

### The Role of Drug Testing in Aftercare:

# Lessons From the South Carolina RSAT Evaluation

By J. Mitchell Miller

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In a concentrated effort to disrupt the drug-crime nexus, Congress charged the Bureau of Justice Assistance in 1996 with administering the national Residential Substance Abuse Treatment (RSAT) Formula Grant Program. The RSAT trickled funds to address substance abuse among state prisoners through competitively selected treatment plan proposals. To qualify for RSAT funding, states were required to implement programs in a state correctional facility or aftercare/post-release setting. Since the RSAT program launch in 1996, more than \$440 million has been allocated to programs focusing on a range of offender populations, including youthful offenders, the elderly, females and dually diagnosed, using various recovery modalities. Now active in all states, the national RSAT program constitutes one of the foremost ongoing rehabilitative movements in corrections today. Fortunately, through funding from the National Institute of Justice, the vast majority of individual RSAT programs have been evaluated and there has been a national level evaluation synthesizing overall collective status, impact and modification needs.

This column describes the RSAT program in South Carolina and the research design that was used to evaluate it en route to presenting primary findings concerning the initiative's overall effectiveness.

## The S.C. Correctional Recovery Academy

During 1996, the South Carolina Department of Corrections received funding from the federal RSAT for State Prisoners Formula Grant Program to establish a residential drug treatment program within the Turbeville Correctional Institute, a medium-security facility. In South Carolina, the actual RSAT program is known as the Correctional Recovery Academy (CRA). CRA is a therapeutic community for males sentenced under the state's Youthful Offender Act who are deemed good candidates for successful rehabilitation and reentry because of their short criminal histories.

After a six month boot camp/farm work stage, CRA participants live in a dorm-like facility and engage in a wide range of programming for between six and nine months. All participants are between 17 and 25 years of age, convicted of a nonviolent drug-related offense, serving indeterminate sentences of one to six years, required to be in appropriate treatment, and physically separated from other non-program inmates. The program itself is holistic and multifaceted with focused attention to pro-social cognitive restructuring (e.g., anger management), educational (e.g., GED attainment) and vocational requirements, and social skill development, in addition to the focal concern of drug treatment.

## The CRA Evaluation

A research team from the University of South Carolina conducted a three-year process, implementation and outcome evaluation. A quasi-experimental

design tracked an experimental group of 160 CRA graduates and a comparison group of 143 non-CRA participants matched on multiple demographic and criminal history variables to ensure approximate equivalency between the two groups. Post-release data from the South Carolina Department of Probation, Parole and Pardon Services enabled calculation of recidivism and relapse rates for statistical analysis of differences between the two groups. Qualitative interviews with correctional staff from involved agencies also allowed quantitative results to be contextualized.

## Findings and Discussion

Unfortunately, the CRA participant group only minimally outperformed the control group. Recidivism rates were actually quite low for both groups — 17.8 percent for the experimental group and 16.8 percent for the control group though the difference was not statistically significant and follow-up was limited to one year. The experimental group had a greater number of days to failure than did the control group (CRA = 281 days; control = 223 days), with this difference achieving statistical significance. In perhaps the most interesting finding of the study, drug testing was positively related to success under supervision — those subjected to a greater number of drug tests were actually less likely to be revoked.

While statistically significant recidivism and relapse measures did not establish desired CRA effectiveness — suggesting reconsideration of modality appropriateness and the nature of CRA services delivery — scrutiny of post-release data and individual histories

pointedly indicated a general lack of aftercare for the vast majority of released offenders. The too often scenario of merry-go-round reincarceration, primarily attributable to failed urinalysis, was the ultimate outcome for many offenders.

During the follow-up period wherein the research team collected data on post-release behavioral outcomes, a strong negative correlation was observed between frequency of drug testing and recidivism/relapse betterment. Because drug testing during follow-up was conducted by numerous probation officers across the state, considerable variability occurred in testing regularity as a result of limited drug testing resources, probation officer discretion and staff turnover. This constituted a sort of natural experiment. From the South Carolina RSAT evaluation, there are three important implications for correctional practice and theory alike:

- Residential substance abuse treatment, regardless of modality and level of inside-the-fence program fidelity, is apt to experience only short-term effectiveness sans aftercare;
- Drug testing is a form of deterrence that, when administered frequently, on regular schedules, and without discretionary leniency, constitutes a real-world test of deterrence/rational choice theory that, when confirmed by empirical evidence, touts the viability of deterrence-driven practices and policy; and
- While aftercare is typically stereotyped as community corrections and philanthropic service provision, an ideologically broader conceptualization of post-release services including accountability elements (such as drug testing) should enable more thorough aftercare strategies.

Although the extant research literature on drug testing typically suggests “the more you look, the more you find,” this was not the case in the South Carolina RSAT evaluation. Findings from this experiment

alternatively suggest that a drug testing approach with certainty (i.e., test them on a preannounced schedule — do not invite them to play the game of outguessing when testing will occur), timeliness (i.e., test frequently to eliminate the game of timing and adulterants), and severe repercussions (e.g., quick if not immediate revocation for failure) need to be better coupled with reentry and restorative justice initiatives toward bolstering rehabilitative success.

Full versions of both the South Carolina and national level RSAT evaluations are available online at [www.ncjrs.gov/pdffiles1/bja/206269.pdf](http://www.ncjrs.gov/pdffiles1/bja/206269.pdf) (national) and [www.ncjrs.gov/pdffiles1/nij/grants/199407.pdf](http://www.ncjrs.gov/pdffiles1/nij/grants/199407.pdf) (South Carolina).

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