

3.13 Mandatory aftercare (probably) reduces recidivism after prison treatment

Findings Completion of residential aftercare proved essential to benefiting from Texas's first prison therapeutic community for drug users. The findings reinforce the importance of the throughcare element in British plans to expand treatment in prison.

New Vision is a 500-bed centre for male prisoners with a history of drug abuse. It attempts to create a therapeutic community regime based on peer influence, self-governance and group therapy. Prisoners recommended for treatment can transfer there for the last nine months of their sentence. After release on parole they are required to spend three months in less intensive residential treatment at a halfway house followed by a year of non-residential counselling.

Re-arrest records of 293 former inmates free for between 13 and 23 months were compared with a control group of 103 parolees who qualified for New Vision but who (usually for administrative reasons) were not sent there. 170 New Vision graduates completed their stay in the halfway house; 30% were re-arrested compared to 36% of those who did not complete and 42% of controls. Taking other factors into account, completers' risk of re-arrest was half that of controls. Though lower, the re-arrest risk of non-completers was not significantly different from that of controls.

Non-completers tended to report greater rapport with their former peers in New Vision, suggesting that the disjunction between its community ethos and the more traditional services offered in the halfway house had contributed to the high drop-out rate.

In context The New Vision study did not follow up therapeutic community drop-outs. Taking these into the analysis, prisoners sent to therapeutic communities across Texas are re-imprisoned at about the same rate as other similar prisoners. For a major part of the study period the former New Vision inmates were probably subject to a higher degree of legal supervision than controls. In particular, controls released straight into the community had an extra three months 'free' to commit crimes. Subtracting this period substantially cuts the apparent benefits of completing New Vision's residential phases. In other words, the findings could reflect the suppression of crime due to close supervision rather than a lasting impact of treatment.

The (mainly US) research on prison programmes is complicated by the difficulty of matching treatment and control groups without being able to allocate prisoners at random. A sophisticated study of drug treatment in US federal prisons (► *Secondary sources*) attempted to adjust for selection processes which could mean that people who would have done well anyway are over-represented among those who complete prison treatment. It found the reverse was the case – prisoners at *high* risk of re-arrest and return to drug use tended to end up in the treatment sample. Taking this and other factors into account, the study calculated that just over 3% of prisoners who had completed (usually) nine months of treatment in prison were re-arrested in the six months following their release compared to 12% who had not completed. With the incentive of a year less in jail, completion rates are high: few prisoners fail or drop out of the programme. Selection processes of the kind adjusted for in this study could mean that the benefits of New Vision were underestimated.

Practice implications Evidence supporting the importance of aftercare and continuing supervision after release is stronger than for prison treatment itself. This suggests a key role for the new provisions in Britain allowing drugtakers to be released from prison on licence or under supervision notices which require them to remain abstinent from drugs and which subject them a drug testing regime. If flexibly applied (so as not to fail people who are making worthwhile progress) and if coupled with support and treatment which build on the treatment in prison, these measures could underpin a regime which optimises the chance of lasting improvements.

Main sources Hiller M.L., *et al.* "Prison-based substance abuse treatment, residential aftercare and recidivism." *Addiction*: 1999, 94(6), p. 833–842. Copies: apply DrugScope.

Secondary sources Pelissier B.M.M., *et al.* *TRIAD Drug Treatment Evaluation Project: six-month interim report*. US Federal Bureau of Prisons, 1998. Copies: Download from Bureau web site, <http://www.bop.gov>.

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