

INTENSIVE CARE

How can we stop the endless stream of drug offenders released from prison only to return a few months later? The answer lies in the kind of addiction treatment they are offered inside, says **Gail Jones and Kim Hindle.**

Around half of all UK prisoners are substance dependent and most admit that this motivates their offending. In fact, drug use is one of the strongest predictors of post-prison recidivism. This is why over £100 million is spent on drug treatment in prisons each year. Understanding which treatments work, how and for whom, is thus a pressing policy priority.

RAPt (Rehabilitation for Addicted Prisoners Trust) programmes are amongst the most intensive and challenging of the range of drug treatment interventions available in prisons. They are delivered to around 850 prisoners per year, compared with around 11,000 who receive short, cognitive behavioural programmes, and over 50,000 who receive individual advice and referral services.

While much of the evidence in this field is international, it does point to a clear conclusion. Large-scale longitudinal studies, randomised controlled trials and meta-analyses have repeatedly shown that intensive, long-term, abstinence-based residential treatments are effective, and cost-effective, in reducing post-release substance use and recidivism amongst prisoners with severe dependence. Guidelines issued two years ago by the National Institute for Clinical Excellence (NICE) consequently recommended that such programmes be offered to substance dependent prisoners.

Of 13 English prisons currently doing so, nine provide the RAPt programme – which incorporates both 12-Step and cognitive behavioural approaches. The RAPt programme is currently the only UK psychosocial, prison-based

substance dependence intervention whose outcomes have been empirically evaluated – and deemed effective. By contrast, a recent Campbell Review concluded that there was no evidence that brief interventions were effective in reducing either drug use or recidivism and that methadone maintenance was at best ineffective, with several evaluations finding that it increased post-prison rates of re-offending.

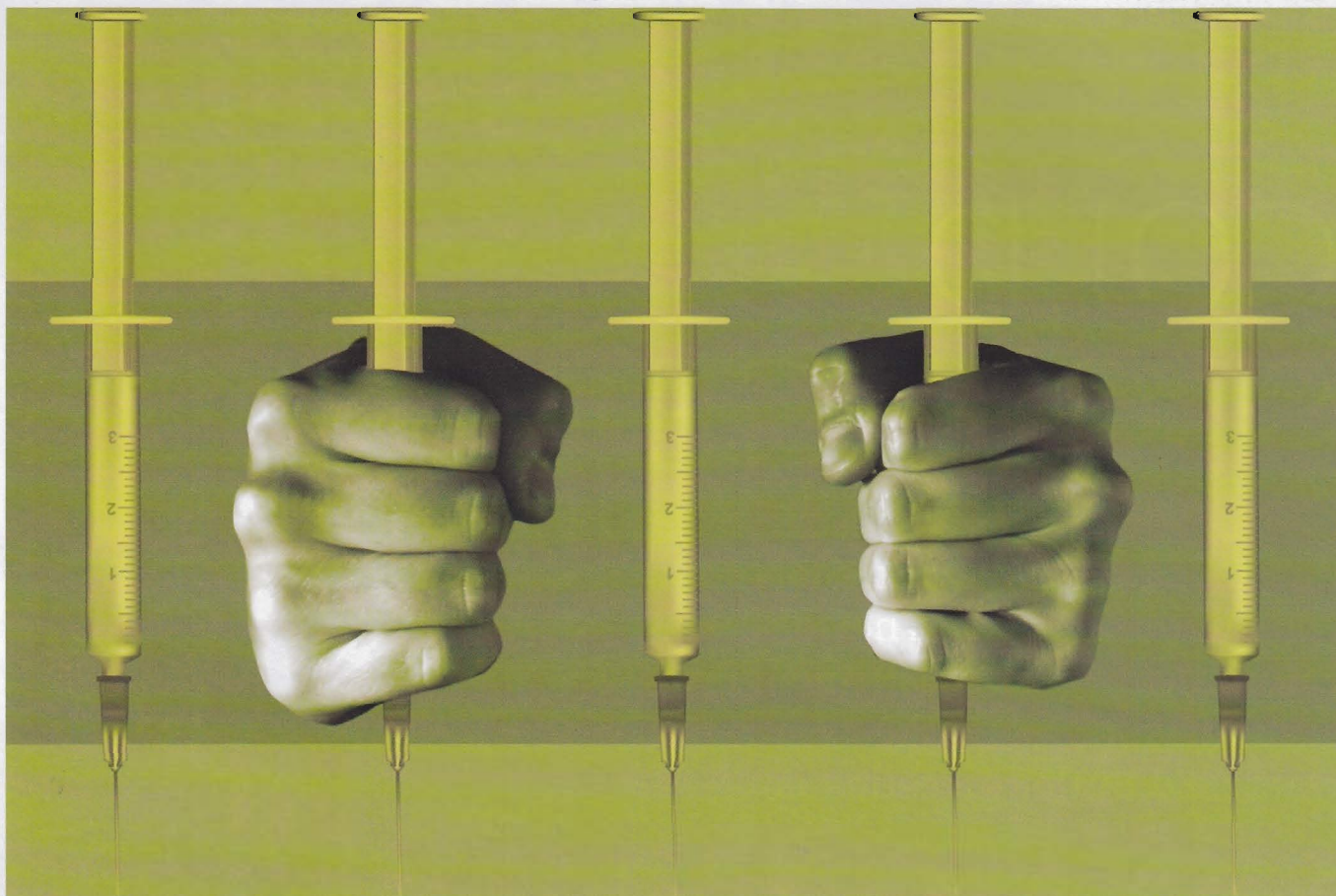
THE PROGRAMME DECREASES PARTICIPANTS' AMBIVALENCE AND DENIAL WHILE INCREASING THEIR MOTIVATION AND COMMITMENT

Having established overall positive outcomes, there have been increasing calls for closer examination of the RAPt treatment 'black box' – how treatment works, which factors comprise its 'active ingredients' and how it can be improved. Interviews conducted as part of RAPt's outcome evaluation in 1996 and at follow-up in 2000 highlighted participants' perceptions that they had gained personal development from the RAPt programme that went beyond skills for reducing drug use and offending. The graduates particularly emphasised increased confidence in their ability to stay abstinent, greater motivation for

recovery and more negative attitudes towards crime.

These findings suggest that the mechanisms underlying RAPt programme's long-term effectiveness could be assessed by measuring its immediate effects on these three process variables: motivation, self-efficacy regarding substance use, and attitudes towards crime. All three have been identified as key dynamic criminogenic risk factors for relapse and recidivism. In the absence of any government commissioned research into programme effectiveness, RAPt funded and conducted a study to assess its programme's impact on these criminogenic factors. The study tested the hypothesis that the programme would demonstrate positive impacts in all three domains.

Data from 687 prisoners who engaged in RAPt programmes between April 2007 and March 2008 were collected for analysis. Of these, 628 were men, 57 were women and 377 completed primary treatment. In order to be admitted to the programme, all participants had to be substance dependent and not taking substitute prescriptions such as methadone at the point of assessment. The average age among participants was 31 years, with a range between 20 and 55. Over 80 per cent of participants reported primary dependence on heroin and/or crack cocaine and a similar majority were found to be physically drug dependent. Those who completed treatment spent an average of three and a half months in the intensive treatment phase, while those who did not complete spent an average of two months in treatment.



Results from tests used to measure their motivation – by identifying a participant's position within the so-called 'Cycle of Change' – suggest that the programme decreases participants' ambivalence and denial while increasing their motivation and commitment to effecting and maintaining change in their lives.

Closely linked to motivation and commitment to change is the concept of self-efficacy: an individual's belief in their own ability to successfully change their pattern of behaviour. Low self-efficacy for coping with difficult situations without substance use is a recognised relapse risk factor, so treatment programmes need to address it in order to be effective.

Participants rated their confidence in their abilities to remain abstinent across a range of high-risk situations using a scale of 0 to 100, with 100 indicating complete (100%) confidence. As with motivation, there were increases in post-treatment scores for both groups. However, in this case the differences were much larger and were statistically significant among those who completed treatment, but not among those who

left treatment early. Notwithstanding an overall trend of improvement, approximately a third of non-completers showed no increase in score. This was the case for fewer than 10 per cent of those who completed.

Participants' attitudes towards crime, victim empathy, denial and anticipation of re-offending were also analysed. When pre and post treatment scores were compared, highly significant improvements were found among programme completers.

This analysis of a large cohort of RAPT programme participants confirms that programme completion is associated with improvements in all three key offending risk factors identified by NOMS: motivation, self-efficacy and attitudes towards crime. Completers displayed measurably more progress in these domains than non-completers, suggesting that the effects of the RAPT programme are tied to its dose and duration. This finding is consistent with previous research suggesting that brief exposure is not sufficient for all substance dependent individuals to achieve measurable and lasting changes in psychosocial

functioning and that longer, more intensive treatment is more effective in terms of psychosocial improvement and longer-term outcomes.

The ultimate test of any prison-based programme is in its impact on rates of post-release drug use and offending. RAPT is currently replicating the longitudinal study undertaken in 2003, that showed the programme significantly impacted on re-offending rates. However, we would suggest that studies into proximal outcomes can confirm the positive impact of programmes, and offer useful insights into what elements of programmes are most effective in achieving that impact. Studies of this type can be conducted easily by providers themselves, as a supplement to outcome research.

At a time when Lord Patel's National Prison Drug Treatment Committee is reviewing the provision of drug treatment to prisoners, it is more important than ever that all services can demonstrate their results, and understand how they are achieved.

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