Treatment During Work Release Fosters Offenders' Successful Community Reentry

Research Findings
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Long-term studies are helping to determine the most effective drug treatment protocols for prisoners in transition.

By Lori Whitten, *NIDA NOTES* Staff Writer

Addiction treatment for prisoners during the pivotal time when they are returning to the community has a strikingly persistent benefit and may create a 'turning point' that helps them stay off drugs and out of trouble, NIDA researchers have concluded after tracking the progress of more than a thousand released offenders. The investigators found that prisoners who participated in drug abuse treatment during a work-release program were three times as likely as untreated peers to remain drug-free up to 5 years. Treatment during work release delayed relapse and resulted in more drug-free time during the followup period. Attendance at continuing weekly group sessions following completion of work-release treatment further enhanced outcomes up to 3 years.

Dr. Clifford Butzin, a co-investigator of the study led by Dr. James Inciardi, at the University of Delaware compared the effectiveness of therapy given in different stages of incarceration, release, and reintegration into the wider community. Their project was part of the State's efforts to offer criminal justice-related treatment programs in three stages—during prison, work release, and parole. In 1990, Delaware established a work-release treatment program to ease the prison-to-community transition with funds from a NIDA treatment demonstration grant. The program utilizes the same therapeutic community model that is the format for Delaware's in-prison treatment. In the mid-1990s, the State added a continuing care component designed to help offenders who have completed work release adapt to living in the community with criminal justice supervision.

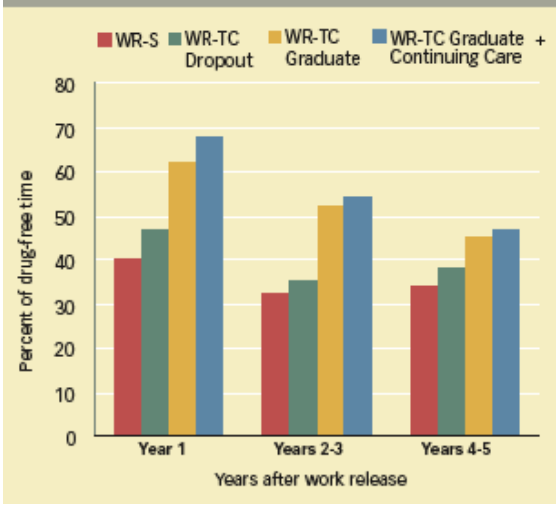
The research team analyzed the outcomes of 1,122 drug-involved offenders who participated in work release between 1991 and 1998 and in any followup. The participants' (80 percent male, 72 percent African-American) risk profiles included characteristics typically associated with relapse to drug abuse and crime: extensive criminal histories, low rates of marriage, and substantial unemployment before prison (see chart). The investigators assigned each participant to either standard work-release (WR-S) or the work-release therapeutic community (WR-TC). Because WR-TC slots were limited, priority for them was given to participants who had graduated from the in-prison therapeutic community or whose sentence required treatment as a condition for release.

The participants assigned to the WR-S program served the last 6 months of their sentences working for pay in the community and spent their nonworking hours in a secured residence, but received no formal intervention focused on drugs. Participants in the WR-TC intervention served the last 6 months of their sentences in a secured TC—a "family setting"—in which peers in recovery help participants develop a sense of accountability for their behavior and change negative patterns that lead to drug abuse. They concentrated on treatment goals, performed assigned duties in the residence, and attended group and individual counseling sessions during the first 3 months of the program. They also participated in mock interviews and seminars on job seeking, started looking for work and housing, opened bank accounts, and developed household budgets. During the subsequent 3 months, they worked in the community and continued therapy during nonworking hours. WR-S participants received no additional services.

BENEFITS OF WORK-RELEASE TREATMENT

GREATER PARTICIPATION IN TREATMENT INCREASED DRUG-FREE TIME FOR MOST OF FOLLOWUP PERIOD

During the 5 years after prison release, Delaware offenders receiving treatment in a work-release therapeutic community (WR-TC) demonstrated more drug-free time than those in the standard work-release program (WR-S). For the first two followup periods, percentage of drug-free time increased with greater participation in treatment. Beginning 3 years after treatment, the four groups were not significantly different from each other; however, participants in WR-TC demonstrated more drug-free time than those in WR-S.



After completing work release and returning to the community, WR-TC participants continued treatment for at least 6 months. They attended weekly group sessions at the TC, visited a counselor once a month, and were encouraged to spend at least 1 day a month at the facility.

The investigators interviewed participants at work-release initiation and completion and at 18-, 42-, and 60-month followup points, confirming abstinence reports with urinalysis. The results showed that WR-TC participants who relapsed took twice as long to do so as WR-S participants (28.8 months versus 13.2 months, on average). After leaving prison, WR-TC participants had higher abstinence rates than WR-S participants (32 percent versus 10 percent). Employment rates were also higher with WR-TC (55 percent) than without (45 percent).

To further analyze the relationships between the levels of treatment and outcomes, the investigators subdivided the two groups into four: those in WR-S; those who participated in WR-TC but failed to complete it; those who completed WR-TC but did not participate in aftercare; and treatment graduates with aftercare. At each followup, each increase in level of care was associated with a higher percentage of time spent drug-free, for most of the followup period (see chart).

Participants in the WR-TC program typically had abused drugs once a day before incarceration, whereas those in WR-S had abused drugs several times a week. Because of their severe drug problems, more WR-TC participants (32 percent) than WR-S participants (5 percent) had received in-prison treatment. However, the researchers determined that treatment during work release was much more effective than in-prison treatment, contributing the bulk of the advantage attained by the WR-TC group. Treatment during work release halved the likelihood of relapsing, whereas other factors—including treatment before or during prison—did not have a significant impact. "Although addiction treatment episodes have a cumulative effect, several studies have shown that the benefits of treatment during prison seem to fade over time compared with therapy during the prison-to-community transition," says Dr. Butzin.

Among 690 participants who completed all followup interviews, treatment during work release also reduced arrest rates over the 5-year period. Rearrest was common in all groups, however, with 77 percent of WR-S participants, 58 percent of WR-TC treatment graduates who did not receive aftercare, and 52 percent of those who also received aftercare facing new charges at some point.

SUPPORTIVE ENVIRONMENT IS KEY

"It makes sense that a therapeutic community—a stable residence with a drug-free culture and supportive peers—helps people who are looking for a job and a place to live after prison. Continuing care for prisoners with drug problems during the transition back to the community is essential for sustained recovery and other public health benefits, including reduced spread of HIV/AIDS and hepatitis C," says Dr. Thomas Hilton of NIDA's Division of Epidemiology, Services and Prevention Research.

WORK-RELEASE PARTICIPANT CHARACTERISTICS

Most participants in the Delaware work-release program demonstrated a long history of criminal activity, chronic drug abuse, and characteristics associated with high rates of relapse and recidivism.

Characteristic	Percentage
Ever married	29
Unemployed prior to incarceration	58
Treatment prior to incarceration	72
Incarcerated for drug-related crime*	33
Characteristic	**Average Number**
Arrests prior to incarceration	9
Prior incarcerations	4

* Does not include crimes committed to obtain money for drugs.

Although the prison-to-community transition is critical and may set the pattern for post-release behaviors, research is needed on the best ways to coordinate social and health interventions with criminal justice supervision. Recognizing the importance of science-based knowledge on the effective components of treatment for this population, NIDA established the Criminal Justice-Drug Abuse Treatment Studies (CJ-DATS) research network with Federal partners in justice and public health. CJ-DATS investigators around the United States, including the team in Delaware, are testing interventions and studying approaches for coordinating services for offenders reentering the community.

Source

Butzin, C.A., et al. Treatment during transition from prison to community and subsequent illicit drug use. *Journal of Substance Abuse Treatment* 28(4):351-358, 2005. [Abstract]

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Research Network Tests Drug Abuse Treatment Following Incarceration

Director's Perspective
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By NIDA Director Nora D. Volkow, M.D.

A majority of current and former prisoners (60 to 80 percent) in the Nation's criminal justice system were convicted on drug-related charges: possession, trafficking, crimes committed while under the influence of drugs, or crimes committed to support an addiction. Drug abuse treatment is one of the most effective known means of helping such individuals avoid repeating the patterns that brought them into the criminal justice system. Research has shown that even prisoners who enter treatment primarily to avoid longer or more stringent sanctions have reduced post-release rates of drug abuse and arrest.

While we know drug abuse treatment works for offenders and ex-offenders, we do not yet know which interventions work best. Initiatives differ across the Nation in structure, approach, availability, and efficacy. To find out what types of initiatives and interventions are optimal for incarcerated or recently released individuals, NIDA is funding a national research network, the Criminal Justice-Drug Abuse Treatment Studies (CJ-DATS) project, established in 2002. Working with Federal research partners in justice and public health, the nine centers and one coordinating site that make up CJ-DATS are building a knowledge base on the effective components of treatment for this population, strategies for successful transition from prison to community, and ways to reduce barriers to treatment within the community and the criminal justice system.

Initial CJ-DATS efforts are focusing on the pivotal period surrounding prison release. Researchers are testing interventions that help people learn healthy ways to deal with anger, improve communication, build social support, and stay engaged in addiction treatment. This last issue is vital: Many of the 600,000 people released from jails and prisons every year are referred to outpatient addiction treatment, but only about 30 percent attend regularly for the recommended minimum of 3 months. CJ-DATS investigators also are evaluating interventions designed to reduce risky sexual behaviors after reentry into the community. This, too, is a critical issue, because rates of sexually transmitted disease, including HIV/AIDS, are much higher among prisoners than in the general population. Studies also are examining how program structure, staff skills, resources, and culture affect service delivery and outcomes (see www.cjdats.org for more information about ongoing research).

People reentering the community after incarceration require help with housing, employment, finances, family relationships, and health issues. CJ-DATS will determine how different justice systems around the country coordinate supervised reentry with community health and social services, information that will enhance treatment and ultimately improve outcomes. The information on optimal approaches that CJ-DATS is designed to provide holds tremendous promise for easing the social and economic burdens that arise out of the nexus of drug abuse and crime.

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Research in Brief
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Highlights of recently published NIDA-supported studies

Nicotine and Cocaine Vaccines Move Forward

NICOTINE: A vaccine to prevent nicotine addiction demonstrated a good safety profile in a recent clinical trial with 68 healthy smokers. Dr. Dorothy Hatsukami of the University of Minnesota and colleagues found NicVAX to be safe and well tolerated, with side effects comparable to those of placebo. Overall, the reported side effects—most commonly general discomfort, headache, and muscle pain—were mild to moderate in severity. The vaccine triggers the production of antibodies that bind nicotine in the blood and keep it from reaching the brain. Nevertheless, healthy smokers who received the vaccine did not experience craving or withdrawal symptoms, nor did they increase the number of cigarettes smoked during a 38-week study and followup.
Pharmacodynamics and Drug Action 78(5):456-467, 2005.

COCAINE: An investigational medication designed to induce the body's natural defenses to inactivate cocaine before it reaches the brain has cleared an important human trials hurdle. Dr. Bridget Martell, Dr. Thomas Kosten, and their colleagues at Yale University tested the compound, now designated TA-CD, in an open-label study involving 18 cocaine-addicted participants who took it for either 8 or 12 weeks. No participant reported adverse effects, and all still had cocaine-specific antibodies in their bloodstream 6 months after their first injection. At the 6-month followup, participants reported exposure to the drug produced only mild euphoric effects, even though blood tests showed waning concentrations of the antibodies.
Biological Psychiatry 58(2):158- 164, 2005.

No-Smoking Policy Did Not Deter Enrollment In Addiction Programs

New Jersey's requirement that residential addiction programs establish completely smoke-free environments and help drug abusers quit smoking does not deter smokers from entering treatment for other addictions or increase the number of early discharges. Dr. Jill Williams, Dr. Douglas Ziedonis, and their colleagues at the University of Medicine and Dentistry of New Jersey found that half of the programs had tobacco-free facilities and grounds 1 year after the State implemented the new licensure standards. More than 90 percent of residential programs provided assessment, counseling, or education programs and materials for nicotine-dependence treatment, compared with 37 to 53 percent the year before. Most patients (77 percent) smoked and most smokers (65 percent) wanted to quit or cut back. To assist patients in smoking cessation, the State offered a free 8-week course of nicotine-replacement therapy and special staff training.
Journal of Substance Abuse Treatment 28(4):331-340, 2005.

GVG Shows Promise In Early Human Trials

A potential medication for treatment of drug abuse and addiction—gamma-vinyl GABA (GVG)—has taken an important step in the medication development process. Having previously shown promise in tests with laboratory animals, it now has proven to be safe in a small clinical trial with cocaine and methamphetamine abusers. GVG also proved effective: 16 of 18 patients in treatment for addiction to cocaine, methamphetamine, or both tested negative for the drugs throughout the last 6 weeks of the open-label trial. What's next? A larger, randomized double-blind study.
Synapse 55:122-125, 2005.

Methamphetamine Disrupts Focus

Methamphetamine abuse disrupts one aspect of attentional control more profoundly than others—the ability to ignore distractions. Dr. Ruth Salo and her colleagues at the University of California, Davis and Stanford University found that 34 methamphetamine abusers who had been abstinent for at least 4 weeks made more mistakes (17 percent) than did control subjects (13 percent) on tests requiring that they focus on a task and ignore distraction. No difference was found in error rates on tests requiring the participants to switch attention from one task to another. Deficits in the ability to pay attention undermine a patient's effective engagement in cognitive-behavioral therapy, Dr. Salo says, and it is therefore important to identify specific cognitive problems associated with methamphetamine abuse.
Biological Psychiatry 57:310-313, 2005.

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