descriptions.

2. Appropriate written policies and procedures for TASC operations and services.

**Element 4: Policies and Procedures for Regular Staff Training**

The purpose of element 4 is to ensure that all professional TASC staff sufficiently understand both the TASC mission and philosophy and specific procedures of their local site, thus enabling them to perform their designated job functions according to the specific site's established performance standards. The appropriate performance standards are:

1. An annually revised and documented training plan for the TASC unit that includes TASC-related goals for the organization,

for each staff member, and the necessary policies, procedures, and schedule for that plan's implementation.

2. Documented provision of at least 32 hours of TASC-relevant training annually to each professional TASC staff member (e.g., TASC mission and philosophy, pharmacology, sentencing practices, assessment of drug dependency, substance abuse treatment modalities and expectations, case management).

3. Documentation in personnel records that each TASC staff member is provided with an up-to-date written description of the TASC program, his or her individual job responsibilities, and appropriate operational guidelines for job performance within a specific time period after employment or promotion.

#### **Element 5: A Management Information Program Evaluation System**

The purpose of element 5 is to provide timely, accurate, and necessary information to TASC administrators and other staff for managing and developing program services, determining operational effectiveness, providing appropriate information to funding sources, and meeting public information needs. The appropriate performance standards are:

1. To define those standardized reports to be used by a specific site or jurisdiction that will provide the most practical information to the program administrators and staff.

2. Documented procedures for regularly scheduled, quality-controlled data collection on standardized data collection forms that include information on:

- o Number of potential TASC clients identified/referred/accepted from each cooperating component of the justice system;
- o Client demographics and socio-economic characteristics (age, race, sex, education, employment status) at admission to TASC;
- o Other TASC-related client characteristics at admission (criminal or other charges, drug dependent status, primary drug of abuse or other diagnosis, urinalysis or other diagnostic testing results);
- o Number of clients within the TASC system at each milestone of the program, from interview with the client to admission into treatment, to progress through treatment, including successful or unsuccessful termination from TASC, client rearrest and intervening court appearances, during a specified time period;
- o Number of clients with different TASC/treatment outcomes (success/failure categories, rearrest rate and other subcategories) during the specified time period; and



- o Expenditures by budget line-item category during the specified time period.

3. Analysis of the data collected to determine program effectiveness, problem resolution, public information, management planning, program evaluation, and quality control.

4. Documented evidence that the collected data are reported to the appropriate administrators and staff.

#### **Element 6: Clearly Defined Client Eligibility Criteria**

The purpose of element 6 is to set clear standards for inclusion and exclusion of individuals from TASC programs so that all TASC staff and cooperating justice system components and treatment agencies understand exactly who is eligible for TASC services. The appropriate performance standards are:

1. Client eligibility criteria must be formally established and include, at a minimum, the following three elements:

- o Justice system involvement, evidenced by a formal charge or diversion agreement for each TASC client, excluding anyone accused or convicted of a violent crime, unless otherwise ordered by the court;
- o Current and/or previous drug dependence, carefully defined and evidenced by client's own testimony, medical and/or social histories from other agencies, physical examination, urinalysis, and/or other laboratory testing; and
- o Informed voluntary consent, evidenced by a signed agreement to participate in the TASC program and comply with the TASC, justice and treatment requirements detailed in a written statement that is read to/by the candidate before acceptance.

2. Written evidence that established client eligibility criteria are understood and agreed to by each cooperating justice system component and treatment agency.

#### **Element 7: Screening Procedures for Early Identification of TASC Candidates Within the Justice System**

The purpose of element 7 is to ensure the earliest appropriate identification and screening of TASC candidates within the justice system. The appropriate performance standards are:

1. Documented procedures for initial screening of TASC candidates by each cooperating justice system component that clearly specify which agency, TASC or justice, has responsibility and how the maximum number of potential TASC-eligible clients will be identified from the total pool of detainees/arrestees/offenders at that point in the system.

2. Evidence that the program is seeking to have clients referred to them by the justice system at the earliest point possible in the justice continuum, from:

- o Deferred prosecution;
- o Bail;
- o Pretrial;
- o Presentencing;
- o Sentencing;
- o Probation; to
- o Parole.

**Element 8: Documented Procedures for Assessment and Referral**

The purpose of element 8 is to provide a standardized assessment process for potential TASC clients that ensures all eligibility criteria are met and clients' appropriateness for treatment and modality determined with standardized data collected. The appropriate performance standards are:

1. Documentation of a face-to-face assessment interview with each potential TASC client by a qualified TASC staff member within a specified time period from the initial justice system referral point.

2. Standardized assessment instruments and procedures for confirming, at minimum, each potential client's:

- o Drug-dependence/use status;
- o Justice involvement and justice history; and
- o Agreement to participate in TASC, an understanding of confidentiality rules and regulations and the understanding of and agreement to follow TASC and treatment program rules and regulations;

3. Determination of appropriateness for a specified type/modality of substance abuse treatment noting specified needs for ancillary services.

4. Referral to and acceptance by the recommended treatment agency within 48 hours of TASC assessment. If immediate placement be unavailable due to waiting lists, office monitoring by TASC staff must be available for an interim period.

5. Data must be collected from assessment.
- o See Program Element #5.

**Element 9: Policies, Procedures and Technology for Monitoring TASC Clients' Drug Abuse Status - Through Urinalysis or Other Physical Evidence**

The purpose of element 9 is to reliably monitor each client's use/abuse of, or abstinence from, specified drugs. The appropriate performance standards are:

1. Documented procedures for conducting urinalysis or other appropriate physical tests for the presence of specified drugs on each TASC client, including instructions for collecting, processing, analyzing, and recording findings from the specimens.

2. Specification of specimen collection and/or testing frequency for each phase of TASC participation, according to clients' progress level. Clients referred to outpatient treatment must comply with random requests for specimen submissions during at least the first six months of TASC participation.

3. Formal contracts with certified or licensed laboratories/professionals to conduct urinalyses and other tests of physical specimens that specify all quality control procedures and standards and how a chain of custody will be established that is legally acceptable evidence. This will also include the certification of any on-site equipment and licensing of on-site personnel.

**Element 10: Monitoring Procedures for Ascertaining Clients' Compliance with Established TASC and Treatment Criteria and Regularly Reporting Their Progress to Referring Justice System Components**

The purpose of element 10 is to ensure effective and efficient tracking and case management of all clients' progress through the treatment system, including accurate and timely reporting of their status to referring justice system components. The appropriate performance standards are:

1. Documented criteria for successful and unsuccessful TASC termination that are agreed to by cooperating justice system components and treatment agencies and include, at a minimum:

- o Success for:
  - Completion of a master case management plan that is documented and approved within 30 days of treatment admission by TASC, the treatment program and the client; and
  - Compliance with other court/legal orders.
- o Failure for:
  - A specified number of unexcused absences from scheduled treatment or TASC appointments;
  - A specified number of positive urinalysis tests or other physical evidence of continuing drug use or abuse;
  - Rearrest; and/or
  - Lack of cooperation/participation in the treatment program evidenced by the treatment counselor's consistent

and formal documentation of violating program rules.

2. Individual client treatment and TASC case management plans that are periodically revised/reviewed with the client and specify, at a minimum, the treatment services to be delivered, the frequency and justification for contracts with TASC and treatment counselors, and the content/frequency of progress reports to TASC and the referring justice system component.

3. Documented procedures for reporting clients' treatment progress to referring justice system components must include:

- o Notification of each client's TASC acceptance, treatment placement, and service plan, within a specified time after justice system referral;
- o Specified intervals for (a) TASC receipt of progress reports from the treatment agency, at least monthly, and (b) dissemination of these progress reports to criminal justice components on a regular basis, at least monthly, through the orientation phase and initial treatment phase of each specific treatment modality; and
- o Immediate notification, within 24 hours, of any client's TASC termination.

4. Documentation in a separate file folder for each TASC client of his/her progress through the system- from TASC admission to discharge. This includes written notation by the assigned TASC counselor of the date and content for decision-making purposes of all face-to-face and telephone contacts with the client or (on his/her behalf) representatives of the referring justice system component and receiving treatment agencies.

### Implementing the TASC Model

Whereas the ten critical elements represented the specific benchmarks that defined an appropriately functioning TASC, it was realized by the Bureau of Justice Assistance (BJA), the National Association of State Alcohol and Drug Abuse Directors (NASADAD), and the panel of experts that if the elements were not expressly followed in the design of a TASC program, the potential for instrumental and operational failures was considerable. As a result, the BJA/NASADAD cooperative agreement included the publication of five monographs during 1988 and 1989 designed to assist in the implementation of a TASC program.<sup>21</sup> It has been the

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<sup>21</sup> Treatment Alternatives to Street Crime (Bureau of Justice Assistance, January 1988) describes the history of TASC, the ten critical elements, and the BJA block grant program. Urinalysis as Part of a Treatment Alternatives to Street Crime (TASC) Program (Bureau of Justice Assistance, July 1988) analyzes the complexities of instituting and operating a urine testing program. Treatment Alternatives to Street Crime (TASC): Participant's Manual (Bureau of Justice Assistance, September

intention of BJA and NASADAD that these manuals, in conjunction with technical assistance, provide a professional program standard for TASC and procedures by which local TASC programs can be monitored. And in this regard, there have been two recent examinations of the current functioning and structure of TASC. The first was conducted by the National Consortium of TASC Programs in 1988 and attempted to document TASC client characteristics and program elements (see Tyon, 1988). The second was conducted by NASADAD (1989) and was designed to evaluate TASC program compliance with the ten critical elements.

### The Tyon Study

The objective of the Tyon study (an effort funded by BJA) was to examine the characteristics of TASC clients at the point of the revitalization of TASC in 1986. A survey instrument was mailed to 95 TASC programs in 17 states. Sixty programs in 14 states returned completed questionnaires, reflecting a 63% response rate.

In its earliest days, TASC operated in the pretrial setting targeting heroin-using first offenders charged with nonviolent crimes. And as noted earlier in this report, TASC expanded its target population to include more serious drug-involved offenders at other stages of the justice process. The Tyon study found that during the 1980s TASC programs were serving polydrug using, male felony offenders with extensive arrest histories. About half of these clients were unemployed and had neither high school diplomas nor GEDs. While the majority of the drug-involved offenders screened by TASC were minority group members, only one-third of those actually referred to TASC for case management were minorities. Moreover, while some 45% of screened cases were pretrial detainees, 80% of referred clients were on probation or parole.

Perhaps the most significant findings of the Tyon study involved the prior treatment experiences of TASC clients. Approximately two-thirds of clients initially screened and evaluated, and an equal proportion of those referred to TASC, had no prior involvement with either alcohol or drug abuse treatment. As such, the data clearly documented that TASC was quite successful in accessing a drug-involved offender population in great need of treatment services.

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1988) provides extensive materials for training staff for their roles as required under the ten critical elements. Treatment Alternatives to Street Crime (TASC): Implementing the Model (Bureau of Justice Assistance, September 1988) portrays how each of the ten critical elements should be put into operation. Treatment Alternative to Street Crime (TASC): Resource Catalog (Bureau of Justice Assistance, October 1989) is a compilation of program profiles, bibliographies, source materials, and other resources for case management practitioners and administrators for the purposes of locating ready sources of information for the solution of both system-wide and program-specific questions.

An interesting finding of the Tyon study was that at a time when national drug control strategies were placing only a limited stress on treatment intervention, TASC programs were evolving close relationships with local criminal justice systems. To a very significant extent, many TASC programs worked as adjuncts to local pretrial, probation, and parole agencies not only to identify and provide treatment referrals for drug-involved offenders, but also, to supply additional monitoring and supervision services. The pretrial involvement of TASC seemed to become primarily an investigatory one--determining substance use patterns and problems for use in court deliberations.

Finally, the Tyon report had major implications for the application of the ten critical elements. Half of the programs surveyed were unable to provide data on such required items as previous arrest history, drug use patterns, employment and educational status, and referral outcomes. It was apparent, furthermore, that standardized data information systems were not universal, as required by the critical element list. The TASC programs were generally private nonprofit organizations supported by local government funds. Moreover, while TASC programs had survived and functioned since the collapse of LEAA, the Tyon study found that the majority had no formal agreements with local justice agencies and a fourth had no formal agreements with local treatment systems. Many programs seemed to be operating as useful, albeit ad hoc appendages of local probation departments.<sup>22</sup>

#### The NASADAD Study

During late 1988, under a technical assistance agreement with the Bureau of Justice Assistance, the National Association of State Alcohol and Drug Abuse Directors initiated an evaluation of specific TASC programs (NASADAD, 1989). The evaluation used the ten critical elements as the standard for assessment. The programs selected for the evaluation were among those which had been in operation for at least five years, had not been involved in the development of the critical elements, and had not received previous technical assistance from BJA, NASADAD, or the National Consortium of TASC Programs.

The pragmatic goal of the NASADAD study was to test the usefulness of the critical elements model as both an assessment tool and a means for determining and providing technical assistance needs. Stated differently, the hypothesis was that if a program had all aspects of the ten critical elements correctly in place, then it should be functioning smoothly, with gaps or fallout in neither the program linkages, nor the identification, assessment, referral, and monitoring processes. And conversely, if problems existed, they should be restricted to where the critical elements were not being systematically applied.

Within this context, three large sites in the eastern half of the

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<sup>22</sup> A summary of the Tyon study is reprinted in Appendix B of this document.

United States were chosen for inclusion. Three-day visits were conducted at each site during late 1988 and early 1989, at which time it was determined that the critical elements model represented a useful assessment standard for both identifying problems and suggesting solutions through technical assistance.

## VII. THE FUTURE OF TASC

The TASC experience has been a positive one. TASC has been demonstrated to be highly productive in: 1) identifying populations of drug-involved offenders in great need of treatment; 2) assessing the nature and extent of their drug use patterns and specific treatment needs; 3) effectively referring drug-involved offenders to treatment; 4) serving as a linkage between the criminal justice and treatment systems; and, 5) providing constructive client identification and monitoring services for the courts, probation, and other segments of the criminal justice system. Perhaps most importantly, evaluation data indicate that TASC-referred clients remain longer in treatment than non-TASC clients, and as a result, have better post-treatment success. Finally, it would appear that through the development and application of its "ten critical elements," TASC has been strengthened both conceptually and operationally. As such, it is poised for expansion in the 1990s.

### Some Considerations in TASC Expansion

In any future expansion of TASC, a basic structural issue must be addressed. The "critical elements" require that a TASC program be an independent entity--structurally autonomous and self-governing so that it can objectively serve the needs of the client, the treatment system, and the criminal justice system. Both the Tyon and NASADAD studies, however, found that TASC exists in a variety of structural modes, many of which depart significantly from the critical element model. Some TASC programs, for example, in addition to case management, also provide treatment services. Others are located in probation departments. Such arrangements have evolved as the result of the lack of a stable funding source for TASC, and the consequent survival structures that have evolved. This would suggest that TASC is in need of more secure and consistent funding sources if it is to maintain its role as an independent bridge between the criminal justice and treatment systems. One approach to solving the problem would be federal involvement in the funding of TASC, either directly, or through the designation of specific block grant funding to TASC.

Going further, there are some very good reasons for expanding TASC. First, there is the changing relationship between drug use and crime. Whereas the drug-involved offender in the early days of TASC was a primary heroin user with a long history of property offenses, the drug-related crime of the 1990s has become more violent (McBride and Swartz, 1990). Moreover, DUF data for 1989 document that instead of there being a statistical relationship between drugs and crime, it would appear that there is a saturation of drugs in offender populations (Drug Use Forecasting, 1989).

Research during the 1980s on the specific effects of drug use on patterns of criminal behavior suggests that TASC can play a significant role in reducing drug-related street crime. In a series of excellent research analyses by John C. Ball of the Addiction Research Center and David N. Nurco of the University of Maryland, it was demonstrated that during drug-free days, members



of drug subcultures are far less likely to commit crimes than during their drug-using days (Ball et.al., 1983; Nurco et.al., 1985). TASC has been effective in identifying, assessing, referring, and monitoring members of such populations.

Second, the 1980s war on drugs and the citizen demands for more drug arrests and convictions have tended to exacerbate the already crowded conditions in court settings throughout the country. The wider use of TASC as a mechanism of pretrial diversion or in conjunction with probation could serve to alleviate portions of this crowding.

Third, there is the link between drug use and HIV/AIDS. In 1987, the United States Public Health Service estimated that there were some 900,000 regular (at least weekly) IV drug users across the nation, 25% of whom were already infected with HIV-1 (CDC, 1987). At the same time, the Centers for Disease Control was reporting that IV drug users represented 24% of all reported AIDS cases in the United States. By early 1988, IV drug users had come to represent 26% of known cases in the U.S. (CDC, 1988), and by mid-1990 that proportion was up to 28% (CDC, 1990).

The ready acquisition and transmission of HIV-1 and AIDS among IV drug users is the result of needle sharing practices, combined with the presence of "cofactors." These include any behavioral practices or microbiological agents that facilitate the transmission of HIV. For intravenous heroin, cocaine, and amphetamine users, the blood transmission of HIV-1 may occur as a result of using or sharing contaminated drug injection paraphernalia. Prior to injection, for the purpose of making the user's drug of choice go into solution, it is dissolved in tap water that is heated in a "cooker"--typically a bottle cap or spoon. Since "cookers" are often shared by IV drug users, and are rarely cleaned properly, they represent potential reservoirs for HIV-1.

The injection process poses even greater contamination risks. "Booting" is a risk/cofactor of considerable significance, since the practice increases the amount of residual blood left in drug paraphernalia. Booting involves the aspiration of venous blood back into a syringe for the purpose of mixing the drug with blood, while the needle remains inserted in the vein. The mixed blood/drug solution is then injected back into the vein. Most IV drug users believe that this "pre-mixing" enhances a drug's effects. Since IV users often share needles and syringes, particularly if they are administering the drugs in "shooting galleries"--places where users gather to take drugs--booting increases the probability that traces of HIV from an infected user will remain in a syringe to be passed on to the next user. And finally, genital sores and infections from other viruses have also been found to be cofactors (Quinn et al., 1988), and because of their lifestyles, IV drug users are rather well-known as a population that hosts a wide spectrum of microorganisms (Young, 1973; Pace et al., 1974; Geelhoed, 1984; Des Jarlais et al., 1987).

An additional risk factor in the AIDS/IV drug connection is prostitution. There is an extensive body of literature offering a strong empirical basis for the notion that prostitution is a major means of economic support for IV-drug-using women (James, 1976; Rosenbaum, 1981). Moreover, it is well established that there is a high incidence of prostitution among women IV-drug users (Goldstein, 1979; Inciardi, 1986). As such, the IV-drug using prostitute is not only at high risk for contracting HIV-1, but for transmitting it as well (Newmeyer, 1987; Chaisson et al., 1987; Castro et al., 1988). And furthermore, the transmission of HIV-1 infection has likely been increased through the recent phenomenon of trading sex for crack (Inciardi, 1989b).

Drug users, in addition to being the second highest risk group for HIV-1 and AIDS, also represent a population that appears difficult to impact with routine AIDS prevention messages. The potential for HIV-1 acquisition and transmission from infected paraphernalia and "unsafe" sex is likely known to most drug users. Yet most are accustomed to risking death (through overdose or the violence-prone nature of the illegal drug marketplace) and disease (hepatitis and other infections) on a daily basis, and these generally fail to eliminate their drug-taking behaviors. Thus, for a drug user who risks disease and death on a daily basis, warnings that needle sharing or unsafe sex may facilitate an infection that could cause death perhaps five or more years down the road have little meaning. As such, the more appropriate risk reduction strategy would be drug abuse treatment, as facilitated through TASC programming.

### TASC and Parole

Given the demands in recent years for more prison sentences and longer prison sentences for convicted felons, the American penitentiary system is faced with a situation of massive crowding. And considering that perhaps half or more of all prison inmates are incarcerated as a result of drug use, an ideal area for TASC expansion is the parole setting.

Upon community reentry, most parolees are confronted with a number of obstacles. There are any variety of environmental, familial, social, and peer group pressures that may contribute to violation of the conditions of parole and/or crime commission. These pressures tend to be especially acute for those with histories of drug involvement. Intervention into the drug abusing lifestyle is perhaps the most difficult challenge faced by either parole officers/agents or treatment practitioners. Moreover, there are systemic communication problems, such as communication lapses between treatment providers and parole authorities, that exacerbate these difficulties.

Given this pivotal period for parolees with histories of drug involvement, an effective aftercare support system designed to foster alternate lifestyles and behaviors is crucial. Yet in the majority of jurisdictions, prison crowding and excessively large parole caseloads have hindered the efficacy of both pre-parole and aftercare supervision services. The establishment of coordinated programming by parole and TASC can assist in reducing those

barriers that hinder success.

The ideal parole/TASC venture would be a joint effort between a jurisdiction's department of correction, parole authority, and the Single State Agency that oversees the provision of drug abuse treatment services. Although one might consider such a venture as fraught with overlap and the problems of dual supervision, TASC can be structured to both enhance and complement parole supervision in a number of ways.

1. In the area of pre-parole screening, TASC assists the institutional correctional system in its role as a specialist in the identification and assessment of drug-involved offenders. Pre-parole screenings conducted through TASC tend to provide more comprehensive background data on drug abuse and related behaviors upon which to make informed release decisions. For the paroling authority and its community supervision staff, this information represents a more thorough appraisal of the severity of the offender's drug problem and his or her potential risk to the community.

2. In the area of service delivery, TASC offers advantages for both corrections and parole. TASC case managers specialize in developing and implementing aftercare plans for drug-involved offenders. In addition to drug abuse treatment, TASC provides urine monitoring, employment advocacy, client referral to other segments of the local human service delivery network, and follow-up. As such, treatment and support services can be offered within a "clinical" rather than a "correctional" setting. The parole authority benefits in that its primary responsibility of supervision is neither limited nor compromised by a parolee's treatment needs.

3. In the area of clinical efficacy, the literature suggests that TASC would represent an effective adjunct to parole. In this regard, a variety of research efforts have documented that: a) the key variable most related to successful outcome in drug treatment is length of stay in treatment; and, b) clients coerced into treatment tend to stay longer than those admitted voluntarily (Leukefeld and Tims, 1988; Hubbard et al., 1989). The TASC model is a variety of coerced treatment, and as noted earlier, has been proven effective in retaining clients in treatment.

4. In the area of alleviating prison crowding, TASC can assist in two ways. First, by relying on a TASC recommendation for treatment, scarce treatment slots will be allocated to those drug users most in need of, and responsive to, treatment. An accurate assessment of client need will increase the chances of success in treatment while reducing the chances of relapse and future criminal behavior, arrest, and incarceration. Second, TASC aids the parolee in successfully completing his/her term of supervision. Periodic urine tests, site visits, and case conferences tend to become a useful deterrent fostering program compliance.

The implementation of TASC within a parole setting is best

explained and accomplished within the context of TASC's ten critical elements (see Appendix A for an application of these elements to the parole setting).

### TASC and Work Release

As a related consideration here, there is the matter of TASC programming within the context of work release. Temporary release from prison as well as partial incarceration in transitional facilities and halfway houses have a notable history in American corrections. Their justification draws upon a variety of theoretical and empirical traditions that emphasize the importance of maintaining significant, nondeviant roles outside the prison community (McBride, 1990). Participating in a temporary release or halfway house program is considered to facilitate reintegration into the social and economic structures of the free community, thereby reducing the probability of recidivism. In addition, when the release also involves work, the offender is afforded opportunities to make restitution, pay fines, support dependents, obtain job training and experience, and perhaps make contacts for permanent employment upon eventual release from custody.

It would appear that TASC programming as an aspect of a structured work release program would be an ideal approach for prevention/intervention efforts for drug involved offenders. In addition to the benefits of TASC discussed earlier in this report, an even greater potential exists within the context of TASC as a condition of work release. The clinical efficacy of compulsory or coerced treatment has been noted. Compulsory treatment for drug abuse has been legally possible in the United States for almost three decades, and for almost as long a time researchers have been examining its relative effectiveness.

Although the benefits of coerced/compulsory treatment accrue within the context of any TASC arrangement, they would be intensified in a structured work release setting because of the closer supervision associated with halfway houses and temporary release centers.

### TASC and the National Drug Control Strategy

TASC programs have developed a clear and precise definition and discipline as a result of BJA funding for TASC program development, technical assistance, and training. This definition of TASC is defined and documented by way of the TASC critical elements. These elements address several of the issues that have been placed in a priority status as recorded in the National Drug Control Strategy (Office of Drug Control Policy, 1990). Specifically, the TASC critical elements address:

1. Treatment Outcome Improvement (Strategy p. 31). NIDA's Treatment Outcome Prospective Study (TOPS) examined the impact of TASC and TASC-like programs. They compared criminal justice involved clients (in TASC and under other justice system supervision) with a voluntary control group and a criminal justice involved control group not in TASC. TOPS found that TASC clients under legal coercion tended to remain in treatment longer than

other criminal justice referred or voluntary clients--a finding usually associated with better treatment outcomes.

TOPS also found that the case management functions (critical element #10) of TASC seemed to encourage this longer treatment participation (see Collins et al., 1982b).

TASC critical element #1 (Broad Base Support of the Criminal Justice System), and element #2 (Broad Based Support of the Treatment System), provided the criminal justice and treatment linkages necessary for compulsory or coerced treatment to be effective (Toborg et al., 1976; System Sciences, 1979).

**2. Staff Training (Strategy p. 35).** TASC critical element #4 requires TASC programs to provide regular training to TASC staff to ensure all professional staff are able to perform their job at the highest level of effectiveness, and documentation of annual training is required.

**3. Basic Research (Strategy p. 80); Improve Programs of Data Collection and Evaluation (Strategy p. 102).** TASC critical element #5 requires data collection and analysis for effective management and evaluation of TASC Program efforts.

**4. AIDS and Drug Use (Strategy p. 81).** TASC critical element #7 addresses the issue of screening procedures for identification of offenders at the earliest point in the justice system, and the earliest possible point in the offender's drug using career. Given research documenting the numbers of TASC-identified drug users (including IV drug users) with no prior treatment histories, TASC is an excellent vehicle to identify the high risk drug offender population, and to get that population into treatment.

**5. Evaluation and Referral (Strategy p. 33).** TASC critical element #7 (Screening Procedures) and TASC critical element #8 (Documented Procedures for Assessment and Referral), provide standardized assessment processes that match the offender to the most appropriate community-based treatment program.

**6. Drug Testing (Strategy p. 25).** TASC critical element #9 (Drug Testing) is designed to assure compliance with objective reporting of the offender's drug use or abstinence. Drug testing has always been a requirement for TASC programs. TASC also uses drug testing results to determine its use of graduated sanctions and as a therapeutic tool upon which to base crisis intervention.

**7. Probation and Intensive Supervision (Strategy p. 25).** TASC critical element #10 focuses on the specific components related to monitoring the drug involved offender in community-based treatment. These specific performance indicators, in partnership with the supervision aspects provided by community corrections and the therapeutic aspects provided by treatment assure "intensive supervision."

### TASC and "User Accountability"

As a final point here, and within the context of federal supply and demand reduction strategies, TASC programs represent an approach to "user accountability" for drug abuse. The "user accountability" thesis is that if there were no drug abusers there would be no drug problem, and as such, all drug abusers must be held accountable for their actions. Within this context, TASC programs have a demonstrated value for reducing the flow of cases through overburdened criminal justice systems by interrupting the cycle of addiction, criminality, arrest, prosecution, conviction, incarceration, release, readdiction, criminality, and rearrest. Furthermore, given the research documenting the viability of urinalysis as a means of reducing pre-trial misconduct and pretrial rearrest (Wish, 1990), the TASC critical element of urine monitoring takes on even greater significance. With urinalysis monitoring combined with the support of individual offender case management, particularly with "casual" drug users, courts should consider funding TASC programs through their administrative offices.

## APPENDIX A:

### THE TASC CRITICAL ELEMENTS FOR PAROLE SETTINGS

#### Organizational Elements

1. Broad based support by the criminal justice system.

Implementing a TASC program at the point of parole presents several issues that do not exist when implementing TASC in other segments of the criminal justice system. Whereas working with a court system requires the cooperation of the judge, doing so in the parole setting involves information and agreements that must be received from the state department of correction and parole authorities. It is essential that the administrative authorities who actually approve parole conditions and/or "after care recommendations" are in agreement that TASC will be a formal part of this order.

Similarly, the TASC specialist will need to establish formal lines of communication and agreements with the state board of parole. Although there is some variation from one jurisdiction to the next, in most it is the parole board that decides on an inmate's conditions of release. Without specific written agreements between TASC on the one hand, and corrections and parole on the other, the TASC initiative will likely falter. An ideal way to ensure that each of the administrative authorities is in agreement and will support the TASC concept is through the creation of a TASC Advisory Board. Composed of representatives from the appropriate agencies, it will not only facilitate TASC implementation, but in addition, provide for regular communication with those whose cooperation is necessary for a successful effort.

2. Broad based support by the treatment community. As in element 1 above, agreements must be established with each of the community-based treatment providers to which the parole/TASC clients will be referred.

Throughout the 1980s, drug treatment slots were at a premium, and will likely continue to be so well into the 1990s. Thus, unless specific agreements are established in advance, the parole/TASC program may never come to fruition. Agreements should be signed with each treatment facility, and should detail such things as client eligibility criteria, standard procedures for referral, treatment services and schedules to be provided, TASC and treatment program success/failure criteria, and routine TASC reporting and termination notification requirements.

As with corrections personnel, inviting several key treatment decision makers to be a part of the TASC Advisory Panel is crucial to gaining the broad based support of the treatment community. And again, this provides for the regular TASC contact with those who may be the best advocates for successful TASC programming.

3. An independent TASC unit with a designated administrator. Historically, treatment and corrections have had alternative goals and procedures in the management of criminal offenders. Each speaks a distinct language, and problems have occurred as a result of stereotyping and/or a perception of overlapping roles. Although both systems may in fact offer "treatment" services, the extent and proficiency with which these services are provided varies. The differing terminology presented below illustrates this point.

**ALTERNATIVE SYSTEMS TERMINOLOGY**

Corrections	NEUTRAL	Treatment
Offender	Subject	Client/Patient
Prison	Facility	Residence
Surveillance	Management	Counseling
Sentence	Time	Treatment Phase
Criminal Behavior	Presenting Problem	Addiction
Completion of Sentence	Goal	Recovery

If TASC is to work in the manner intended, it has to be distinct, objective, and neutral from each of the systems it bridges. To assure TASC's neutrality, it must be housed separately from both parole and the treatment system. An organizational structure must be established which guarantees that TASC will function as a discrete unit, will be administered with a full-time, experienced TASC administrator, and will have separate TASC policies and procedures. In developing a TASC program within this framework, perceptions of subjectivity and role-conflict are greatly reduced.

4. Policies and procedures for regular staff training. Within an independent TASC unit, staffing must include individuals having professional experience in parole and other phases of corrections, as well as expertise in treatment and TASC operations. That is what makes TASC unique.

The experienced TASC professional is a specialist in case management--an individualized strategy for securing, coordinating, and monitoring the appropriate treatment interventions and ancillary services for each TASC client's successful treatment, parole, and TASC outcomes. Because of this unique expertise, TASC staff require regular training in TASC philosophy, program goals, and policies and procedures. This training must be supplemented with instruction in such related areas as pharmacology, sentencing practices, assessment techniques, substance abuse treatment modalities, and case management practices.

To assist TASC staff in performing and developing professional growth, each must have a formal job description, appropriate operational guidelines for job performance, and documentation of the receipt of training.

The reason for continuous training is that since TASC's role is to bridge the criminal justice and treatment systems, its staff



members spend much of their time in the field. As such, there is the regular need to bring them together to reaffirm the TASC mission, to communicate with one another, and to keep them informed of pertinent changes in all of the fields in which they are active.

5. A data collection system for program management and evaluation. In almost every jurisdiction, funding is often contingent upon quantitative data that demonstrate program effectiveness. As a result, it is necessary to define, collect, analyze, and report data on program activity. It is equally important to determine how the TASC data acquisition effort complements and meets the needs of the treatment and parole systems, as well as the funding agency. The information that these agencies require is likely different from that needed to effectively evaluate the TASC management effort.

Equally important is to consider the number and type of reports to be generated, and to whom they should be directed. This is an appropriate topic for the TASC Advisory Board to address. At a minimum, the collected data sets ought to include:

- 1) number of parolees referred;
- 2) client demographic and socio-economic characteristics at the time of admission into TASC;
- 3) other TASC-related client characteristics at admission, such as criminal history, drug abuse history, and urinalysis results;
- 4) progress and follow-up data on each TASC client;
- 5) TASC program census and number and type of specific services provided to clients; and,
- 6) expenditures by budget line-item category during the specified time period.

These data should be analyzed on a regular basis, with specific quality control procedures established to determine program effectiveness, problem resolution, public information, management planning, and program evaluation. And finally, methods and items for data collection, quality control, and schedules for analysis, reporting, and review must be determined prior to program implementation.

#### Operational Elements

6. Agreed upon eligibility criteria. This element spans the TASC organizational and operational structures, for without creating eligibility criteria, program focus becomes diffused. TASC runs the risk of becoming "everything to everybody," or a dumping ground for clients beyond the range and skills of TASC.

Although the parole/TASC program under discussion here has a target population of parolees with histories of drug involvement,

there are many considerations. For the sake of constitutional rights and confidentiality issues, the program must be limited to those who sign consent forms allowing TASC to transfer information between treatment and parole. Furthermore, decisions will have to be made as to the suitability of the program for the mentally retarded, sex offenders, perpetrators of domestic violence, child molesters, and arsonists. Most existing TASC programs exclude all or most of these types of offenders.

7. Procedures for TASC client identification and screening. Client identification refers to the methods that a TASC program uses to locate those who meet the established client eligibility criteria. And it is here that the relationships developed with corrections and parole are particularly important. Corrections and parole staff, for example, are in a position to identify potential TASC clients and to refer them for initial screening. Screening, undertaken by TASC, involves:

- 1) verifying TASC program eligibility criteria;
- 2) explaining the requirements of TASC;
- 3) obtaining consents for access to and transfer of information;
- 4) informing the client about the types of treatment available and the process involved in the parole/TASC/treatment linkage.

8. Documented procedures for assessment and referral. Corrections and treatment professionals fully understand the importance of a reliable assessment instrument. Measuring the frequency, intensity, and duration of drug involvement, for example, as well as assessing a client's criminal justice and substance abuse treatment histories, living situation, employment, positive "supports" in the community, and issues of codependency are necessary for the structuring and implementation of any treatment or community reintegration plan.

Assessment instruments and protocols, however, must meet the needs of all participating agencies--TASC, parole, and treatment. In this regard, it should be remembered that in the parole setting there is likely only minimal time between offender referral to TASC and completion of the parole recommendation. At the same time, the treatment system is interested in useful diagnostic information. Finally, there is the need to observe TASC eligibility criteria. As such, the priorities of a number of systems must be considered in the choice of assessment instruments.

It should be added here that a TASC assessment is not the same as either a parole risk assessment or a clinical treatment assessment. While it provides useful information to the treatment staff, the TASC assessment seeks to gather diagnostic information. More specifically, it seeks to answer such questions as: What is the degree of criminality? Will it hamper treatment? What is the degree of drug dependency? What treatment modality is appropriate?

What is the motivation behind the client's desire for treatment?  
What is the likelihood of the client successfully completing treatment?

9. Policies, procedures, and technology for urinalysis monitoring of clients. Establishing a urinalysis program, with its many legal, technical, programmatic, and medical considerations, is one of the most demanding aspects of TASC programming. TASC, functioning as the bridge between parole and the treatment systems, must be assured that its urine testing policies, procedures, and technologies are of the highest standards. Equally important is the consideration that the purpose of urinalysis goes beyond drug use surveillance to include offender monitoring: it must provide objective and credible documentation of TASC client progress.

This TASC critical element requires attention to detail and documentation, with special consideration of cost factors, laboratory technologies, chain of custody (safeguards for ensuring the integrity of client urine specimens), and quality control measures that are acceptable to all participating agencies and conform with local and national urinalysis standards and legal restrictions. For example, specific procedures must be established and agreed upon for the collecting, processing, and analyzing of urine specimens, and for confirming and recording urinalysis findings. Agreements must be reached that specify the frequency of testing for each phase of TASC participation--in accordance with client progress. These agreements, furthermore, should include a clear and reasonable statement describing the uses of the urine results by TASC, treatment, and parole.

10. Monitoring procedures for ascertaining client compliance with parole, treatment, and TASC rules and regulations. The actual offender management fieldwork provided by TASC under this last critical element represents the most significant service to parole. Incorporated into TASC's established procedures for client management is the monitoring of many of the conditions of parole and requirements of treatment. As such, it is the role of TASC to maintain client contact to the degree that he or she is aware of the various conditions, stipulations, requirements, and treatment plan that must be followed, and the ramifications that will eventuate from failures to comply. Given the ongoing communication resulting from the TASC program's agreed upon schedule of contacts with the client, the parole authority, and the treatment provider, not only is the monitoring of client progress augmented, but in addition, the potential for client manipulation of systems is reduced.

Within the context of TASC success/failure criteria and TASC monitoring, such infractions as positive drug tests, failure to attend treatment, or lack of treatment progress can result in immediate sanctions. In existing TASC/parole/treatment provisions, established agreements allow for three minor infractions before termination. Most widely known as the "Alert System," the arrangement brings together the parole authority, the treatment provider, the client, and the TASC case manager to discuss the infraction, the sanction to be applied, the specific behavior

changes that must occur, and what the client should expect for any subsequent infraction. In most jurisdictions, on the third "Alert" the client is terminated from the TASC program and returned to the parole authority for further processing. However, each jurisdiction must agree upon such issues as the time frame required for termination notification, and client behaviors that result in automatic termination.

Finally, the successful TASC client must be required, at a minimum, to: 1) complete the designated regimen of treatment; 2) have stable residence and employment programs; and, 3) if not employed but in school, have a regular source of legal income.

## APPENDIX B:

### TASC BASELINE MANAGEMENT AND ASSESSMENT DATA

(Executive Summary from Tyon, 1988)

TASC (Treatment Alternatives to Street Crime) programs began as a federal initiative under the Law Enforcement Assistance Administration (LEAA) in the early 1970's. TASC programs were designed to provide screening, evaluation and case management services to drug-involved criminal offenders. The intent of these programs was to bridge the gap between the criminal justice system and drug treatment providers in an effort to break the link between criminality and drug use and abuse.

Federal funding for TASC programs ended in 1980 and was reinstated under the Justice Assistance Act of 1984. In the nearly five-year interim, existing TASC programs diversified their services to take advantage of local funding opportunities and some new TASC programs were established. Without a single funding or programmatic authority for TASC programs nationally, program emphasis and practices varied widely as TASC programs sought to meet perceived local needs and priorities and to survive in an era of shrinking resources.

The National Consortium of TASC Programs (NCTP), Inc., incorporated in May, 1986, provides a national forum for exchanging program information and encouraging collegiality among TASC programs. The lack of current data and evaluative information on TASC programs has been identified by NCTP as a major hindrance in advocating for the TASC concept nationally. No national effort to collect data on TASC programming had been undertaken since LEAA reporting requirements were phased out in the late 1970's. As a result, data available on TASC programs prior to this survey was outdated and limited in scope.

#### Significance of Project

The Baseline Management and Assessment Data Project was undertaken by NCTP with two specific purposes in mind. The first was to obtain a "snapshot" of clients served in 1986 by TASC programs across the country. The second was to elicit information from TASC programs about their organizational structure and operating practices, as well as to assess their ability to provide specific client data requested in the survey.

Both purposes were achieved. Data was collected on over 30,000 clients served by 60 TASC programs in 14 different states during 1986. While not a random study, the number of clients reported on gives a sizeable sampling of the TASC client population.

Equally significant, this was the first coordinated effort since the late 1970's to review TASC management and program operations from a national perspective. Much needed data has been collected

on the organizational structure and operating practices of TASC programs across the country that will be useful to criminal justice officials, TASC directors and program planners. Also, much was learned about the unevenness of data collection practices and capabilities among TASC programs. Because of incomplete responses, many of the survey results are inconclusive and underscore the difficulty of collecting uniform data from TASC programs across the country due to a lack of standardized reporting policies, procedures and protocols.

### Methodology

The Baseline survey instrument was developed based on the results of an earlier project undertaken by NCTP. In April, 1986, NCTP completed the National TASC Data Base Project, which surveyed TASC programs around the country on the types of client data being collected by these programs. Based on the results of that project, the Baseline survey instrument was developed to solicit statistical information on clients served in calendar year 1986.

The survey instrument was designed with input from the TASC field, reviewed by professional researchers, and tested at six TASC sites in the latter part of 1987 to ensure feasibility of collection and ease of completion of the survey form. Based on the test results, the survey instrument was mailed in February, 1988, to 95 TASC programs in 17 states, utilizing a mailing list provided by the NASADAD TASC Technical Assistance Project.

Because this was a first effort to collect statistical data from TASC programs nationally, programs were encouraged to provide what data they could in response to the survey instrument. Sixty TASC programs in 14 different states, sixty-three percent of the programs contacted, returned completed surveys. The cooperation of TASC programs across the country was gratifying, given the voluntary nature of the collection effort.

### Project Results - Client "Snapshot"

In general, what was learned about clients served by TASC programs in calendar year 1986 was not new or startling information. Instead, the statistics generated provide confirmation that TASC programs continue to serve the target population they were designed to reach. The following summarizes the information reported on client characteristics:

- Clients served were overwhelmingly adult, with the majority over age 25 and under age 40.
- Clients served were predominantly male (82 percent of clients receiving screening/evaluation services and 81 percent of clients case managed).
- Minorities comprise a significant portion of those reported served (53 percent of screened/evaluated clients and 32 percent of case managed clients).

- The criminal justice system was the predominant source of referral for clients served by TASC in calendar year 1986 (83 percent of screened/evaluated clients and 95 percent of case managed clients were referred by a criminal justice source).
- An overwhelming majority of clients served by TASC in calendar year 1986 were charged with felony offenses (78 percent of screened/evaluated clients and 88 percent of case managed clients had felony charges at the time of TASC admission).
- The criminal justice status of TASC clients differed between the screening and evaluation and case management service components. Forty-five percent of screened/evaluated clients were on pre-trial status, while 81 percent of case managed clients were on probation or parole.
- In both service categories, the majority of TASC clients had prior arrest records (75 percent of screened/evaluated clients and 68 percent of case managed clients).
- In both service categories, the majority of TASC clients were poly drug users (66 percent of screened/evaluated clients and 68 percent of case managed clients).
- In both service categories, the majority of TASC clients had received no alcohol or drug treatment prior to TASC involvement (67 percent of screened/evaluated clients and 64 percent of case managed clients).
- About half of the clients served in both service categories were unemployed at the time of admission to TASC (53 percent of screen/evaluated clients and 44 percent of case managed clients).
- About half of the clients served in both service categories lacked high school diplomas or GED's at the time of admission to TASC (52 percent of screened/evaluated clients and 45 percent of case managed clients).

These statistics reflect that TASC programs are serving predominantly criminal justice clients. The differences between the two service categories seem to reflect an emphasis on early intervention in the screening and evaluation service component, with a greater proportion of sentenced offenders receiving case management services. It is interesting to note that about two-thirds of TASC clients had received no prior alcohol or drug treatment services and about two-thirds were poly drug users. It is difficult to ascertain the significance of these findings, however, since less than half of the agencies responding to the survey provided complete responses to these particular questions.

## Project Results - Informational Findings

One significant finding is that only a handful of TASC programs have computerized their client recordkeeping systems and only a small number of the other TASC programs responding to the survey indicated any capacity to computerize client records in the foreseeable future. This lack of computer capacity obviously hampers TASC programs in their ability to retrieve information on clients served. It also makes it difficult to assess whether gaps identified in the statistics reported are attributable to a failure to collect critical data or to an inability to access data from client files.

Some of the gaps identified in survey results are based on low response rates to a number of survey questions. It appears that many TASC programs either fail to collect or are unable to retrieve important indicators, including the following:

- Prior arrest rates (43% of the responding agencies were unable to provide this information on clients screened and evaluated; 57% were unable to provide this information on case managed clients).
- Number of drugs used prior to admission (40% of the responding agencies were unable to provide this information on clients screened and evaluated; 51% were unable to provide this information on case managed clients).
- Prior treatment experience (53% of the responding agencies were unable to provide this information on clients screened and evaluated; 66% were unable to provide this information on case managed clients).
- Employment status (most agencies were able to provide this data on clients screened and evaluated; however, 55% of the agencies responding were unable to provide this information on case managed clients).
- Educational status (60% of the responding agencies were unable to provide this information on clients screened and evaluated; 66% were unable to provide this information on case managed clients).
- Referral outcomes (45% of the responding agencies were unable to provide information on acceptance to treatment and 68% were unable to provide information on treatment completion for clients referred to outside agencies).

Obviously, much of the information TASC programs were unable to provide is critical to assessing effectiveness of TASC programming. This impedes evaluation of TASC outcomes as well. Another problem noted was the lack of standardized data collection protocols. Because of dependence on State and local funding sources, many TASC programs are tied into reporting systems that have little relevance to the TASC mission. In Florida, for example, most TASC programs are part of the State mental health system and participate in a



State reporting system that emphasizes mental health characteristics of the clients served rather than the criminal justice interest of TASC programming.

Also, some TASC programs are closely aligned to probation and parole in their states, making separation of clients served by TASC from the overall probation/parole caseloads difficult or impossible.

Many TASC programs participating in the survey responded with letters detailing the difficulties they encountered in attempting to provide the data requested. These ranged from inadequate staff resources to retrieve much of the data requested, particularly given the necessity of manually pulling and hand tabulating individual files, to differences in fiscal and calendar reporting periods, differing program emphases and variances in definitions and data collection protocols.

### Project Results - Organizational Findings

Based on responses to Part V of the survey, over two-thirds (68%) of the responding TASC programs are incorporated as private, non-profit agencies. The remainder are aligned with governmental agencies, with over half of these being part of a local government program.

Seventy-two percent of the funding for TASC programs in 1986 came from local governmental sources. While this represents strong local support for the TASC concept, the different ties and contractual obligations to local host and funding organizations have created wide variances between TASC programs in terms of how they deliver services, their service emphases, and, consequently, what data they consider important to collect and track on clients served.

In terms of adhering to critical program elements of the national TASC model, two distinct types of TASC programs seem to emerge. One is that of the traditional TASC agency that provides a full range of case management services. The other type of TASC program provides a more limited scope of services. These programs provide identification and screening only. Their service appears to be complete when a recommendation is made to the criminal justice referral source. As such, these programs do not meet the full case management model. Both types of agencies appear to serve the same target population, based on client demographics reported, but the scope of services provided is different.

To illustrate these differences, responses to Part V indicated that over half (57%) of the responding TASC programs lack formal cooperative agreements with the criminal justice systems in their local areas and one-quarter (26%) lack formal cooperative agreements with treatment agencies in their local jurisdictions. Over one-quarter (26%) do not use a documented assessment tool in screening of clients and close to that many agencies (20%) said they do not use urinalysis as a monitoring tool in their TASC programming. These responses seem to indicate that at least a

quarter of the agencies responding do not fit the traditional TASC model.

### Conclusions and Recommendations

The results of the Baseline Management and Assessment Data Project seem to provoke more questions than answers. While survey participation proved the interest and willingness of TASC programs to cooperate in national data collection efforts, much of the data collected is inconclusive. For example, these questions, among others, are raised: What is the nature and extent of poly drug abuse among TASC clients? It is accurate to assume that lack of prior treatment is a problem for most TASC clients? Why do so many TASC programs lack cooperative agreements with their criminal justice and treatment system counterparts?

The composite picture of the typical TASC client is clear. He is a white male, over age twenty-five and under age forty, with a record of prior arrests and a current felony charge. He is referred to TASC by the criminal justice system, is a poly drug abuser who has not received prior treatment, is likely to be unemployed and to have failed to complete a high school education.

Beyond a consistency in the demographics reported, however, the survey results reveal substantial variations between programs in terms of client follow-up, funding arrangements, host organizations and service emphasis. Based on responses, it appears that as many as one-fourth of the programs responding to the survey do not fit the traditional TASC mold or fulfill the critical program elements outlined in the national TASC model.

In summary, these are preliminary results of a first time national data collection effort. Use of specific findings are couched to reflect the incompleteness of data collection, making specific conclusions difficult. Nevertheless, it is felt that the findings do present a significant picture of the TASC field. It is hoped that more in-depth analysis of the results, coupled with specific follow-up studies, will enhance the TASC mission and result in improvements to the TASC program effort.

## APPENDIX C

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