

SUBSTANCE ABUSE IN THE CANADIAN CORRECTIONAL CONTEXT

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I. INTRODUCTION

Substance abuse and addiction are major challenges for prison and correctional agencies around the world. The association between crime and substance use and abuse is well documented and provides a superficial explanation for why a large percentage of incarcerated offenders are identified with substance abuse problems. The potential magnitude of the challenge is demonstrated by the high frequency of drug use as measured at the time of arrest. A recent study found that 66% of those arrested for any offence had been using drugs in the United States and 59% had been using drugs in England (Taylor & Bennett, 1999). These results are consistent with a study in Canada showing that 50% of those arrested were deemed to be under the influence of drugs or alcohol at the time of their arrest (Pernanen, et. al., 2002). Self-reported drug use during, or just prior to, the commission of crimes is also high, between 50% and 60%.

At a recent international conference, 11 countries offered descriptions of the substance abuse problems within their prisons (Addictions Research Centre, 2002). In most cases they described high rates of drug use prior to admission to prison and continued drug use after admission. All agreed that treatment was an essential element in attempts to address the problems. While some jurisdictions were able to stop the use of drugs in prison, they did this at the cost of restricting contact with the larger community, contact that is often viewed as essential if offenders are to be effectively reintegrated.

The Correctional Service Canada has identified substance abuse as a major challenge. It has put in place treatment programmes, infrastructure, and research and development to address the problem. This paper describes the context in which these interventions have been developed and are delivered. However, before addressing the specifics of substance abuse, it is important to understand the national context in which the Correctional Service Canada operates.

II. DELIVERY OF CORRECTIONAL SERVICES: SHARED RESPONSIBILITIES

Canada is a parliamentary democracy with a strong federal government that shares government responsibilities with 10 provincial and 3 territorial governments. As with other areas, responsibility for corrections, including supervision of offenders in the community, operation of prisons and halfway houses, and parole decisions, is shared between the two levels of government. However, Canada has a single national criminal code and drug control act so the laws are the same across the country.

A. Provincial and Territorial Responsibilities

Provinces and territories are responsible for administering the court system and sentences that result in probation, conditional release, fines, community service orders, shorter term prison sentences and conditional sentences. Provincial and territorial governments are responsible for managing remand centers for offenders awaiting trial or sentencing and for custody sentences of less than 2 years duration. This results in a high flow of offenders for the provincial and territorial corrections system that deal with many very short sentences (the average is 30 days). During a year provincial and territorial correctional systems will manage just fewer than 100,000 sentences, but on any one day they will have approximately 12,000 offenders in custody (Statistics Canada, 2002). They must also deal with just over 100,000 remand cases per year. The effect of this large turnover is they have only limited opportunities to provide effective interventions during the period of incarceration (Statistics Canada, 2002).

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Provincial and territorial governments also provide supervision for offenders sentenced to terms of probation, which typically last from 6 to 24 months, although longer terms are possible. Probation is served in the community with supervision by a probation officer. During the period of probation, an offender may be required to participate in treatment programmes and to abstain from the use of alcohol and illicit drugs; failure to do so can result in a period of incarceration. While provincial and territorial governments provide some substance abuse programming in their institutions, much of the programming occurs in the community and is carried out by community agencies.

B. Federal Responsibilities

Offenders who receive custody sentences of two years or more become the responsibility of the Correctional Service Canada, the federal correctional agency in Canada. In addition to managing the custody portion of sentences, the Correctional Service is responsible for offenders released on parole to the community. Most offenders in Canada are released from prison after serving between 1/2 and 2/3 of their sentence in custody.

Given the longer sentences of offenders in the federal correctional system, there are more opportunities for programming and other types of intervention. The majority of offenders serve sentences of between 2 and 5 years, but those serving longer sentences account for a substantial proportion of the in-custody population.

C. Custody Sentences

In Canada offenders sentenced to custody receive either a determinate or indeterminate sentence. The most common sentences are determinate, in which the judge sets the maximum length of the sentence. Managing the sentence becomes the responsibility of the Correctional Service and an offender is normally released from custody for a period of supervision in the community before the end of the sentence. Indeterminate sentences are used less frequently, but are used for the most serious crimes and offenders. Indeterminate sentences are generally life sentences for which there is no date for the end of the sentence. The most common indeterminate sentence is a life sentence for murder. Depending on the type of conviction, an offender sentenced to life must serve between 10 and 25 years in prison, before being considered for release to the community. However, even if the decision is made to release the offender they remain under supervision of the correctional system and may be returned to custody if they violate the conditions of their release.

For determinate sentences, there are a number of points at which release to the community with supervision is possible, as summarized in Table 1.

Table 1. Release Options for Offenders Serving Determinate Sentences

Type of Release	Time in Sentence	Comments
Day parole	6 months before full parole	Used with lowest risk offenders if granted before full parole; may also be used any time up to statutory release to provide transition to the community
Full parole	At 1/3 of the sentence	May be used up to statutory release
Statutory release	At 2/3 of the sentence	Release required by law, but may be delayed in exceptional situations where there is a threat of violence
Detention period	From 2/3 of sentence to end of sentence	Possibility for release assessed regularly; if risk of violence is reduced release may occur.

D. National Parole Board

Decisions about release from prison are not the responsibility of the Correctional Service; rather, the National Parole Board makes release decisions. The Board reviews all recommendations for release from the Correctional Service and interviews the offender to determine how they are progressing in addressing their correctional plan. If the Board decides there is no risk to the community by releasing an offender, or if they believe whatever risk there is can be managed effectively by parole officers, then they may grant day parole or full parole. The National Parole Board does not make release decisions for offenders who have served 2/3

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of their sentences, but have the authority to impose conditions for the release of these offenders. Where an offender is being released at their statutory release date but there is a belief that they might pose an unacceptable risk in the community, they may be ordered to live at a halfway house.

For offenders who pose a serious risk of imminent violence if they are released at their statutory release date, the National Parole Board may decide to detain the offender in custody until the end of their sentence. If detention is ordered, the case is reviewed annually to determine if the offender is ready for release. Detention is not used frequently, but is an option for the most violent offenders.

III. CORRECTIONAL SERVICE CANADA

The work of the Correctional Service Canada is guided by the following mission statement:

The Correctional Service Canada, as part of the criminal justice system and respecting the rule of law, contributes to the protection of society by actively encouraging and assisting offenders to become law-abiding citizens, while exercising reasonable, safe, secure humane control.

The Mission puts into context two sometimes conflicting goals, the protection of the public, which is the main reason for incarceration, and the belief that offenders can change and become law-abiding citizens. To actively encourage offenders, the Service needs to provide treatment and interventions opportunities. This approach is premised on the fact that almost all offenders will eventually be returned to their communities and it is our goal that they be returned having a greater probability to contribute than before they were sentenced.

A second key component of the mission statement is that the Service must "exercise reasonable, safe, secure humane control." Operationally, this commits the Service to move offenders from the most secure facilities to the successively less restrictive environments. That is, while offenders may start their sentence in a maximum security prison they should be cascaded downward to medium and then to minimum security. If supervision in the community can be used effectively to manage the risk the offender poses, then that should be the option.

A. Characteristics

The Service manages 52 prisons across the country with 5 multi-level (security) institutions specially designed for women offenders and the remainder classified as low, medium or high security. Most minimum security institutions hold between 100 and 200 offenders, maximum security institutions generally have a capacity for 200 to 300 inmates, while medium security institutions are the largest, having space for between 500 and 600 inmates.

In addition to the prisons, the Service manages 17 community correctional centres (halfway houses) and contracts with a large number of non-government organizations to provide additional halfway house beds. Parole offices are located across the country.

At any one time, there are approximately 12,000 offenders in custody in federal prisons. About 3% or just over 300 of these are women. In the community, there are about 10,000 offenders on parole, of which about 6% are women.

B. Intake Process (General)

To effectively manage offenders admitted to the Correctional Service Canada it is important to adequately assess their needs and the risk they present to the correctional system and the community. All offenders admitted to the Service undergo an extensive assessment process that requires between 60 and 90 days to complete.

During the assessment period, parole staff collect information that helps them to develop a correctional plan with the offender. The types of information collected include criminal history records, court records and police records related to the offences they were convicted of and community assessments of the offenders needs and background. In addition, a number of objective assessments are conducted to identify risk and needs and these are discussed below.

1. Criminogenic Needs

An extensive research literature has identified a number of areas in an offender’s life that are associated with criminal behaviour and increased risk of offending (See for example Andrews and Bonta, 1998). These are referred to as criminogenic needs because of their relationship to criminal behaviour. The criminogenic needs are also dynamic and can be affected by programming. For the Correctional Service, criminogenic needs are assessed using 197 indicators that are assessed by parole officers in the institution. The indicators were developed to identify the seven need areas identified in Table 2, along with samples of the indicators.

Table 2. Need Domains and Sample Indicators

Need Domain	Sample Indicators
Education and employment	Has less than grade 8 Has problems writing Has poor attendance record Has difficulties with co-workers
Marital and family relations	Mother absent during childhood Parents dysfunctional during childhood Family members involved in crime Unable to handle parenting responsibilities
Associates and social interaction	Associates with substance abusers Has many criminal associates Easily influenced by others
Substance abuse	Began drinking at an early age Drinking interferes with health Drug use resulted in law violations
Community functioning	Has unstable accommodation Has physical problems Has no bank account
Personal and emotional functioning	Has difficulty solving interpersonal problems Aggressive Manipulative
Attitudes	Negative towards law Intolerant of others Lacks direction

Based on an assessment of each of the indicators, parole officers determine which of the need areas represent an asset or a problem for the offender; those identified as a problem require treatment. An assessment is also made of the overall need level (low, moderate or high) and this is an excellent indicator of risk of re-offending. Offenders who are identified as being high need require special attention during their sentence.

2. Criminal History Risk

Criminal history risk is assessed in two ways. First, 174 indicators of criminal history risk are assessed. These indicators include information on youth and adult court involvement, current and previous offences, sex offending and victim information. Based on these indicators, parole officers assess the criminal history risk on a three point scale, low, moderate or high risk.

In addition, offenders are assessed on the Statistical Information on Recidivism (SIR) scale (Nafekh & Motiuk, 2002). This is an actuarial tool that was developed specifically for the Canadian correctional population. The scale was constructed by comparing criminal history items with actual recidivism observed after release in a large sample of offenders. Criminal history items are weighted and an overall score is generated. As with the other assessment tools, SIR results can be classified as low, moderate or high to characterize the risk the offender will present after release from prison.

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3. Custody Rating Scale

The Custody Rating Scale (CRS) is used to determine the level of security offenders need and therefore the type of institution they will be assigned by (Grant & Luciani, 1998). The CRS rates the offender on two broad areas, Institutional Adjustment and Security Risk. Institutional adjustment is assessed by looking at institutional incidents, escape risk, street stability, substance abuse and age. Security risk is assessed by factors like prior convictions, outstanding charges, sentence length, street stability, prior release and age.

4. Additional Assessments

During the assessment process requirements for more detailed assessments may be identified. Offenders may undergo additional educational and employment testing, psychological assessment and programme specific assessments for sex offender treatment and substance abuse.

C. Correctional Plan

The final product of the assessment process is the development of the correctional plan. The correctional plan presents the programme needs and challenges to be addressed by the offender while incarcerated. Normally, the correctional plan will identify what programmes the offender should take while in custody, what programmes would be appropriate to follow after release to the community and provide information to the offender on release planning. The plan is then used by parole officers to organize and track the progress of the offender during incarceration and community supervision. The National Parole Board will use the correctional plan to determine if the offender has been making progress towards addressing the criminogenic needs during the period in custody.

D. Offender Management System

Almost all of an offender's file information is stored electronically in computer systems that can be accessed across the country. Most of this information is used for administrative purposes to ensure proper calculation of sentences, completion of reports, programme participation etc. However, it is also an extremely useful tool for management planning and for research. It is a relatively easy task to provide profiles of the entire offender population or of subgroups that one may be interested in. Profiles make it possible to design interventions to meet specific needs of subgroups of the offender population. While the full implementation of a system like this may be very difficult, starting to build a data system that contains descriptive information of offenders in custody and in the community will help with planning and development of any correctional system.

IV. ADDICTIONS RESEARCH CENTRE

In 1999 the Correctional Service Canada identified the need for a more focused effort in addressing the substance abuse problems of offenders both in custody and in the community. While there was an extensive infrastructure in place to address substance abuse treatment, there had not been sufficient research and development activity to support this activity. Therefore, a new research division was created within the existing Research Branch dedicated to addressing the challenges of substance abuse (Grant, 2001).

The division, known as the Addictions Research Centre, was established in Montague, Prince Edward Island and is responsible for all programme development and research related to substance abuse. The Centre has a staff of 20 people and is located in a newly constructed 1000 square metre building with an adjoining residence for up to three visiting experts and interns. The building opened in May of 2001 and the Centre is now fully operational.

The role of the Addictions Research Centre is:

...to advance the management of addiction issues in criminal justice towards the goal of contributing to public protection. The Centre is committed to enhancing corrections policy, programming and management practices on substance abuse through the creation and dissemination of knowledge and expertise.

The Centre has established five goals that will assist it in fulfilling its role within the criminal justice system:

- (i) Meet applied research needs of CSC to assist in the development of policy, programming and management practices
- (ii) Build co-operative and complementary relationships with partners
- (iii) Provide a location for internationally recognized researchers to conduct research
- (iv) Promote research in addictions and corrections
- (v) Provide research training and development

Work at the Centre is organized into four areas:

- (i) Programme development;
- (ii) Programme research;
- (iii) Assessment and measurement; and
- (iv) Knowledge sharing.

The following section provides a description of projects in each of these areas. These are brief descriptions and more detailed information on methodology and results, where available, will be presented in the third paper in this series

A. Programme Development

1. Women Offenders' Substance Abuse Programme

A review by an international panel of experts identified a number of deficiencies in the programming available for women offenders. To address these limitations the ARC initiated the development of a new programme. This programme, guided by the expert panel, will provide state of the art treatment to women offenders. The programme is designed to meet the specific needs of women offenders taking account of their unique pathways to addiction and the impact of substance abuse on their lives (Hume & Grant, 2002).

2. High Intensity Substance Abuse Programme.

The High Intensity Substance Abuse Programme (HISAP) was developed by a team of substance abuse programme coordinators. The programme has been tested at a number of sites and preliminary results indicate that it has been received positively and intermediate measures of outcome appear promising (Grant et.al., 2003). The ultimate test is its impact on recidivism and those results will not be available for two or three years. The programme has been reviewed by an accreditation panel, and was approved subject to the follow-up data requirements.

3. Aboriginal Offender Substance Abuse Programme

Aboriginal offenders have unique needs in the area of substance abuse based on their social and cultural experiences. Accounting for more than 15% of offenders in federal penitentiaries it has been long recognized that specialized programming would be more effective for these offenders than current core programmes. The ARC is working towards the development of a new programme, based on Aboriginal needs and issues that will better meet the treatment goals of offenders.

B. Programme Research

1. Intensive Support Units

Intensive support units (ISU) were established at five locations, one in each region, across the country. Offenders wishing to live in the ISU must sign a consent form agreeing to increased testing and searching to reduce the likelihood of alcohol or drugs being available. In addition, staff on the units receive training about issues associated with addictions so they can better assist offenders while they are participating in treatment and during the period after treatment has ended and they must work to remain free of drugs and alcohol. Offenders on the ISU continue to work and take their recreation periods with the general population of the institution, so it is not like a Therapeutic Community. While not directly responsible for managing these units, the ARC is responsible for conducting research to determine if the units are having the expected benefits. In particular, the research is looking at what offenders and staff expect to achieve through living on these units, how living on the units impacts their release and how it impacts their outcome after release into the community (Grant, Varis & Lefebvre, 2004).

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2. Methadone Maintenance Treatment

Methadone Maintenance Treatment (MMT) has been shown to be an effective intervention for offenders addicted to opiates. In this study, offenders were monitored after release from prison to determine how effective the treatment had been at impacting their criminal behaviour. Results indicated that there was a decreased chance of offenders returning to custody after release compared to a similar group of offenders who had not received MMT. There were also changes evident in institutional behaviour, but these were limited. The study points to the need for additional research, particularly research that follows offenders into the community to determine the effect of MMT on continued drug use (Johnson, van de Ven & Grant, 2001).

3. Managing Addictions in the Community (MAC)

Providing interventions for high need offenders released into communities is challenging. They require access to multiple community resources, but very often the people who provide services in communities are reluctant to work with problematic offenders. The Service contracted with a community agency to develop a programme that would meet the needs of the high need offenders by together community resources. The MAC programme employs a "Wrap Around" process that brings together the required community services to prepare an action plan to work with offenders. Evaluation of the programme will need to await the participation of more clients, but an evaluation plan is in place.

C. Assessment and Measurement

1. Computerized Assessment of Substance Abuse

For the past ten years institutional staff have relied on the Computerized Lifestyle Assessment Instrument (CLAI) to assess the severity and nature of substance abuse problems. The CLAI used old computer technology and contained many items that were not relevant to substance abuse treatment. Therefore, a new system has been redeveloped to focus on substance abuse issues only and to improve the administration of the test and the reporting of results. The new system provides an audio component that allows offenders with literacy problems to have questions read to them. New methods of transferring data to other systems (intake assessment, programme planning etc.) are being investigated to reduce the need for offenders to repeatedly provide the same information. A fully integrated system will reduce staff time for assessments (Kunic, in press).

2. Random Drug Testing

Random drug testing has been underway in the Correctional Service since 1994 and a large quantity of data has been collected. However, there have been limited opportunities to analyze these data to determine what we can learn from it. Analyses are underway at the ARC to make more complete use of these valuable data (MacPherson, 2004). Studies are looking at linkages between drug use in prison and admission data to develop profiles of offenders who continue to use drugs. Work is also underway to look at those offenders who refuse to provide samples for urinalysis to determine patterns of refusal and appropriate sanctions. Finally, analyses are underway to link drug use in prison with programme outcomes and release outcome.

3. Fetal Alcohol Spectrum Disorder

Fetal alcohol Spectrum Disorder (FASD) is a permanent neurological disorder resulting from the use of alcohol by expectant mothers. It is generally associated with high use of alcohol, but timing of alcohol use relative to the development of the fetus is more critical than the quantity of alcohol consumed. FASD affected individuals have trouble with judgement and leaning and are more likely than others to become involved with the criminal justice system (Boland, et.al., 1998). Affected individuals are a challenge for staff in correctional facilities and it may be that sending them to prison is not the most effective method for dealing with their behaviour problems. However, there are no standardize screening tools for FASD, nor is there good information on the number of individuals in correctional systems who may be affected by this disorder. Knowing the number of individuals who may be affected by FAS is important in planning interventions. A study is currently underway to develop a screening instrument appropriate for adults and to develop estimates of incidence of FASD within a correctional population (Boland, Chudley & Grant, 2003).

D. Knowledge Sharing

Knowledge sharing is an important function for the Addictions Research Centre. There is little value to be gained by creating new knowledge that remains only in reports. The Centre seeks to share knowledge through organizing conferences, supporting knowledge sharing activities, making conference presentations

and producing reports, working collaboratively with academic and non-government organizations to conduct research and programme development and by providing a location for experts and interns to learn and share their expertise.

In 2002 the Centre organized the *International Experts Forum 2002: Setting the agenda for correctional research in substance abuse*, a major international meeting of correctional experts to discuss priorities for research and development designed to address the problems of substance abuse. The conference was attended by 150 delegates representing 11 countries and over 25 correctional jurisdictions. The conference included participation by experts from community treatment agencies to ensure that correctional agencies were aware of the most recent trends in treatment and intervention (Addictions Research Centre, in press).

Results from the Forum indicate that jurisdictions are interested in working together to address problems and many priorities were identified (Grant, et.al., in press). Discussion of these priorities will be presented in the third paper in this series.

The Centre has hosted many meetings of Canadian correctional officials to discuss the challenges they face in the prison environment. Work is currently underway to develop a series of international internships that will allow correctional officials from around the world to visit and learn about treatment, development and research in substance abuse that is occurring within the Correctional Service Canada. Interns will be encouraged to work on a project of direct relevance to their home countries while developing research skills.

V. SUBSTANCE ABUSE ASSESSMENT AND TREATMENT

A. Magnitude of the Challenge

As noted earlier, all offenders admitted to federal prisons are assessed to determine if they have a substance abuse problem. The assessments indicate that 70% of offenders admitted have an identifiable substance abuse problem that is linked to their criminal activities. In addition, most require some form of treatment while they are incarcerated. Between 50% and 60% of those with a problem are assessed as requiring a moderate level intervention, while 20% are assessed as having a serious or severe problem requiring a high intensity treatment programme. The balance has a low severity problem.

In addition to the number of offenders with an identifiable substance problem, approximately 20% of those in institutions have been involved with the drug trade based on convictions for importing, producing, trafficking and possessing drugs (Motiuk & Vuong, 2001). The combination of people who are suppliers of drugs and the large percentage who are users results in a challenging environment in which all elements of the drug trade are in very close contact with each other.

Urinalysis evidence indicates that approximately 12% of offenders use drugs while they are incarcerated (MacPherson, 2004). Nine to ten percent of offenders test positive for cannabis with the balance testing positive for other drugs. Long-term trends have indicated that drug use has remained relatively constant following the full introduction of drug testing. The distribution of drugs used has not changed significantly although fluctuations are noted in the results.

B. Theoretical Perspective

Substance abuse programmes offered by the Service have been developed on a social learning model. The focus of social learning theory is that behaviours are learned and the most effective method of changing behaviour is through learning new approaches to problems. Treatment programmes are built around a cognitive/behavioural approach that relies more on teaching new skills and new ways of thinking about drug and alcohol use. Based on research to be discussed later, this approach has been shown to be very effective in working with offenders.

C. Assessment Process

Assessment of substance abuse problems occurs at two levels. As part of the offender intake assessment process parole officers determine the link between substance abuse and criminal behaviour and assess the impact that substance abuse has on the offender's behaviour. There are 28 items in the intake assessment process for identifying substance abuse problems. Sample items from the assessment are presented in Table 2.

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In addition to the basic assessment, and done partly in conjunction with it, is a more detailed assessment that uses standardized assessment instruments to determine the severity of offenders' problems. These assessment instruments have been incorporated into the automated assessment systems such as the Computerized Lifestyle Assessment Instrument and the new system called the Computerized Assessment of Substance Abuse. The key standardized instruments used are the Alcohol Dependency Scale (ADS) (Skinner & Horn, 1984) and the Drug Abuse Severity Test (DAST) (Skinner, 1982), and the Problems Related to Drinking (PRD) scale. In addition the computerized assessments ask questions about drug use in the period prior to incarceration to develop a clearer picture of the link between the offender's drug use and their criminal behaviour.

At the time of release from prison offenders are again assessed on the impact that substance abuse will have on their successful reintegration. Using an internally developed scale, the Community Intervention Scale, parole officers determine if each of the seven needs domains assessed at intake will have a positive or negative impact on recidivism if they are released to the community. Those identified as representing a problem are addressed early in the parole period.

D. Assignment to Programmes

Based on the intake assessment information an offender will be judged as having no substance abuse problem or a low, moderate or high severity problem. They can then be referred to the most effective programming options for the severity of their problem. Assignment to appropriate levels of treatment is a key element in effective correctional programming, a topic that will be discussed in more detail in the next paper. However, making effective use of limited programme resources and ensuring that the level of treatment is appropriate to the problem is the main goal of the assessment process. Programme recommendations are included in the correctional plan and arrangements are made for participation in the selected programme when the offender arrives at their destination institution.

E. Types of Programmes

Currently the Service has five national programmes for the treatment of substance abuse. Each of these is described briefly in the following section.

1. Offender Substance Abuse Pre-release Programme (OSAPP)

This is a 26-session programme designed for moderately addicted offenders taken over a 2 to 3 month period. It employs a cognitive behavioural approach to treatment and is designed to be delivered prior to release from custody. There is an emphasis in this programme on identifying the factors that lead to criminal behaviour and the relationship to substance use. The study of the crime cycle is a key component of relapse prevention. Offenders work at identifying the factors associated with their drug and alcohol abuse and learn how to recognize the factors or situations that are likely to lead to repeated use.

OSAPP is delivered as part of the daily routine of the offender with each session lasting 2 to 3 hours. It is most like an out-patient form of treatment as the remainder of the day is spent in educational or work activities.

2. Offender Substance Abuse Programme for Long Term Offenders

This programme was modeled after OSSAP, but has been redesigned to take account of the fact that for many offenders release from custody will not occur until much later in their sentence. Therefore there is a need for a programme that can be presented earlier in the sentence and is not linked to release. This programme is specially designed for offenders who may remain in custody for extended periods of 5 to 15 years, or longer.

3. High Intensity Substance Abuse Programmes

This programme was developed recently and is still undergoing testing at sites across Canada. The programme uses over 100 treatment sessions, over a period of four to five months and is designed for those offenders who are the most severely addicted and who tend to be the most resistant to change. The preliminary results of the evaluation indicate that there is good retention of training and those involved find themselves affected by the programme content. In addition, intermediate results indicate changes in attitudes and other factors that are thought to be important to changing behaviour (Grant et.al., 2003).

4. Choices

If an offender is deemed to have a substance abuse problem that is moderate to severe they will be referred to the Choices programme. The Choices programme serves two purposes, providing a low-intensity treatment programme in the community for offenders after release and providing aftercare support for the more seriously addicted offenders after they have been released. The Choices programme is only offered in the community and starts with a 10-day intensive treatment phase and this is followed by weekly meetings.

5. Women Offenders Substance Abuse Programme

Women offenders have been receiving treatment for their substance abuse through interim programme activities, but a newly redesigned programme will be implemented in the summer of 2003. This new programme will meet the specific needs of women offenders, and more details about this programme will be presented in the third of these presentations.

F. Infrastructure

Managing the offender programming requires an extensive infrastructure. At the institutional level, specially designated staff are trained and certified on the delivery of programmes. The programme delivery officers may be organized at the institutional level, but in some cases are organized at the regional level to ensure efficient use of resources. In addition, each region maintains a substance abuse coordinator to provide management and policy support. Finally, at the national level there are two positions coordinating the work of the substance abuse programme delivery. They work to ensure standards are maintained, develop materials for accrediting programmes and coordinate the resolutions of issues across the system.

G. Accreditation

To ensure programmes will meet recognized programme standards an accreditation process has been developed in the Service. An external, international review panel must review all core programmes. Accreditation requires that a programme have a sound theoretical basis, is structured, has training for facilitators, is monitored to ensure consistency of presentation and has a research and evaluation framework. In addition to programme accreditation, there is site accreditation to ensure each prison, or treatment facility meets standards and has properly trained staff and support structures. Finally, work is underway to ensure the programme facilitators are accredited. This ensures that they are properly trained and are knowledgeable about the programmes they deliver.

VI. CONCLUSION

The forgoing was a brief overview of the Correctional Service Canada and its efforts to deliver substance abuse programming to offenders. The work presented shows a strong commitment by the organization to the problems of substance abuse in the correctional setting. Much of the material in the next two papers either guided the development of the programming approach presented here, or results from the desire to move forward and continue with the development of new and improved methods of treatment.

REFERENCES

- Addictions Research Centre (2004) *Proceedings of the International Experts Forum 2002: Setting the agenda for correctional research in substance abuse*. Ottawa: Addictions Research Centre.
- Andrews, D.A. and Bonta J. (2002). *The Psychology of Criminal Conduct*. Cincinnati, OH, Anderson Publishing Co.
- Boland, F J., Burrill, R., Duwyn, M. & Karp, J. (1998). *Fetal Alcohol Syndrome: Implications for Correctional Service (R-71)*. Ottawa: Correctional Service Canada.
- Boland, F.J., Chudley, A.E. & Grant, B.A. (2002). The challenge of Fetal Alcohol Syndrome in adult offender populations. *Forum on Corrections Research*, 14 (3).
- Correctional Service Canada. (2004). *Mission of the Correctional Service of Canada*. 7th Ed. Ottawa, Canada: Minister of Public Works and Government Service Canada.

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VISITING EXPERTS' PAPERS

- Grant, B.A., Hume, L. & Kunic, D. (2004). *Results of priority setting from the International Experts Forum 2002: Setting the agenda for correctional research in substance abuse*. Ottawa: Addictions Research Centre.
- Grant, B.A., Kunic, D., MacPherson, P., McKeown, C. & Hansen, E. (2003). *The High Intensity Substance Abuse Program (HISAP): Results from the pilot programs (R-140)*. Ottawa: Correctional Service Canada.
- Grant, B.A. & Luciani (1998). *Security classification using the Custody Rating Scale (R-67)*. Ottawa: Correctional Service Canada.
- Grant, B.A., Varis, D.D. & Lefebvre, D. (2004). *Intensive Support Units (ISU) for Federal Offenders with Substance Abuse Problems: An Impact Analysis (R-151)*. Ottawa: Correctional Service Canada.
- Hume, L. & Grant, B.A. (2001). *Substance abuse programming : A proposed structure (R-120)*. Ottawa: Correctional Service Canada.
- Johnson, S.L., van de Ven, J.T.C. & Grant, B.A. (2001). *Institutional methadone maintenance treatment : Impact on release outcome and institutional behaviour (R-119)*. Ottawa: Correctional Service Canada.
- Motiuk, L.L. & Vuong, B. Profiling the drug offender population in Canadian federal corrections. *Forum on Corrections Research*, 13 (3).
- Nafekh, M & Motiuk, L.L. (2002). *The Statistical Information on Recidivism - Revised 1 (SIR-R1) Scale: A psychometric examination (R-126)*. Ottawa: Correctional Service of Canada.
- MacPherson, P. (2004). *Use of random urinalysis to deter drug use in prison: A review of the issues (R-149)*. Ottawa: Correctional Service Canada.
- Pernanen, K., Coussineau, M., Brochu, S. and Sun, F. (2002) *Proportion of crimes associated with alcohol and other drugs in Canada*. Ottawa: Canadian Centre on Substance Abuse.
- Skinner, H.A. (1982). *The Drug Abuse Screening Test*. *Addictive Behaviors*, 7, 363-371.
- Skinner, H.A., & Horn, J.L. (1984). *Alcohol Dependence Scale (ADS): User's Guide*. Toronto: Addiction Research Foundation.
- Statistics Canada (2002). *Adult correctional services in Canada 2-0-2001 (85-211-XIE2001000)*. Ottawa: Statistics Canada.
- Taylor, B. & Bennett, T. (1999) *Comparing drug use rates of detained arrestees in the United States and England (NCJ 175052)*. National Institute of Justice.