

# REVEALING RESEARCH & EVALUATION (RREV)

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*This issue highlights the Drug Treatment Court Program of Vancouver (DTCV), and recent research into re-offence rates among offenders with substance abuse disorders, mental disorders and dual diagnoses.*

## DRUG TREATMENT COURT OF VANCOUVER (DTCV)

### GENERAL OVERVIEW

The Drug Treatment Court of Vancouver (DTCV) is a specialised court offering coordinated support to offenders struggling with addiction.

Drug treatment courts are used as "problem solving" strategies for criminal justice. For the past decade, the DTCV has played a key role in reducing crime and providing treatment to those affected by addiction in the lower mainland.

Since 2001, over 900 offenders have been redirected to treatment programs to address their addictions. See the following page for more information on how this program has found to support clients and reduce re-offending.

### CLIENTS OF THE DTCV

In order to be eligible for the program, individuals must have committed an offense due to their drug addiction. The Judge may suspend the imposition of a sentence to allow the addicted person into treatment under very strict conditions. These conditions include judicial supervision, drug testing and social services support. Upon successful graduation, a sentence will be imposed, although the offender will not face jail time.

*Drug Courts represent  
a "problem solving"  
approach to reducing  
recidivism*



### THE DTCV TEAM

The DTCV Program received a Regional 2012 Premier's Award for Cross-Government Integration. This award recognizes the excellent work between multiple teams involved in the treatment, support and recovery of DTCV offenders.

The 14 month DTCV treatment program provides participants with holistic addiction treatment services. The legal team includes specially trained judges, court registry staff, sheriffs, addiction councillors, probation officers, defense council and provincial and federal crown council.

Staff operating the treatment component of the DTCV include: a psychologist and a substance abuse counsellor in addition to therapists, local managers and probation officers.

*"With this process, people get therapeutic treatment with respect to addiction, with respect to criminal mindsets, and become very different people"*

— Judge Jocelyn Palmer, Provincial Court Judge



The DTCV team

Ministry of Justice  
Government of British Columbia

## REVEALING RESEARCH & EVALUATION (RREv)

### RESEARCH FROM THE FIELD

Researchers from Simon Fraser University (SFU) reviewed the DTCV processes and outcomes in two recent evaluations. Both studies, as led by Dr. Somers (2012, In Press), indicate positive outcomes for participants of the DTCV program. One study (2012) showed DTCV participation reduced drug re-offence rates by 56% over two years, and lowered overall criminal offending by 35%.

#### *The DTCV lowers criminal offending of all kinds by 35%*

These successes are impressive considering that nearly 50% of participants were considered at "severe" risk to re-offend due to their substance abuse.

A recent review (Somers et al., In Press) suggests that DTCV involvement significantly lowers re-offending by high risk clients. This is an impressive outcome considering the multiple barriers and challenges faced by downtown eastside clients.



### AT RISK CLIENTS

This program offers a successful path to rehabilitation for marginalized clients, including women and Aboriginal peoples.

A recent study on DTCV outcomes concluded that women and Aboriginal peoples did not re-offend as much as other comparison groups.

- Women who participate in the DTCV are less likely to reoffend than men.
- 66% of Aboriginal participants didn't reoffend a year after starting in the DTCV.

Table 1 : Re-offence rates before and after DTCV participation

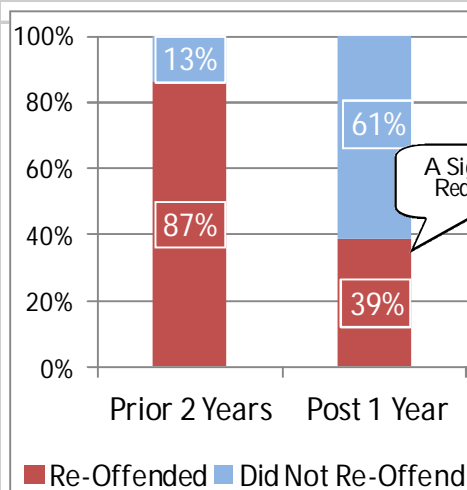


Table 1: 2 years before the DTCV started, 87% of clients re-offended. In the year following DTCV participation, client re-offending dropped significantly to 39%.

### DTCV OUTCOMES

The average DTCV client has been convicted of 8 offences within the five years before DTCV started. These long term offenders had significantly lowered re-offence rates. As Table 1 shows, 39% of participants did not re-offend in the year following DTCV participation. This indicates that many of the high risk offenders did not re-offend.

#### *The DTCV can lower drug-related re-offences by 56%*

Successful graduation from the DTCV is linked with lowered re-offence rates among all groups measured, including women, aboriginal clients and high-risk clients.

Table 2 : Re-offence Rates over Time in the DTCV

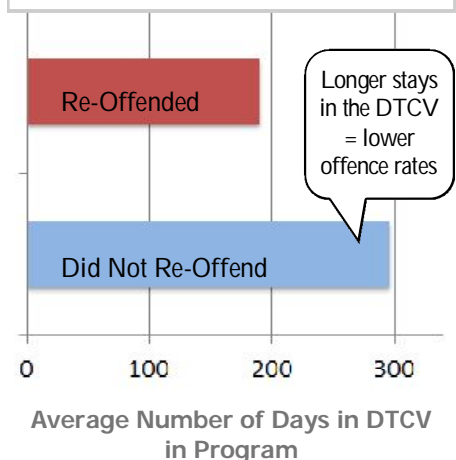


Table 2 : The longer a client participates with the DTCV, the lower their re-offence rates are over time.



**DOES THE DTCV WORK? YES!**

## REVEALING RESEARCH & EVALUATION (RREv)

### RESEARCH ON OFFENDERS WITH SUBSTANCE ABUSE AND MENTAL HEALTH DISORDERS

Many research studies confirm the disproportionately high rates of substance and mental health disorders among inmate populations (Andersen, 2004; Rezanoff, 2012). Given these specialized client groups, their time in jail may be a good opportunity to offer programs and treatments specifically developed for their needs.

Research supports the idea that custody centres are a first point for client treatment to help change criminal behaviours. Research on remand clients shows that short-term offenders are particularly likely to have a mental disorder, although both short and long term inmates are disproportionately likely to be mentally and physically challenged.



### SUBSTANCE ABUSE MANAGEMENT PROGRAM

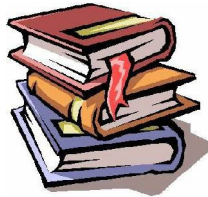
The Substance Abuse Management (SAM) program offered to B.C. Corrections offenders uses Cognitive Behavioural Therapy (CBT). CBT is a psychological method that focuses on the links between how we think, feel and act. Both community and custody facilities offer SAM programs, and Aboriginal Justice workers offer a culture specific version for Aboriginal clients in need.

SAM follows a step by step intervention style, working on the client's current substance abuse problems, and helping them to understand how drugs and alcohol effects their lives. Ideal SAM participants are medium to high risk clients, with substance abuse problems that may increase their risk to re-offend.

The 12 SAM session topics include:

- ◆ History of alcohol & drug abuse
- ◆ Physical and psychological effects of alcohol
- ◆ Patterns of substance abuse
- ◆ Impact and Choice
- ◆ Boundaries and relationships

B.C. Corrections is committed to developing effective programs to reduce the re-offending, including the Substance Abuse Management Program (SAM), DTCV and the Guthrie Therapeutic Community Program.



### References and Sources for this RREv

- Andersen, H. (2004). Mental Health in Prison Populations A review — with special emphasis on a study of Danish prisoners on remand. *Acta Psychiatrica Scandinavica*, 110(s424), 5–59
- Rezanoff, S. (2012). Mental Disorders, Substance Use Disorders and Recidivism: Exploring a Complex Inter-Relationship in a Canadian Provincial Correctional Population. Master's Thesis.
- Somers, J. M., Currie, L., Moniruzzaman, A., Eiboff, F., & Patterson, M. (2012). Drug treatment court of Vancouver: an empirical evaluation of recidivism. *The International Journal on Drug Policy*, Vol. 23 (5)
- Somers, J.M. (In Press). Mediators of Drug Treatment Court Outcomes in Vancouver.

### The Learning Objectives of SAM Include

- ◆ Setting Goals for Recovery
- ◆ Identifying Destructive Thinking
- ◆ Identifying the Links Between Substance Abuse & Criminal Behaviour

### SAM EVALUATION

The SAM program was significantly updated in 2010 and has been reframed to reflect the needs of SAM participants throughout the province. In 2011, staff received new training for the SAM program, and the results of these changes will be reviewed in the coming months, with a full evaluation due in late 2013.



### RESEARCH RESULTS - Substance Abuse, Mental Health and Re-offending Rates in BC Corrections

Which offenders are likely to re-offend? New research by Rezansoff (2012) explores the links between substance abuse, mental disorders and recidivism rates of offenders.

After following over 31,000 offenders over 5 years, data has shown a strong connection between substance abuse disorders and re-offending, and little to no link between mental disorders and recidivism.

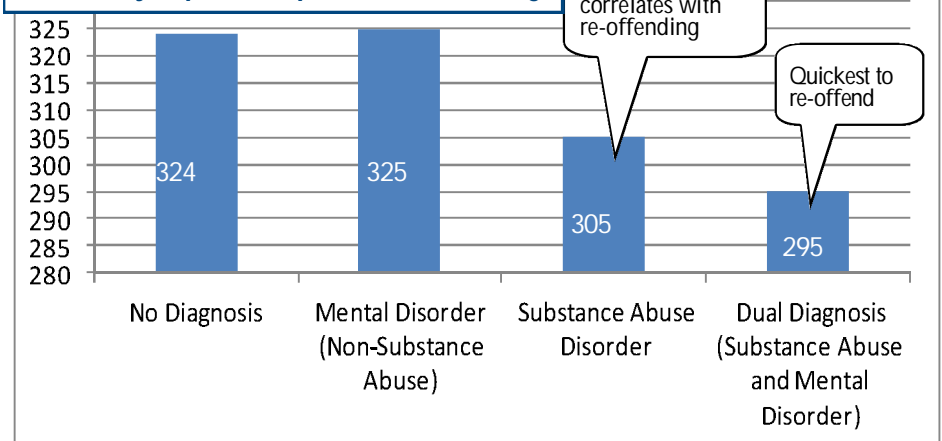
Client groups included:

1. Client without substance abuse diagnosis
2. Non-substance related mental disorder (NSMD)
3. Substance Use Disorder (SUD)
4. Clients with both mental and substance-use disorders



Table 3 indicates that when offenders in this study had both substance abuse and mental disorders together, they were more likely to re-offend sooner than those who had only one diagnosis. Nearly half of all repeat offenders had a diagnosed substance use disorder.

**Table 3: Average Number of Days under Community Supervision prior to Re-offending**



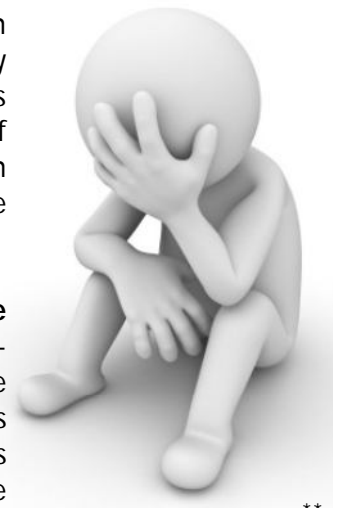
#### Evidence-Based Practice - What Works! CorrPoint Site

<https://collab-pssg.gov.bc.ca/Corr/default.aspx>

The site provides a wealth of information about the PREv (Performance, Research, and Evaluation) Unit, current projects, posted evaluations, current research, and lots more! Visit the site for more information on risk assessments and the list of references used in this issue.

Table 3 shows that the average survival time prior to re-offending was longest among those with mental disorders (325 days), closely followed by those with no diagnosis (324 days). Individuals with a substance use disorder had an average of 305 days, while those with a dual diagnosis of both mental and substance abuse disorders were the earliest to re-offend at 295 days.

**These key results show that mental disorders are not a criminogenic factor in reoffending.** Offenders with mental disorders don't re-offend more than clients without any diagnosis. Mental illness may, however, complicate criminogenic factors such as substance abuse and it may also increase the risk of unemployment, and homelessness.



#### The Performance, Research and Evaluation (PREv) Unit

##### Contact us!

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**Evidence-Based Practice - What Works!**