
This article is based on the Campbell Review:

Mitchell O., Wilson D., MacKenzie D: *The effectiveness of Incarceration-Based Drug Treatment on Criminal Behaviour*. The Campbell Collaboration 2006.

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Treatment of incarcerated drug abusers reduces recidivism

The treatment of incarcerated drug abusers can reduce recidivism by up to 20% according to a new Campbell Review. However, there are major differences in how the various types of treatment work, both with regard to avoiding relapse into crime and continued drug abuse. This research review examines four types of treatment.

Therapeutic communities have a positive effect on both criminal behaviour and drug abuse. Counselling programmes only reduce recidivism, but do not appear to be equally effective for all types of offenders. Other types of treatment – narcotic maintenance programmes (e.g. methadone treatment) and boot camps – do not appear to reduce recidivism.

Drug abuse is a problem among offenders

In many countries there is a high prevalence of drug abuse among offenders, which confirms the assumption of a link between drug abuse and crime. Offenders who abuse drugs often have many different types of problems and complex needs. Their problems are not easy to solve, and it can be difficult to assess what can actually make a difference to the abuser's situation.

This Campbell Review evaluates the effects of four different approaches to drug abuse treatment for incarcerated offenders in relation to criminal behaviour and relapse into drug abuse. It also examines what characterises the effective programmes.

This research review focuses on four types of treatment programmes geared towards drug abusers. They are all implemented in prisons and their objective is to reduce drug abuse and other criminal behaviour.

- *Therapeutic communities* separate the inmates from non-participating inmates and are characterised by resident involvement, a supportive and confrontational approach and focus on the underlying disorders rather than solely on drug abuse.
- *Counselling programmes* include among other things, 12-step programmes (like AA/NA), cognitive training programmes, drug education, acquisition of basic schooling and life skills training. These programmes often use group therapy among peers, but individual therapy is also used.
- *Boot camps* are modelled after basic military training and disciplinary exercises.
- *Narcotic maintenance programmes* use synthetic opioid medication (e.g. methadone).

Drug abuse treatment programmes work – some better than others

This research review shows that drug treatment programmes for incarcerated abusers reduce recidivism from an average of 35% to 28%, i.e. a total reduction by one fifth.

However there are major differences among the four types of treatment studied:

Therapeutic communities reduce criminal behaviour and drug abuse regardless of how effectiveness is measured and of the type of offender.

- adult or youth
- women only, men only or mixed groups
- groups with 50% or less non-whites, 51-70% non-whites or more than 70% non-whites
- groups with only non-violent offenders or mixed groups with both violent and non-violent offenders

Therapeutic communities are also effective, regardless of whether:

- mandatory after-care is included
- treatment takes place in a prison or local jail
- the programme has a maturity of less than 1 year, 1-3 years or more than 3 years
- the duration of treatment is more or less than 90 days
- participation is mandatory or voluntary

Counselling programmes do not reduce drug abuse, but appear to be just as effective as therapeutic communities when it comes to avoiding re-offending. However, the documentation stems from less sound assessments. Counselling programmes are *not* effective for adolescents or in mixed groups. And counselling programmes with a maturity of less than 3 years are not effective.

Boot camps show no positive results when it comes to relapse into criminal behaviour or drug abuse. This conclusion is based on two large studies pointing in the same direction.

Narcotic maintenance programmes show no positive result either when it comes to relapse into criminal behaviour or drug abuse. But this conclusion is based on five relatively small studies that produced conflicting results.

Treatment target group and success criteria

This research review focuses on incarcerated drug abusers. The assessments include many different types of incarcerated offenders: men, women, violent offenders, non-violent offenders, adults and young people.

All of the success criteria have been measured over a specific period of time after treatment and release from prison. The key criterion – which occurs most often in the assessments covered by this review – is the extent of relapse into criminal behaviour.

A somewhat surprising finding is that only slightly more than one fourth of the assessments measure effectiveness in relation to quitting drug abuse. A comparative analysis of assessments that report drug relapse produces the remarkable finding that drug abuse treatment programmes for incarcerated offenders – with few exceptions, e.g. therapeutic communities – do *not* reduce drug abuse after release. The few exceptions that result in a reduction of drug relapse are:

- assessments that use experimental research design (i.e. research design of high quality)
- assessments that only deal with adult abusers

- assessments that only include programmes that use mandatory after-care

53 studies with 66 independent assessments

The findings of this research review are based on a meta-analysis of 66 independent assessments. These are part of 53 studies which include more than 165,000 offenders (one assessment included more than 95,000 offenders). 58 studies were carried out in the USA, three in Australia, three in Canada, one in Taiwan and one in the UK.

Approximately half of the studies come from published sources, while the other half are from non-published sources. The effectiveness of *therapeutic communities* was appreciably greater in published studies compared to non-published studies. If only the published studies were included, the positive effects of *therapeutic communities* would be considerably exaggerated.

Although the authors of this research review have searched for studies dating back to 1980, two thirds of the assessments included were carried out after 1996. This illustrates the relatively recent boom in this type of treatment programme as well as in assessments of such programmes.

Future guidelines for research

This research review emphasises the need for more insight into which specific parts of a treatment programme are the most important. It is the conclusion of this review that future research should be based on the application of the strictest requirements for the chosen assessment design.