

ORIGINAL ARTICLE

Evaluation of the Addressing Substance-Related Offending (ASRO) Program for Substance-Using Offenders in the Community: A Reconviction Analysis

Emma Palmer¹, Ruth Hatcher¹, James McGuire², Charlotte Bilby³, Tammy Ayres⁴ and Clive Hollin¹

¹*School of Psychology, University of Leicester, Leicester, UK;* ²*School of Population, Community and Behavioural Sciences, University of Liverpool, Liverpool, UK;* ³*School of Arts and Social Sciences, Northumbria University, Newcastle upon Tyne, UK;* ⁴*Department of Criminology, University of Leicester, Leicester, UK*

This article reports an evaluation of the Addressing Substance-Related Offending program in the English and Welsh Probation Service. Participants were 319 adult male offenders who had a history of substance use and were serving community sentences. A quasi-experimental design was used to compare the reconviction rates of offenders who completed the program, offenders who started but did not complete the program, and a comparison group of offenders who were not allocated to the program. Multivariate analysis showed that at one-year follow-up the completers had a significantly lower rate of reconviction and longer time to reconviction than the non-completers, and the non-completers had a significantly higher rate of reconviction and shorter time to reconviction than the comparison group. No differences were found in reconviction between the completers and comparison group.

Keywords offender, substance use, intervention, community, reconviction

INTRODUCTION

Research shows that there is a clear link between substance use and offending, and that they share a number of common risk factors (see McMurrin, 2006). The association between substance use and offending is illustrated by the high prevalence of substance use problems among offenders, with research suggesting that between 30% and 50% of offenders entering prison are likely to be dependent on or problematic users of alco-

hol and/or other drugs (Budd, Collier, Mhlanga, Sharp, & Weir, 2005; Fazel, Bains, & Doll, 2006; Prison Reform Trust, 2008; Singleton, Farrell, & Meltzer, 1999). High levels of substance use among offenders are not just a UK phenomenon but also similar prevalence levels are found in the USA (Lo & Stephens, 2000). Although substance use is slightly lower among those serving community sentences than those entering prison, the prevalence rate is still higher than in the general population. According to recent Home Office figures, 27% of offenders serving community sentences have drug use-related problems and 34% have alcohol problems (Harper, Man, Taylor, & Niven, 2005).

Substance use-related offending covers a range of crimes. Drug-related offenses are often committed for economic reasons in order to support the cost of a drug habit and include offenses such as theft, burglary, selling drugs, and for women offenses related to prostitution. Furthermore, there are a number of offenses related to possession and selling of drugs. McMurrin (2006) also notes that involvement in drug dealing is often accompanied by violence and that the use of some drugs, such as crack cocaine, can increase the likelihood of being violent. The most common offenses linked to alcohol use relate to violence and disorder while intoxicated, and there is evidence showing it often plays a role in domestic violence (Gilchrist et al., 2003). Drug use-related crime was estimated to cost £13.9 billion in England and Wales in 2003/2004 for Class A drug use (Gordon, Tinsley, Godfrey, & Parrott, 2006), while a government report in 2004 estimated that the annual cost of crime and

This study was supported by a grant from the Research Development and Statistics Directorate of the Home Office. Any views or opinions expressed within this article are those of the authors, not the Home Office. We would like to thank Juliet Hounsom, Rebecca Daw, and Maxine Richards for assistance with data collection and preparation. We would also like to thank Laure Guille for providing the French abstract and Amaia Robles-Fernandez for providing the Spanish abstract.

Address correspondence to Emma Palmer, School of Psychology, Henry Wellcome Building, University of Leicester, Lancaster Road, Leicester LE1 9HN, UK E-mail: ejp8@le.ac.uk.

anti-social behavior caused by alcohol use was £7.3 billion (Cabinet Office, 2004).

Effective interventions to reduce reoffending address offenders' criminogenic needs (Andrews, 2001). Therefore, for substance use-related offending, targeting offenders' substance use is likely to reduce their risk of reoffending. Various treatment approaches are used in interventions for substance-using offenders; these include medical treatment, such as detoxification and pharmacotherapy, educational programs to provide information about the harmful effects of alcohol and drugs, therapeutic communities (TCs), and psychosocial interventions, such as cognitive-behavioral programs (McMurrin, 2006, 2007).

The Correctional Drug Abuse Treatment Effectiveness (CDATE) project conducted the earliest meta-analyses on treatment for substance-using offenders (Lipton, Pearson, Cleland, & Yee, 2002a, 2002b; Pearson & Lipton, 1999). Boot camps and group counseling were reported to be ineffective at reducing reoffending, while TCs and cognitive behavioral interventions had positive effects on recidivism, with mean effect sizes of 0.14 for both types of intervention. Few evaluations of pharmacotherapy were included in these studies, although Pearson and Lipton (1999) concluded that the outcomes of such interventions were promising.

Three recent systematic reviews have focused on interventions with drug-using offenders (Holloway, Bennett, & Farrington, 2005; Mitchell, Wilson, & MacKenzie, 2006; Perry et al., 2009). These reviews all drew similar conclusions to those of the CDATE researchers, that is, the most effective interventions in reducing offending among drug-using offenders were TCs and psychosocial interventions. Drug testing and boot camps were reported to be ineffective by all three reviews, while drug courts and probation/parole supervision were reported to be of some benefit. The evidence for drug maintenance programs was mixed; Holloway et al. (2005) reported some positive effects for heroin and methadone maintenance programs as compared with the more negative conclusions of Mitchell et al. (2006).

Only one review has focused on the effectiveness of community-based programs for drug-dependent offenders in reducing recidivism. Chanhathasilpa, MacKenzie, and Hickman (2000) reviewed 15 studies and, in line with previous research, concluded that the only effective interventions were those community programs that involved prison-based TCs followed by community treatment. However, it was not clear whether this effect was due to the TC in prison, the aftercare in community, or the combination of the two components. Intensive supervision alone was not effective, while there were not enough studies to allow conclusions to be drawn for community-based outpatient treatment alone (i.e., without previous treatment in prison).

On the basis of the "What Works" literature, the dominant approach taken by offending behavior programs is cognitive-behavioral. Together with the evidence from the CDATE meta-analyses showing the effectiveness of cognitive-behavioral approaches with substance-using of-

fenders, this has influenced practice in correctional settings. The Correctional Service of Canada has developed two such programs: the Offender Substance Abuse Pre-Release Program (OSAPP) and CHOICES. OSAPP is delivered in prison settings to prisoners with moderate-to-severe alcohol and drug problems, while CHOICES is a shorter program for offenders with low-to-moderate substance use problems on conditional release in the community (Lightfoot, 2001). Evaluations of these two programs have reported high completion rates of 89% for OSAPP and 91% for CHOICES (Porporino, Robinson, Millson, & Weekes, 2002), and that completers of the programs had lower rates of reconviction than non-completers and a comparison group (Lightfoot, 2001; Porporino et al., 2002).

There is now a body of evidence showing that offenders who start but do not complete offending behavior programs have worse reconviction outcomes than those offenders who complete the intervention and also those in the no-treatment comparison groups (cf. Hollin et al., 2008; Palmer et al., 2007; Van Voorhis, Spruance, Ritchey, Listwan, & Seabrook, 2004; Wormith & Olver, 2002). A number of studies have examined completion and its association with recidivism in samples of offenders undergoing substance use programs. These studies have shown that non-completers of substance use programs have worse recidivism outcomes than completers and comparison groups (Dynea & Sung, 2000; Messina, Wish, & Nemes, 2000).

Lang and Belenko (2000) examined treatment completion among offenders court-mandated to attend residential drug treatment as an alternative to going to prison. Non-completion was predicted by younger age, previous felony drug convictions, employment needs, history of psychiatric treatment, and a younger age of first heroin use. In a study of drug treatment in a prison setting, Pelissier, Camp, and Motivans (2003) reported that disciplinary exclusion from the program was associated with younger age, a history of violence, pre-treatment daily use of one "hard drug," and a previous diagnosis of antisocial personality disorder. In contrast, voluntary dropout was only associated with a lower motivation to change and being female. In the UK, a greater number of previous incarcerations were associated with negative outcomes (typically non-completion) of the Drug Intervention Program in the community (Best et al., 2008). The impact of continued substance use on program completion has been highlighted in a recent qualitative analysis of reasons for non-completion of an outpatient substance user treatment, although this study was not with an offender sample (Laudet, Stanick, & Sands, 2009).

The link between substance use and crime led the UK government to develop strategies to address the problem of substance use-related offending, with initiatives implemented through both the criminal justice system and health service. One strand of this strategy is to provide evidence-based interventions to convicted offenders with the aim of reducing both their substance use and offending. One such intervention is the Addressing Substance-Related Offending (ASRO) program

(McMurran & Priestley, 1999), which is a community-based intervention for offenders with a major problem of substance use linked to their offending.

The ASRO program uses a structured cognitive-behavioral approach “to reduce crime by targeting substance abuse as one important mediating factor in the participants selected [for the program]” (McMurran & Priestley, 1999, p. 5). The program is composed of four components: enhancing motivation to change, increasing self-control, relapse prevention, and encouraging participants to change their lifestyle to reduce the risk of relapse into substance use and so further offending. Delivery of the program is to groups of offenders in 20 × 2 hr sessions. Participants are required to keep a diary to promote awareness of factors associated with their substance use and to allow monitoring of the program’s impact on offenders. The selection criteria for the ASRO program require offenders to be medium to high risk of reoffending, to be using one or more substances, and for their substance use to be directly related to their offending or be likely to increase the likelihood that they will reoffend. The offender’s substance use must also be stabilized.

The ASRO program is accredited by the Correctional Services Accreditation Panel in England and Wales; however, there are no currently no published independent evaluations of the ASRO program.¹ Further, the vast majority of research examining the effectiveness of interventions for substance-using offenders has been conducted in the USA. Therefore, the current study aims to examine the impact of the ASRO program on reconviction. Reconviction rates are compared between offenders who completed the ASRO program, offenders who started but did not complete the ASRO program, and a comparison group of offenders with substance use problems who were not referred to the ASRO program.

METHODS

Participants

The sample was composed of 319 male offenders serving community sentences in the English and Welsh Probation Service. Of these offenders, 141 had a requirement to attend the ASRO program as part of their sentence (treatment group). The remaining 178 offenders also had substance use problems and had similar sentences to those in the treatment group but no requirement to attend the program. Within the treatment group, 41 offenders completed the program (completers) and 100 started but did not complete the program (non-completers); thus, there was a completion rate of 29.1%. For the whole sample, the age of the offenders at the time of their sentence ranged from 18 to 59 years, with a mean of 28.59 years ($SD = 7.82$), and their number of previous convictions ranged from 0 to 78, with a mean of 12.21 ($SD = 11.03$). Offend-

ers had been convicted of a range of offenses: 89 (27.9%) theft and handling stolen goods, 66 (20.7%) motoring offenses, 48 (15.0%) burglary, 46 (14.4%) violent offenses, 26 (8.2%) drug offenses, 11 (3.4%) criminal damage, and 33 (10.3%) other offenses, including fraud and forgery, and robbery.

Data Collection

For the treatment group, data were gathered by a team of field researchers working within the probation areas. This procedure provided information on offenders’ name, gender, date of birth, index offense, and date of sentence in order to allow for matching with the reconviction database. Data for the comparison group were drawn from the Probation Index and probation areas and provided offenders’ name, gender, date of birth, index offense, date of sentence, and probation order type.

Reconviction data for all offenders were gathered from the Offenders’ Index, a national government database that records reconvictions. These reconviction data included reconviction offense type, date of reconviction, and Offender Group Reconviction Scale-2 score (OGRS2; Taylor, 1999). The OGRS2 is a scale that uses nine demographic and criminal history variables to produce an estimate of an individual offender’s risk of reconviction within two years. Reconviction data were collected for all offenders at one-year follow-up. For offenders allocated to the ASRO program, the starting point for the follow-up period was taken from the date of the last session attended on the program, whereas for the comparison group the starting point was taken as date of sentence.

STUDY DESIGN

The study used a quasi-experimental design to examine reconviction rates gathered for the three groups of offenders. Rather than matching the samples on key variables, it was decided to statistically control for differences between the three samples. This approach was chosen as a one-to-one matching would have led to significant data loss due to problems in obtaining exact matches. This approach follows the one used in previous evaluations of programs (Hollin et al., 2008; Palmer et al., 2007).

RESULTS

The descriptive statistics for the three groups of offenders (completers, non-completers, and comparison group) are shown in Table 1. One-way analyses of variance (ANOVAs) revealed significant differences between the groups for age: $F(2, 316) = 4.03, p < .05$; OGRS2 score: $F(2, 316) = 7.07, p < .01$; and number of previous convictions: $F(2, 316) = 3.70, p < .05$. Post-hoc Scheffé tests showed that completers were significantly older than the comparison group, had significantly lower OGRS2 scores than the non-completers and the comparison group, and had significantly fewer previous convictions than the non-completers. There was also a significant difference

¹A Home Office evaluation reported data on reconvictions for program completers, non-completers, and non-starters for ASRO and another substance use program. However, there was no comparison group or breakdown of the figures by program (Hollis, 2007).

between the three groups for offense type: χ^2 (df = 16) = 33.88, $p < .01$.

At one-year follow-up, 164 (51.41%) of the offenders had been reconvicted for a range of offenses: 61 (37.2%) theft and handling stolen goods, 23 (14.0%) motoring offenses, 21 (12.8%) drug-related offenses, 17 (10.4%) burglary, 15 (9.1%) violent offenses, and 27 (16.5%) other offenses (including criminal damage, robbery, and forgery and fraud). For those offenders who had been reconvicted, the mean time to reconviction was 154.09 days (SD = 102.15). During the follow-up period, 14 (34.15%) of the offenders in the completer group were reconvicted as compared with 72 (72.00%) in the non-completer group and 78 (43.82%) in the comparison group.

A sequential logistic regression was conducted to examine the impact of treatment group on reconviction. In line with previous research (Hollin et al., 2008; Palmer et al., 2007), age, OGRS2 score, number of previous convictions, and offense type were entered as control variables at the first step, followed by treatment group at the second step. The control variables produced a good model fit as measured by the Hosmer and Lemeshow test: χ^2 (8, $N = 319$) = 13.86, $p > .05$. This model was significantly better than a constant-only model containing only the intercept but no predictor variables: χ^2 (11, $N = 319$) = 52.29, $p < .001$.

The addition of treatment group led to a significant improvement in the model provided by the control variables: χ^2 (2, $N = 319$) = 18.87, $p < .001$. The goodness of fit of the model, as measured by the Hosmer and Lemeshow test, was also good: χ^2 (8, $N = 319$) = 2.16, $p > .05$. Correct classification of cases was 69.59%. Table 2 shows how the predictor variables contributed to the model, along with the Wald and Exp (B) statistics.

To examine between-group differences in reconviction, pairwise comparisons were conducted, again using sequential logistic regression. These analyses showed that when age, OGRS2 scores, number of previous convictions, and offense type are statistically controlled, completers were significantly less likely to be reconvicted than non-completers ($p < .01$, odds ratio = 0.20), and non-completers were significantly more likely to be reconvicted than offenders in the comparison group ($p < .001$, odds ratio = 3.29). However, there was no significant difference in reconviction rate between completers and the comparison group.

Finally, time to reconviction for the three groups was examined using sequential Cox regression analysis. As with the logistic regression, age, OGRS2 scores, number of previous convictions, and offense type were entered as control variables at the first step, followed by treatment group at the second step. The analysis showed a significant difference between the three groups for time to reconviction once age, OGRS2 scores, number of previous convictions, and offense type were statistically controlled: χ^2 (2, $N = 319$) = 20.24, $p < .001$. Pairwise comparisons showed that completers had a significantly longer time to reconviction than non-completers, and non-completers had a significantly shorter time to reconviction than the

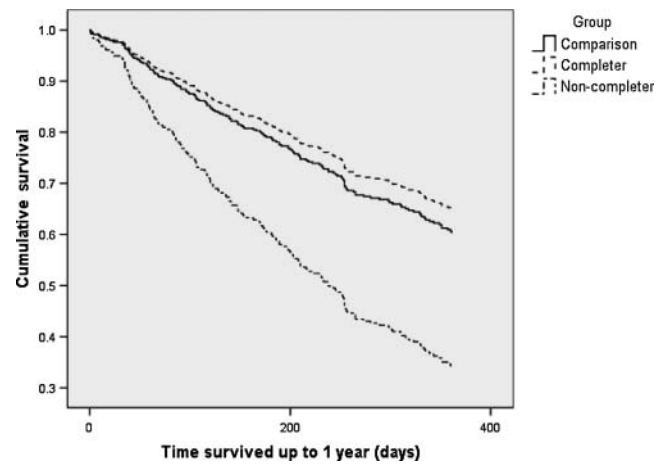


FIGURE 1. Survival curves by treatment group.

comparison group (both $p < .001$). There was no significant difference in time to reconviction between completers and the comparison group. The survival curves for the three groups are shown in Figure 1.

DISCUSSION

For offenders referred to the ASRO program, the completion rate was 29.1%. This rate is similar to the completion rates reported for other offending behavior programs delivered in the English and Welsh Probation Service at the time the data for this study were collected (Hatcher et al., 2008; Hollin et al., 2008; Palmer et al., 2007). More recent figures show an improvement across all programs (NOMS ISAU, 2007). It is difficult to compare the ASRO completion rate with other interventions with substance-using offenders as the vast majority of research has concerned prison or residential treatment. Pelissier et al. (2003) reported a completion rate of 84% for males and females participating in drug treatment programs across 19 prisons in the USA, although this varied from 56% to 97% by prison. Slightly lower completion rates of 61% (Lang & Belenko, 2000) and 67.4% (Brocato & Wagner, 2008) have been reported for legally mandated community-based drug treatment programs offered as an alternative to prison.

A comparison can be drawn with the community-based CHOICES program for offenders on release in Canada, for which Porporino et al. (2002) reported a completion rate of 91%. However, this program is shorter than the ASRO program (10 as compared to 20 sessions). CHOICES also targets offenders with low-to-moderate levels of substance use, whereas ASRO is aimed at offenders with a major substance use problem. It is possible that a higher level of substance use interferes with motivation and engagement with the program, in line with Laudet et al.'s (2009) findings on reasons for non-completion of an outpatient substance use program. This suggestion is supported by the fact that the non-completers in this study were more likely to have been convicted of a drug-related offense (11.00%) as compared

TABLE 1. Descriptive statistics for the three groups ($N = 319$)

	Completers ($N = 41$)	Non-completers ($N = 100$)	Comparison ($N = 178$)
Age (years)	30.93 ^a (8.53) ^b	29.45 (7.08)	27.57 (7.92)
OGRS2 score	56.78 (22.71)	70.22 (22.28)	68.49 (17.78)
Precons	9.02 (8.46)	14.30 (12.95)	11.78 (10.18)
<i>Offense type</i>			
Burglary	8 ^c (19.51) ^d	14 (14.00)	26 (14.61)
Crim damage	1 (2.44)	3 (3.00)	7 (3.93)
Drugs	1 (2.44)	11 (11.00)	14 (7.87)
Fraud & forg	2 (4.88)	3 (3.00)	4 (2.25)
Motoring	7 (17.07)	12 (12.00)	47 (26.40)
Other	0 (0.00)	7 (7.00)	14 (7.87)
Robbery	0 (0.00)	0 (0.00)	3 (1.69)
Theft & hand	13 (31.71)	42 (42.00)	34 (19.10)
Violent	9 (21.95)	8 (8.00)	29 (16.29)

^aMean.^bStandard deviation.^cNumber of offenders within each offense category.^dPercentage within group.

to the completers (2.44%). In line with previous research, the non-completers were higher risk offenders, with higher OGRS2 scores and a greater number of previous convictions than completers (Hollin et al., 2008; Van Voorhis et al., 2004; Wormith & Olver, 2002).

Although the completers had the lowest level of reconviction (34.15%), there was no significant difference between program completers and the comparison group for rate or time to reconviction. This finding is in contrast to previous literature evaluating interventions with substance-using offenders (e.g., Dynia & Sung, 2000; Lightfoot, 2001; Porporino et al., 2002; Young, Fluellen, & Belenko, 2004), although this is not a direct comparison as most previous research has not concerned cognitive-behavioral programs. However, evaluations of the cognitive-behavioral programs for substance-using of-

fenders in Canada (OSAPP and CHOICES) reported positive effects on recidivism for completers (Porporino et al., 2002).

The non-completers had worse reconviction outcomes than both the completers and the comparison group. This finding corroborates previous research on offending behavior programs in general (Hollin et al., 2008; Palmer et al., 2007; Van Voorhis et al., 2004) and interventions with substance-using offenders (Dynia & Sung, 2000; Messina et al., 2000). Research shows that the factors related to non-completion are similar to those of recidivism, as illustrated by Sung and Belenko's (2005) examination of recidivism among completers of a court-mandated residential drug user treatment. They reported that re-arrest was correlated with younger age, being male, criminal history as a juvenile, low level of education, living alone,

TABLE 2. Logistic regression as function of age, OGRS2 score, previous convictions, offense, and group: reconviction within one year

Variable	B	SE of B	Wald	Exp (B) (z-ratio)	95% CI for Exp
Age	-0.030	0.026	1.289	0.971	0.923-1.022
OGRS2	2.464	1.158	4.528*	11.752	1.215-113.690
Precons	0.025	0.024	1.098	1.025	0.978-1.075
Offense			8.243		
Offense (1)	-0.600	0.437	1.891	0.549	0.233-1.291
Offense (2)	-0.065	0.428	0.023	0.937	0.405-2.166
Offense (3)	-21.904	22,637.404	0.000	0.000	0.000
Offense (4)	0.284	0.385	0.546	1.329	0.625-2.823
Offense (5)	0.595	0.763	0.608	1.813	0.406-8.085
Offense (6)	0.758	0.716	1.121	2.134	0.524-8.686
Offense (7)	-0.363	0.515	0.497	0.696	0.253-1.909
Offense (8)	-0.551	0.570	0.936	0.576	1.189-1.760
Group			17.721***		
Group (1)	-1.183	0.302	15.338***	0.306	0.169-0.554
Group (2)	-1.356	0.435	9.725**	0.258	0.110-0.604
(Constant)	-0.137	1.198			

* $p < .05$, ** $p < .01$, *** $p < .001$.

and unemployment after completion of the intervention, although interestingly not with drug use patterns before treatment.

The issue of non-completion is an important one, and McMurran (2007) notes that at least three responsivity issues need to be considered to address this problem: the type of intervention, intensity of treatment, and the specific needs of subgroups of offenders. Substance-using offenders are a heterogeneous group and can differ by type of problem substance, and it may be that one program is not suitable for all. The ASRO program may be trying to capture too diverse a group of offenders, and practice may be improved by providing programs for different groups of offenders. It is the case that much of the literature focuses on interventions for drug-using offenders, rather than drugs and alcohol together. This group of offenders is also convicted of a range of offenses, and the link between substance use and offending can differ between offenders.

Offenders on the ASRO program are required to attend the program as part of their court order so that their attendance is court mandated, and offenders can be breached and returned to court if they do not comply. This point raises the question of the effectiveness of "mandatory" treatment. A recent meta-analysis of 129 studies examined the effectiveness of court-mandated, coerced, and voluntary interventions with offenders in custody and the community (Parhar, Wormith, Derksen, & Beauregard, 2008). Overall, voluntary interventions had the largest effect sizes in both settings and were significantly higher than those for mandated treatment. Of specific interest to the current study, mandated treatment in the community had an effect size of 0.11 for any recidivism outcome as compared to an effect size (ES) of 0.22 for voluntary treatment in the community. Therefore, the lack of a treatment effect for the ASRO program in the current study may partly reflect the court-mandated nature of the intervention.

Study's Limitations

The use of official reconviction data as the outcome has some limitations, as it is likely to capture only a proportion of crimes committed (Falshaw, Bates, Patel, Corbett, & Friendship, 2003). Data on arrests might have provided a more sensitive measure, alongside some form of self-report of offending. It was also not possible to examine the role of other psychosocial factors in program outcome nor their association with program completion. For example, Gossop, Trakad, Stewart, and Witton (2005) found that unstable accommodation was associated with a greater risk of reconviction among clients who had participated in drug treatment. Similarly, Welsh (2007) reported that rates of reconviction among offenders who had participated in a prison-based therapeutic committee were predicted by employment status. Furthermore, Flynn, Joe, Broome, Simpson, and Brown (2003) reported that a number of social and environmental factors were important to recovery among cocaine users. A greater understanding of the impact of these factors on reconviction outcomes

would provide more information about exactly how and why the program works (or otherwise), as well as facilitating a higher completion rate.

CONCLUSION

To conclude, this study found that the ASRO program did not reduce recidivism in completers as compared with the comparison group. However, program non-completers fared considerably worse in reconviction terms than both completer and comparison groups. Given the lack of evaluation research examining the effectiveness of interventions for substance-using offenders in the UK, this study makes an important contribution to the evidence base. Further research is needed to examine whether ASRO works better for some offenders than others, and under which conditions. Inclusion of substance use outcomes and psychosocial factors that might impact on offending outcomes would also be of benefit. A replication study would also be of value, following cohorts more recently allocated to ASRO, to examine whether there have been improvements in the performance of the program associated with increased completion rates.

Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

RÉSUMÉ

Evaluation du Programme «<Aborder le problème des infractions liées à l'usage de substances illicites (Addressing Substance-Related Offending – ASRO) pour les délinquants utilisant des substances illicites au sein de la collectivité.

Cet article présente une évaluation du programme «<Aborder le problème des infractions liées à l'usage de substances illicites>> dans les services de probation en Angleterre et au Pays de Galle. Le nombre de participants s'élève à 319 délinquants adultes de sexe masculin ayant des antécédents d'usage de substances illicites et purgeant des peines de travail d'intérêt général. Un modèle quasi-expérimental a été utilisé pour comparer les taux de condamnation de délinquants ayant terminé le programme, de délinquants l'ayant abandonné et d'un groupe de comparaison ne participant pas au programme. Des analyses multi-variées ont indiqué qu'après un an de suivi les délinquants ayant terminé le programme présentaient un taux de condamnation considérablement plus bas et une période plus longue avant une condamnation que les délinquants ayant abandonné le programme. De plus, les analyses ont aussi démontré que le groupe de délinquants n'ayant pas achevé le programme présentait un taux significativement plus élevé de condamnation et une période plus courte avant une condamnation que le groupe de comparaison. Aucune différence n'a été trouvée entre les

délinquants ayant terminé le programme et le groupe de comparaison en ce qui concerne la recondamnation.

RESUMEN

Evaluación del programa de intervención contra la delincuencia vinculada al uso de drogas ASRO (Addressing Substance-Related Offending) para delinquentes consumidores de drogas en libertad.

Este artículo presenta una evaluación del programa ASRO en los servicios de libertad condicional inglés y galés. Los participantes fueron 319 delinquentes adultos de sexo masculino con historial de consumo de drogas que cumplían condenas sin privación de libertad. Se utilizó un diseño cuasi experimental para comparar las tasas de reincidencia de: los delinquentes que completaron el programa, los delinquentes que empezaron el programa pero no lo completaron, y un grupo de control que no estaba incluido en el programa. El análisis multivariante mostró que a un año vista los delinquentes que completaron el programa mostraron una tasa de reincidencia significativamente menor y tardaron significativamente más tiempo en reincidir que los que no lo completaron. Los que no completaron el programa mostraron una tasa de reincidencia significativamente mayor y tardaron menos tiempo en reincidir que el grupo de control. No se encontraron diferencias en la tasa de reincidencia entre los delinquentes que completaron el programa y el grupo de control.

THE AUTHORS



Emma J. Palmer is a Reader in Forensic Psychology in the School of Psychology at The University of Leicester. Her research interests include the development of offending (specifically social cognition and family factors), risk and needs assessment, and the design and evaluation of offender interventions to reduce reoffending. She has published widely in these areas, including

the books *Offending Behaviour: Moral Reasoning, Criminal Conduct and the Rehabilitation of Offenders* (2003, Willan) and co-editing with Clive Hollin *Offending Behaviour Programmes: Development, Application, and Controversies* (2006, John Wiley).



Ruth M. Hatcher, Ph.D., is a Lecturer in Forensic Psychology in the School of Psychology at The University of Leicester. Ruth has published numerous book chapters and research articles in various peer-reviewed journals. Her research interests lie mainly within the following fields: offender interventions and their evaluation, the impact of individual and organizational factors on offender compliance

with offenders' interventions, the impact on intervention staff of working with offenders, and victimization within prisons. Ruth is a Chartered Forensic Psychologist and is a UK Health Professions Council registered Forensic Psychologist.



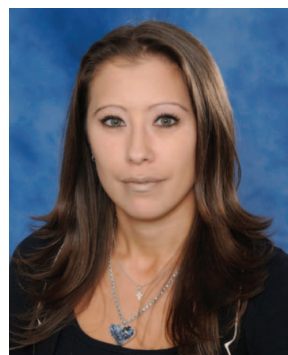
James McGuire is a Professor of Forensic Clinical Psychology and the Director of the Doctorate in Clinical Psychology at the University of Liverpool. He also holds an honorary consultant post Mersey Care NHS Trust. He previously worked in a high security hospital and has carried out psycholegal work involving assessment of individuals for criminal courts, for the Mental Health Review

Tribunal, Parole Board, and Criminal Cases Review Commission. He has conducted research in probation services, prisons, and other settings on aspects of psychosocial rehabilitation with offenders, and has published widely on this and related issues.



Charlotte A. L. Bilby is a Senior Lecturer in Criminology in the School of Arts and Social Sciences, Northumbria University. For the past nine years, she has worked on evaluation and research projects for central government departments, including the Home Office, Ministry of Justice, Department of Health and Northern Ireland Office. Most of this work has focussed

on the effectiveness of cognitive behavioral programs to reduce reoffending. More recently, Charlotte has led a piece of work investigating offenders' views of the Offender Management Model. She is interested in images of offenders' desistance from crime on TV and film, and is currently working with academic and practitioner colleagues on the links between affect and creative and spiritual activities in prisons. She has drawn her interests and knowledge together to research evaluation methodologies for arts in the criminal justice system.



Tammy C. Ayres is a university tutor in the Department of Criminology at the University of Leicester and a Ph.D. student in the School of Psychology. Her research interests include the link between drugs and crime, substance-using offenders, and the use of drugs in prison and its subsequent treatment.



Clive R. Hollin is a Professor of Criminological Psychology in the School of Psychology at The University of Leicester. He wrote the best-selling textbook *Psychology and Crime: An Introduction to Criminological Psychology* (1989, Routledge); his most recent book, edited with Graham Davies and Ray Bull, is *Forensic Psychology* (2008, John Wiley). He is the co-editor of the academic journal *Psychology,*

Crime, & Law. Alongside his various university appointments, he has worked as a psychologist in prisons, the Youth Treatment Service, special hospitals, and regional secure units. In 1998, he received the Senior Award for Distinguished Contribution to the Field of Legal, Criminological and Forensic Psychology from The British Psychological Society.

GLOSSARY

Substance use—the use of drugs and/or alcohol

Cognitive behavioral interventions—interventions that focus on the attitudes and cognitions that are associated with offending using techniques such as role-playing, modelling and reinforcement.

Therapeutic Communities (TCs)—residential treatment which aim to address problems (including offending) by participating in a democratic setting in which participants challenge each other's problematic behaviour.

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