New South Wales Department of Corrective Services

Programs Targeted at Drug and Alcohol Related Offenders Serving Community Based Orders: An Evaluation

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This presentation is based on a report which is soon to be published on the first year of operation of these programs.

Myself and Maria Kevin who is a Senior Research Officer at DCS are the authors

Background

> **The NSW Department of Corrective Services is responsible for supervision of approximately 18,000 offenders serving community based orders across 60 offices**

> **The Department has a commitment to reducing re-offending, drug use and risk drinking that are objectives under the State Plan and Drug Summit**

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The NSW DCS is the largest Department of it's type in Australia with around 18000 offenders being supervised while serving their community based orders.

Under the objectives spelt out in the NSW State Plan, the Department has a commitment to taking active measures to reduce drug use, risk drinking and as a consequence: re-offending.

Background

> The *Drug and Alcohol Addiction Program (DAAP)* and *Relapse Prevention Program (RPP)* were designed to be delivered by Probation and Parole Officers who supervise the offenders

> The programs are linked with *DAAP* graduates frequently proceeding to *RPP*

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In order to meet the diversity and challenges of service delivery to a range of offenders across the state, the Probation and Parole Service has adopted a modular, "menu" approach to group based interventions. This allows Probation and Parole Officers to not only select programs that meet the individual criminogenic needs of offenders, but also facilitate the intensity of service provision that best meets their requirements.

Program rationale

> The programs form part of a staged pathway to address AOD issues

> Abstinence is the ultimate aim of these programs based on the rationale that continued use of the problem drug will lead to relapse

> The educational/cognitive behavioural approach of the programs involves role play and games that reflect real life situations

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The Drug and Alcohol Addiction program is incorporated within a staged, sequential pathway designed to address issues relating to drug and alcohol dependence.

Offenders are eligible if they are medium to high risk LSIR and deemed dependent on alcohol or any other substance based on DSM-IV.

Both programs are aimed at promoting abstinence from the problem drug on the basis that continued use will lead to relapse. This is seen as part of the harm minimisation continuum rather than conflicting with it

The program's underpinning theory is Social Learning or Social Cognition Theory. This is concerned with how the social environment influences an individual's behaviour with the important addition of self-efficacy i.e. "people's beliefs that they can exert control over their motivation and behaviour and over their social environment". The behavioural outcome is based on the extent to which the individual perceives they have the capacity to carry out the recommended behaviour and their confidence in actually doing so. Added to this is the Health Action Process Approach distinguishing the decision making stage and action stages

DAAP program aims

> The *Drug and Alcohol Addiction* program aims to assist people to:

- make links between their drug dependence and offending behaviours
- change their drug dependent behaviours
- move away from the criminal justice system

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Fundamentally this involves these three processes:

1. Recognition of their problems by making a link between their dependent drug behaviour and their offending

2. Taking action to change drug dependent behaviours

3. By doing so move away from the criminal justice system

DAAP program description

- An 8 session program with the addition of short between sessions tasks
- based on a range of psychological and adult education principles
- sequenced to increase motivation, reduce denial and build the confidence and competence to bring about a behaviour change
- designed to get participants to take responsibility for their own behaviours and to learn and adopt strategies to change

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Program types

The primary aim of the *Relapse Prevention* program is to reduce the risk of a relapse by assisting participants to:

- recognise and address potential triggers for a relapse

- implement strategies that increase their awareness of high risk situations

- develop self management skills, self control and confidence

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RPP program description

> **In principle the same as DAAP but conducted over 12 sessions**

> **Participants to learn and adopt strategies to maintain their abstinence**

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A Relapse Prevention program module follows the Drug and Alcohol Addiction program. The Relapse Prevention program module is designed to maintain drug free behaviour.

Program rollout

> In the first year of the programs 198 offenders participated in the DAAP and 103 in the RPP

> These were delivered at 11 of the 40 Probation & Parole offices trained

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The program's first year in this report was from September 2005 to September 2006

While PPOs from 40 offices were trained, 11 of these actually ran the program.

This was the result of a range of factors from inadequate suitable participants to limited facilities to run the program.

Evaluation

> **Principally focused on evaluating the effectiveness of the programs in terms of achieving stated aims (outcome evaluation) addressed by the following specific objectives:**

- **Identify the characteristics of the offenders who benefit most from the programs (critical success factors and barriers to participation)**

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Evaluation

- To examine whether the programs were delivered as intended

- Measure program effects such as order completion, drug measures and recidivism

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Program delivery as intended was largely measured in terms of reaching the target population. There were other quality control methods that were not included in the first year report

Essentially I want to focus mainly on the outcome measures administered by participant interviews and by routine Departmental collection methods

Data

- ➢ **Two principal data sources inform the evaluation:**

- **Data collected by program staff from participants – largely about background demographics, social environment and drug use**

- **Offender Integrated Management System (OIMS) which informs program completion and recidivism factors**

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Data

Scales	Function
Drug Use Scale	Frequency, recency, quantity and mode of administration of four most used drugs (three months prior to order)
Crime Scale	Number and type offences and the direction of relationship between drugs and the same (three months prior to order)
Severity of Dependence Scale	Assesses impaired control and anxiety in relation to drug use
Social Functioning Scale	Examines aspects of social integration, e.g. employment, residential stability, inter-personal conflict, social support and involvement in drug sub-culture
Readiness to Change Questionnaire	Identifies the stage of change the respondent is at in their attempt to resolve their problem
*Drug Taking Confidence Questionnaire**	Measures confidence to avoid drugs* in high risk situations

*This scale applies to the RPP program only.

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These were the main measurements used in the pre- and post-program interviews. Most of these are commonly used scales for their purpose.

The crime scale asked offenders to report their criminal behaviour and its relationship with drug use. That is did they commit offences as a result of a need to obtain drugs or was it the result of the use of drugs/alcohol.

At baseline, 77% (n=209) reported to have engaged in criminal activity in the previous three months. The majority of participants (87%) who engaged in criminal activity reported that at least one of their offences was committed directly as a result of their drug use.

The DTC questionnaire was used only in the RPP program as a means of determining the situational threat to a participants drug taking

Data collection

- Program data was collected using structured interviews at program entry and at program exit using a laptop

- Data was collected routinely Offender Integrated Management System (OIMS) which also records case notes of individuals

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Program data was collected using two systems.

One – a dedicated laptop was supplied to a PP Office with a database. Offenders were interviewed and data entered in the laptop. This was done before program entry and after program exit. 272 pre-program interviews were collected

Two – program attendance and results were recorded in the Department's main database used for case management. 283 individuals were recorded participants were recorded on both programs (18 participated in both programs).

This allowed a match to be made with demographic and criminal indicators. A dataset was derived using OIMS to compare the re-offending outcomes of program participants with a sample of offenders who were matched on demographics, legal order type, re-offending risk level and drug problem criteria - a comparison group of 272 offenders was used for the study.

Participant characteristics

Major Demographic Factors N=283	
☞ Gender (Male)	93%
☞ Age (average years) range = 18-55 years	32
☞ Aboriginal/TSI descent	17%
☞ LSIR* rank medium to high	89%

* LSIR (Level of Service Inventory). This instrument is meant to aid corrections professional in making decisions regarding the level of service required for an offender.
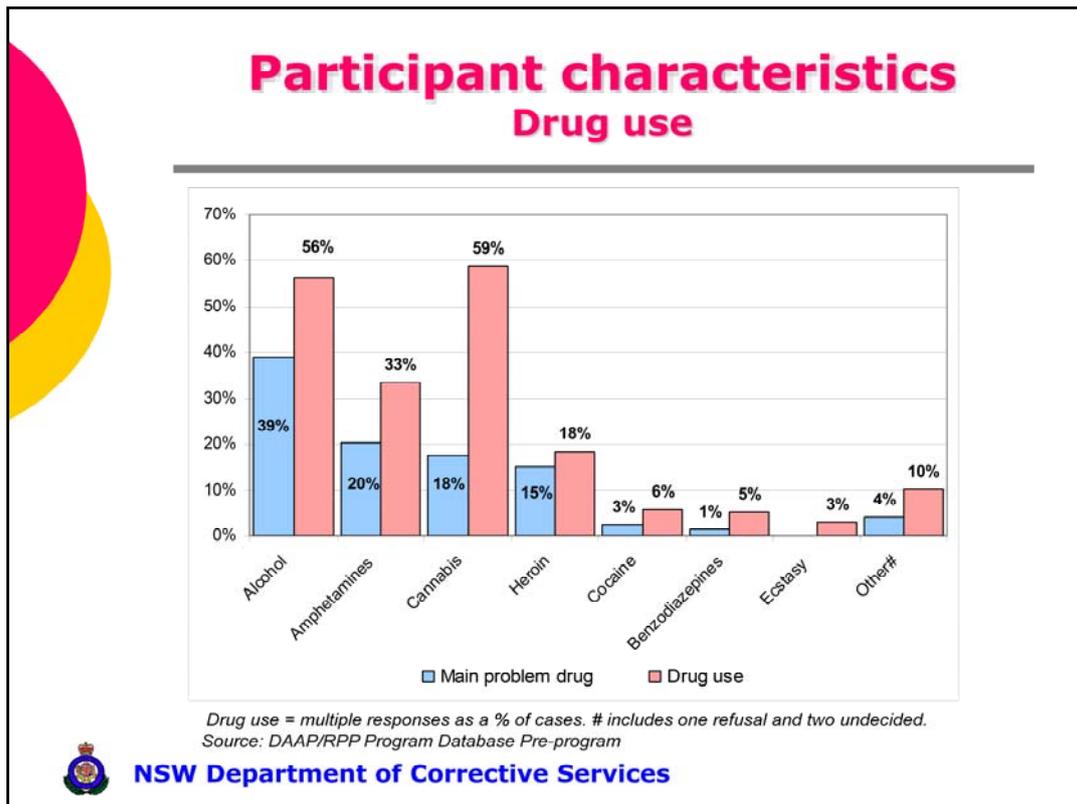
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The demographic information is based on the 283 offenders who participated in the programs in the first year of operation .

With the exception of Aboriginal/TSI descent (21% versus 6%), the demographic characteristics of the DAAP and RPP participants were comparable. The average age of participants was 32 years (range:18-55 years).

According to program selection criteria, participating offenders had to be classified by the LSIR at a medium to high level of risk to be eligible for the program.

Of the 223 offenders who participated in the programs with an approved LSIR rating, 89% were classified as medium or higher.

Participant characteristics
Drug use

Drug use = multiple responses as a % of cases. # includes one refusal and two undecided.
Source: DAAP/RPP Program Database Pre-program

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Participants most commonly cited alcohol (39%) as their main problem drug.

After, alcohol, amphetamines (20%), cannabis (18%) and heroin (15%) were most commonly cited.

In terms of actual drug use behaviour, in the three months before their current order participants most commonly used cannabis (59%), alcohol (56%) and amphetamines (33%).

The median age of onset of problem drug-related criminal activity was 18 years.

Participant characteristics
Drug use

> **The majority of all participants (63%) were polydrug users**

> **39% were recent injecting drug users**

> **77% were assessed as being dependent on their main problem drug**

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The program measures showed a high level of drug dependence,

Two thirds were polydrug users

Well over one third reported recent injecting drug use

A greater proportion of RPP participants (45%) were injecting drug users when compared with DAAP participants (35%).

Well over two thirds were assessed as being dependent on the main problem drug

Participant characteristics
Drug use

➢ **At program entry 67% reported their most recent offences were drug related**

➢ **Programs were generally reaching their target group**

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Overall two thirds of the participants recent offences were reported as drug related

Essentially the analysis of the offender population participating in these programs demonstrated they were largely reaching their target group

Outcomes

- Of the data collected in the program database 120 matched cases were used to compare differences on a number of indicators

- A comparison group was used to compare recidivism rates which was matched on demographics, order type, risk level and drug/alcohol problem

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Not all participants who had a pre-program interview were interviewed post-program. In the end 120 matched interviews were produced from the first year's data.

For a comparative recidivism outcome, a comparison group was selected using OIMS and matched on demographic, order type, risk level and a drug or alcohol problem

Outcomes

➤ **Program graduates showed marked improvements when compared with baseline results :**

Indicator	Pre-Program	Post-Program
Drug dependency	77%	48%
Motivation to change (action stage)	69%	89%
Poor social functioning	23%	13%

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Drug dependency (as measured by the Severity of Dependence Scale) fell from 77% at baseline to 48% at completion participants.

Those in the action stage of motivation (essentially those recognising their addiction and acting positively to do something about it) increased from 69% at baseline

Social dysfunction (as measured by the Social Functioning Scale which is a subscale of the Opiate Treatment Index) also showed marked improvement

Outcomes

> **Program graduates (56%) were significantly more likely to have successfully completed their legal orders when compared with those who withdrew from the program (37%)**

> **When compared with the matched sample, program graduates showed a lower rate of recidivism at three months (7% versus 15%) and nine months (14% versus 22%)**

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Those completing the program were significantly more likely to complete their legal orders successfully than those who did not complete the program.

Those completing also showed a significantly lower rate of recidivism in the 3 months post program when compared to a sample that was matched on demographic factors, order type and drug/alcohol dependence.

This lower re-offending rate was also lower nine months after completion.

As the evaluation continues it will be possible to examine longer term recidivism outcomes.

Predictors of success

➤ **Early risk factors for program failure were:**

- **male gender**

- **polydrug use**

- **injecting drug use**

- **short duration of drug treatment history (treatment of less than six months duration)**

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Logisitic regression analysis identified these as the main risk issues.

Females were over seven times more likely to complete the program – however they were a small proportion and number involved with the program.

Poly drug users and current or recent injecting drug users were around half as likely to complete.

This was also the approximate likelihood of those who self-reported a treatment history of less than 6 months in total.

Recent self-help group attendance (AA, NA, SMART) at baseline had a borderline positive association with program completion. The program participants were encouraged to attend these groups although only a small minority attended them concurrently.

Conclusion

> These programs show early promise with offenders serving community based orders

> There are positive impacts on social functioning, motivation and recidivism

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Overall these interventions have shown some promise with community based offenders.

Along with lower rates of re-offending there were demonstrable differences, in those measured, on a range of factors – social functioning (employment, personal relationships), motivation to change and the severity of drug/alcohol dependence.