DRUG TREATMENT IN ADULT PROBATION

An Evaluation of an Outpatient and Acupuncture Program

MELISSA M. MOON and EDWARD J. LAT essa

Department of Criminal Justice, University of Cincinnati, Cincinnati, Ohio

INTRODUCTION

Drug policy in the United States during the past decade has been driven primarily by a law enforcement approach (Falco, 1989). Law enforcement programs include interdiction, supply reduction, arrests, and prosecution. While the overall effectiveness of this policy is certainly debatable, the impact is much easier to observe. The most recent statistics on the drug problem in the United States paint a disquieting picture. In 1991, 7.1% of all arrests were for drug abuse violations. When arrests for driving under the influence, liquor laws, and drunkenness are included the figure rises to 30% (Maguire, Pastore, & Flanagan, 1992). Prisons, jails, and treatment facilities remain severely overcrowded, and the number of drug arrests and convictions continue to rise sharply (Shapiro, 1989). Although the bulk of our resources in the “war on drugs” have been devoted to law enforcement efforts, there are two additional strategies employed in this struggle: prevention and education, and treatment.

Campaigns urging people to “Just Say No” and programs in schools are some of the prevention efforts currently in practice. Through the use of advertisements and the media the public is being informed of the dangers of using and abusing drugs. Prevention efforts are often difficult to gauge, however, there is some evidence that drug use among teenagers is declining. Lifetime prevalence rates for college seniors reporting use of any illicit drug has declined from 65% in 1979 to 44% in 1991 (Johnston, O’Malley, & Bachman, 1992).

Finally, treatment is a strategy used to fight the drug problem by helping drug users overcome their drug dependency. Despite the rhetoric, in reality this strategy has been neglected and underfunded by policy makers and politicians, particularly at the Federal level. While drug treatment for professional athletes, entertainers, and those that can afford it (or with insurance) has been the domain of private providers, for the vast majority of drug users, treatment is left to the criminal justice system.

As the largest correctional sanction imposed, probation deals with the vast majority of offenders, many of whom have some substance abuse problem. Given the nature of substance abuse, with its complex symptoms, interrelationships of underlying causes, and frequency of relapse, there is little wonder that probation agencies are often unequipped to deal with the drug-dependent offender. Indeed, the tools that are often employed by these agencies are much better at detecting a problem than solving it.1

Since probation agencies are forced to deal with large numbers of substance abusers, many have developed their own treatment programs. This paper will examine one such program and discuss the issues surrounding drug treatment in a community corrections setting.

There are three aspects to this paper. First, we will examine what is meant by “drug treatment” in an outpatient setting and what is generally known about its effectiveness. Second, we will present the results from one court’s attempt to deal with drug-dependent offenders. This aspect of the paper will focus on the effectiveness of an innovative outpatient drug-free treatment facility serving felony drug offenders placed on probation. Treatment in this program included educational and group therapy as well as acupuncture. Finally, we

Reprint requests should be sent to Edward J. Latessa, Ph.D., Professor & Head, Department of Criminal Justice, University of Cincinnati, Cincinnati, OH 45221.

1Drug testing is widespread in probation; however, combining it with effective treatment is another matter.
will examine the principles of effective treatment and their application to probation given the realities and ramifications of drug treatment in a correctional setting.

OUTPATIENT DRUG TREATMENT

The most common modality in the treatment of drug addiction is outpatient drug-free facilities. It has been estimated that this modality serves 60% of the drug abusers in treatment (Sandhu, 1981). Unlike therapeutic communities, the addict is provided with services on an outpatient basis and without drugs (e.g., methadone). The types of programs offered vary widely, ranging from highly demanding daytime therapeutic communities to relaxed programs of activities (Anglin & Hser, 1990, p. 422). Generally, outpatient programs include utilization of other community resource referrals, such as health, housing, family, financial, and other social service networks. Patients range from hard core addicts to those who only experiment occasionally. For some clients, outpatient treatment is the first program they enter, while others have completed other forms of rehabilitation. Length of stay in an outpatient program is generally short when compared to residential programs.

Studies reporting on the effectiveness of outpatient drug treatment programs are quite limited. In general, studies have shown outpatient programs are not successful in retaining clients in treatment (Anglin & Hser, 1990). Although research is limited, some studies have shown that outpatient drug programs can often be somewhat successful in reducing criminality (Anglin & Hser, 1990). Some studies have reported that, as with therapeutic communities, outpatient drug programs are more successful the longer the client remains in treatment (Anglin & Hser, 1990; Nash, 1973).

Success rates for outpatient drug treatment facilities may be artificially inflated. Most outpatient drug patients tend to be younger, less deviant, and less hard-core than therapeutic community and methadone maintenance clients (Sells, 1979). Most clients use opiates less frequently. Outpatient drug treatment clients often lack an extensive criminal history, and when compared to other hard-core addicts, they have had fewer arrests and have seldom been in jail.

Outpatient drug-free programs have not been evaluated as extensively as other treatment modalities. The research that has been conducted has generally found that outpatient drug programs are as effective as the other treatment modalities once clients have been in treatment for at least 12 months (Anglin & Hser, 1990; Nash, 1973; Sells, 1979). Another problem lies in the fact that outpatient treatment is not standardized across all programs. Therefore, outcomes and successes will vary, depending upon the services delivered. In short, more research and evaluations of the effectiveness of outpatient drug-free programs are needed before their true impact can be determined.

Recently, drug treatment has turned to more unique and controversial techniques. One approach that has been around for centuries but is relatively new in the United States is acupuncture.

Acupuncture

Acupuncture is an innovative substance abuse treatment option being used to treat clients with drug and alcohol addictions. Acupuncture can be administered in detoxification facilities, therapeutic communities, and outpatient programs. The outpatient treatment program to be discussed in this study uses acupuncture to assist clients in their withdrawal from drugs and alcohol.

The most noted use of acupuncture in the treatment of drug and alcohol addiction has been performed by Dr. Michael Smith of the Lincoln Hospital in the Bronx (Smith, Squires, Aponte, Rabinowitz, & Rodriguez, 1982). Smith began treating addicts by employing the acupuncture techniques used by Dr. Wen of Hong Kong. Smith’s approach has been to attempt to more precisely locate the acupuncture points which would alleviate the clients’ side-effects associated with withdrawal and simultaneously minimize the draining effect on the patient. Smith and his colleagues have been detoxifying individuals suffering from alcohol or drug addiction for the past 20 years (Smith et al., 1984). Since acupuncture detoxification is a new treatment option being used with drug and alcohol offenders, empirical research is quite limited and rudimentary. Studies by Olms (1984) and Smith et al. (1984) lack statistical and methodological rigor. A study by Bullock, Umen, Culliton, & Olander, (1987) set up a control and experimental group to test the effectiveness of acupuncture in alcohol recidivism. Initially, 54 clients participated—27 in the control group and 27 in the experimental group. The major concern with this study was the number of clients on which some statistics were based. These groups only had 27 clients each to start, but only 10 clients from the treatment group and 2 from the control group actually finished the final phase of treatment. Although support for acupuncture exists, we actually know little about its effectiveness with drug addicts, and results reported elsewhere were not encouraging (Latessa & Moon, 1992).

2It is also important to note that while varying types of treatment modalities focus on different aspects of drug addiction, they are not mutually exclusive. For example, it is not unusual for clients to have participated in more than one modality. Clients may have their addictions brought under control in detox or methadone maintenance and receive other social services from therapeutic communities or outpatient drug-free programs.

3As of 1984, the Lincoln Hospital had been treating drug and alcohol dependencies with acupuncture detoxification for 9 years.
ment specialists within the probation department, and received some form of drug treatment. A total of 274 experimental cases and 103 comparison cases are included in this evaluation. Similar data were gathered on both groups from an equivalent time frame.

Data related to demographic characteristics, criminal history, and offender assessment were used to describe the various groups. The outcome measures used in this study were designed to examine whether or not the treatment variables had an appreciable effect. The outcome
RESULTS
Space limitations require that we summarize some of the findings from this study. With regard to demographic characteristics, the majority of each group were male and black, had less than a high school education, were single, were unemployed at entry, and were recommended for probation. The experimental and comparison groups differed on two factors; the drug treatment group were more likely to be black and were younger than the comparison group; the difference averaged 3 years.

In terms of criminal history the majority of both groups had been on probation previously, had committed a felony 3 or 4 level offense, and did not have a prior felony conviction. About 20% of each group reported a prior state commitment, and almost 85% of each group had been convicted of a property or drug offense. These data indicate that the two groups were similar with regard to all seven factors examined.

Overall, the data indicated that while there were some notable differences between the two groups, overall they were similar on basic demographic areas, criminal history, and chemical abuse history. The assessment data indicates that both groups had a considerable history of substance abuse. Each group had a long involvement with drugs and alcohol, averaging nearly 12 years each; the drug of choice for a majority was cocaine, and a considerable percentage had been through prior treatment programs. Overall, the two groups can be classified as part of a drug abuse subculture. They did not have extensive criminal histories, and the vast majority had been convicted of less serious felony offenses. These data support comparisons between the two groups with regard to outcome.

Outcome Performance
This section addresses the outcome measure to determine what effects, if any, have occurred. Arrests, convictions, technical violations, and current status data are presented.

Figures 1 & 2 present data with regard to arrests, convictions, and technical violations over the evaluation period. Figure 1 illustrates the percentage of offenders arrested and convicted for misdemeanors and felonies. Ten percent of the experimental group were arrested for a misdemeanor versus 13% of the comparison group. Of these, 6% and 10%, respectively, were convicted.

The differences between the groups were not significant. The data on felony arrests and convictions indicate that the experimental group reported significantly fewer arrests and convictions than the comparison group. 12% versus 22% arrested, and 9% versus 18% convicted.

The misdemeanor and felony arrests and convictions were combined and are presented in Figure 2 along with the technical violation data. These data indicate that overall 21% of the experimental group were arrested, and 15% were convicted of a new offense. Thirty-one

---

Figure 1. Percentage arrested and convicted (differences between the MCCOP groups and the comparison groups for felony arrests and convictions were statistically significant).
hand, the comparison group is more likely to be under supervision longer (since they are less likely to abscond). Their failures are more likely to be a result of a new arrest and conviction.

Completion of COP

Figures 5 and 6 examine the data related to the completion of COP. These data indicate that slightly more than 23% of all offenders referred to COP completed the treatment. Of these, 11% were subsequently revoked from probation, and another 7% absconded. Conversely, 22% of those who did not complete COP were either released from probation successfully or were still under supervision at the time of the follow-up.

Acupuncture Outcome

Figure 7 illustrates the results of the acupuncture groups by arrests, convictions, and current status. These data indicate that the Acupuncture group was more likely to be arrested than the Control group, and less likely than the Placebo group. These differences were not significant. The Acupuncture group was also more likely to be revoked and less likely to abscond than the Control and Placebo groups. When the revoked and absconded categories are combined, the Acupuncture group reported a 67% failure rate, compared to 56% for the Control group and 62% for the Placebo group. None of these differences were significant.

CAVEATS

There are a number of limitations to this study that should be noted. First, the sample size of the comparison group was relatively small. This is due to the time constraints imposed on this phase of the evaluation and the difficulty in identifying appropriate cases from the files of the probation department.

Second, the data from this evaluation essentially covers only the first year of operation. COP is still a relatively new program. As such, there have been a number of changes, both in terms of staff and program operation. Like most new treatment efforts, a program such as this normally requires 18 months to 2 years before a consistent pattern can be established. In addition, recent changes in the program are not reflected in this evaluation.

Third, when COP first began, all clients were given the acupuncture treatment. As a result, the size of the acupuncture, control, and placebo groups is relatively small. The findings with regard to acupuncture should be viewed with caution.

Fourth, because COP conducts more detailed drug assessments than the probation department, comparisons

---

7For a more detailed analysis of the outcome from the acupuncture aspect of this study, see Latessa & Moon (1992).

8An analysis was conducted between the Acupuncture group and the Control/Placebo group (they were combined due to the small sample size) in order to determine whether there were any differences with regard to background, criminal history, or assessment variables. Two factors were significant: risk score and prior alcohol treatment. The Control/Placebo group reported a higher risk score and a higher percentage with prior alcohol treatment than the Acupuncture group.
3. The current status data lend credence to the notion that COP is viewed as a strict intermediate sanction program. Despite higher arrests and convictions for the comparison group, the revocation and incarceration rates for the two groups were similar. Notably, the absconder rate for COP was nearly four times higher than that of the comparison group. When a “failure” rate is computed that includes incarceration, revocation, and absconding, the COP group reported 64.7% failing versus 53.5% for the comparison group. Nearly 20% of the COP “failure” rate was for absconders versus 5% for the comparison group.

4. These data indicate that the COP group performed no better or worse than the comparison group. Essentially this means that the COP treatment is no more effective than the other treatment alternatives being offered through the probation department. It is again important to note that the high absconder rate for COP inflates their failure rate by 19%; versus only 5% for the probation group. The COP group fails for technical violations while the comparison group fails for new arrests and convictions.

5. Of the COP groups, 23% completed the program. Of these, 11% were subsequently revoked from probation and another 7% absconded. Conversely, 22% of those who did not complete COP were either released from probation successfully or still under supervision at the time of the follow-up. Thus, it appears that program completion is directly related to successful probation outcome.

6. There was no evidence that acupuncture has had any appreciable effect on either program completion or probation outcome. Again, it should be noted that it is difficult to evaluate the effectiveness of treatment if the offender is not present to receive it. However, given that the three acupuncture groups were randomly assigned and given the same opportunities to complete the program, we would still expect a treatment effect. There was none. Without a controlled environment, it will be nearly impossible to attribute any positive results to the acupuncture treatment.

Although we only examined one, albeit small, sample of offenders, it is probably safe to say that these offenders look a lot like other drug offenders crowding probation caseloads; their substance abuse problems probably have contributed significantly to their criminal behavior.

These conclusions also show the double-edged sword of drug treatment in probation. In many instances, you are dealing with offenders that could not abide by the rules of regular supervision, let alone meeting the requirements of reporting 5 days per week beginning early in the morning. The fact is many of them did not. On the one hand, we have the tendency of drug abusers to relapse, while on the other we have the limited patience of the court and probation department.

The finding that those completing the program were more likely to be successful on probation is not surprising and is consistent with other studies. The question is, “how do you get more offenders to complete the program?”

Finally, the results concerning acupuncture show the folly of believing that there is a “magic” or easy solution to drug addiction. Of course, it may be that acupuncture is more successful with alcoholics or intravenous drug users, but there certainly was no evidence that it worked with these substance abusers, a majority of whom are cocaine addicts. Many of us want to believe that there is a panacea for social problems. After all, wouldn’t it be great if technology or modern medicine (or in this case ancient medicine) could come up with a cure to drug addiction? Unfortunately, the solutions, like the problem are complex and difficult.

ELEMENTS OF SUCCESSFUL INTERVENTION

The remainder of this paper will examine some principles of successful intervention and provide some reasons why it is often difficult for probation agencies to meet these elements.

A number of scholars have contributed to an emerging body of literature on what constitutes effective treatment intervention (Andrews & Bonta, 1994; Andrews et al., 1990; Cullen & Gendreau, 1989; Gendreau, 1993; Gendreau & Ross, 1983–1984; Palmer, 1993). Thus, a number of principles of successful treatment have resulted. For the purpose of this study, five predominant principles of successful intervention will be discussed in light of this study.

The first principle of effective treatment is targeting high risk offenders (Andrews et al., 1990; Andrews & Bonta, 1994; Gendreau, 1993). If the general argument is that low-risk offenders are less likely to reoffend, there is a greater cost savings in targeting only high-risk offenders. According to Andrews et al. (1990), treatment has been found to be more effective when servicing high-risk clients compared to low-risk clients.

One problem with this principle centers around what is meant by “high risk.” Normally, this would refer to a group of offenders who have a serious criminal history. In the case of drug abusers, however, one could reasonably argue that it should refer to a substantial drug history and a high probability of relapse. While the COP program failed to target only high-risk offenders, at least according to the criminal history criteria, there is little doubt that the population they served were among the most drug-dependent clients the probation department had to offer. Another problem of course is that probation departments and programs such as COP have little control over their clientele.

Half of the treatment group were classified as high-risk clients.
suggests that background characteristics, personal characteristics, and treatment orientations (control versus surveillance) should all be considered.

The reality of drug treatment in probation is that the number of offenders, especially those with substance of refusing clients that they deem inappropriate for treatment.

Perhaps a more fundamental problem lies in the fact that we are attempting to deal with drug abusers in a correctional environment, and as a rule they are not seek-
ing treatment voluntarily. The dilemma in probation between controlling the offenders and providing them with the help they need is no where more evident than with drug offenders. Treatment needs to be given a very high priority. While this is more easily said than done, it is important that a rehabilitative environment be nurtured and maintained throughout the offender’s supervision period.

Since probation departments have the arduous task of ensuring that clients not only cease their drug usage, but also remain crime free, the question becomes, “Can we really expect correctional agencies to provide effective treatment to drug abusers?” Recognizing that we have only examined one program in one city, the answer from this study appears to be no. Good intentions alone do not mean success. Further, it is not necessarily a question of not knowing what works, but rather of dealing with the realities of limited resources, huge caseloads, and problems that even highly trained professionals have difficulty dealing with on a one-to-one basis. In order to address these issues more effectively, researchers and practitioners should work collectively to incorporate the ideas of theory within the realities of daily correctional practices.

REFERENCES


