Correctional staff who work outside of drug treatment occasionally question if drug abuse incentives are even necessary. Some may argue that the only incentives offenders should have for participating in drug treatment is the opportunity to overcome their addictions and straighten out their lives. They may further argue that any other incentives, e.g., early parole or better prison living conditions, such as preferred housing and enhanced recreational opportunities, only encourage offenders to fake their way through treatment to get the secondary benefits. Incentives, they believe, get in the way of treatment.

To some extent, correctional staff who express this opinion have a point. Incentives, if not handled properly, can seriously undermine treatment. On the other hand, without incentives, offenders may not take advantage of the opportunity for treatment in the first place. In a perfect world, incarceration would make offenders realize that their substance abuse has caused them great pain and deprived them of their freedom, and they would gratefully volunteer for drug treatment and devote their full energies toward overcoming their addictions. However, if offenders acted in this manner, they most likely would never be incarcerated to begin with. They would have realized that their substance abuse was causing them unwanted consequences and would have taken the necessary steps to avoid incarceration. However, offenders typically do not think this way and the eventual consequences for their lack of responsibility are arrest and incarceration.

To appreciate the importance of drug treatment incentives, one must understand that substance-abusing offenders view drugs in a radically different way than the criminal justice system. For corrections professionals, drug use equals loss of control, personal destruction and possibly death. For offenders, drugs are viewed as the means for obtaining money, power, sex and the relief from overwhelming feelings of shame, guilt and anger. When drug treatment is offered to help offenders, correctional employees believe they are offering them a solution to their problems. However, offenders do not view drug treatment as a solution -- drugs and alcohol are their solutions. Drug treatment threatens to remove offenders from
the very thing they believe they need for their survival. When seen from this perspective, it is not surprising that offenders often are reluctant to become involved in drug treatment unless other incentives are provided beyond the opportunity to give up drugs and alcohol.

Incentives can provide offenders with the motivation they need to volunteer for drug treatment, even if the initial goal is to gain the incentives rather than to give up drug use or criminal activity. Does it really matter that incentives can induce offenders to volunteer for treatment for what we would regard as the wrong reasons?

Interestingly, research consistently indicates that offenders' motivations for entering drug treatment are not as important in treatment outcome as other factors. Major longitudinal studies have found drug treatment effectiveness to be directly related to the length of stay in treatment.\(^1\) Offenders' initial motivation for entering treatment programs is not as important as their ultimate length of stay in treatment. These findings remain consistent regardless of whether their participation in treatment is voluntary or coerced. This point is vital, given the fact that treatment in a correctional environment always involves an element of coercion, even if the offender is not subject to sanctions if he or she does not choose to participate. Incentives can provide the motivation offenders need to volunteer for treatment and remain in treatment long enough to obtain benefits toward reductions in substance abuse and criminal activity.

**Effective Incentives**

To find the most effective incentives, one must understand offenders' motivations. It is a generally accepted truism among addiction treatment specialists that individuals stop growing emotionally when they start to use mind-altering substances. Drugs and alcohol become the coping mechanism for responding to life's stresses. Since offenders typically begin to use alcohol and drugs in their teen-age and preteen years, they lack mature adult coping skills and typically are concerned with satisfying short-term physical desires rather than long-term psychological, social or spiritual needs. They tend to act on short-term emotional reactions rather than long-term rational considerations and are impulsive, prone to anger and unwilling to accept the consequences of their actions. Their relationships with others often are self-serving, constructed solely around satisfying their own short-term desires, and tend to be fleeting and exploitive. Substance-abusing offenders
usually do not think critically about their own behavior and prefer to gloss over details of their actions to maintain their perception of themselves as good people who have been wronged by society. Given this psychological constellation, substance-abusing offenders will respond most effectively to incentives that make their immediate lives as comfortable as possible and help them avoid incarceration. Incentives' direct impacts depend on whether the offender is in the community or an institution. Community setting incentives will have the greatest impact if they provide some sort of immediate physical reward, such as food, shelter or avoidance of incarceration. Incentives in an institution will have the greatest impact if they make incarceration more comfortable, for example, preferred housing, greater freedom within the institution or help with getting released.

Herein lies the dilemma: Incentives that reward offenders' desires for immediate gratification and avoidance of incarceration also potentially reinforce the underlying anti-social personality structure that supports offenders' continued criminal activity and drug abuse. This returns us to the question: Can incentives for drug abuse treatment be too strong? In other words, can incentives be so enticing as to obscure the true purpose of treatment, namely, to help substance-abusing offenders overcome their addictions? The answer is yes -- potentially. As we have seen, incentives that most powerfully motivate offenders to participate in drug treatment are the same incentives that reinforce offenders' criminal activity and drug use. Criminal justice agencies that use these incentives to entice offenders risk rewarding them for the very same behaviors that brought them into the criminal justice system.

Staff who provide drug abuse treatment to offenders are faced with a special challenge due to the dilemma posed by incentives. At the beginning of their treatment, offenders are more interested in the incentives rather than the treatment itself. Activities such as talking with a counselor, divulging personal information in treatment groups, completing reading and workbook assignments, and discussing the hurt they have caused themselves and their victims are viewed as irritants that must be tolerated in order to achieve the promised rewards. As drug treatment staff begin to confront offenders about their problematic attitudes and behaviors, offenders' natural instinct is to hide their criminality and "play the game" of engaging in treatment. They try to tell staff what they want to hear to avoid betraying their lack of commitment to treatment and risk being expelled from the program. Passive offenders comply with staff directives and do only the minimum to remain in the program. Power-oriented offenders attempt to
intimidate staff and other participants so that they do not have to confront their anti-social behavior.

All the while, offenders view the incentives as entitlements and not rewards for achievement of program goals. Offenders often responded with anger, and on occasion, rage when they are threatened with denial of incentives. If staff do not recognize and confront the offenders' underlying problems and behaviors that prevent them from genuinely engaging in the treatment process, staff can unwittingly reinforce offenders' core beliefs that they deserve whatever they want, whenever they want it, through whatever means they can achieve it. By reinforcing rather than confronting offenders' behavior, bad treatment can be more harmful to society than no treatment at all.

**Bureau of Prisons**

The difficulties posed by incentives can be illustrated by the Federal Bureau of Prisons' (BOP) experience with implementing a drug treatment strategy. In 1988, BOP undertook an ambitious initiative designed to provide drug treatment services to all substance-abusing offenders who requested such services. As a part of this strategy, BOP created intensive, long-term residential programs for offenders who had severe addictive disorders requiring intensive treatment. From the beginning, the idea of incentives were favored prominently in discussions concerning program development. The federal system previously abandoned parole. As a consequence, no mechanism existed within the sentencing structure to provide the incentive for treatment that concerned most inmates, namely early release. In its place, drug treatment staff devised incentives that allowed inmates who participated in treatment to improve their living conditions within the institution. While these incentives encouraged inmates to volunteer for treatment, the volunteer rate remained low.

In 1994, Congress responded by passing a law allowing nonviolent offenders who successfully completed a BOP residential drug abuse treatment program to earn up to 12 months off of their sentences. Virtually overnight, the task of the drug treatment staff shifted from identifying and motivating inmates to volunteer for treatment, to sorting out (and keeping out) inmates who did not qualify for treatment. BOP developed criteria to help staff carry out this task. Inmates used the internal administrative remedy process to challenge every decision that disqualified them from treatment -- and from early release consideration -- syphoning staff time and energy from the program. Paperwork required to document program-related staff decisions and early release eligibility also increased dramatically.
It is interesting to note that inmates rarely challenged the actual structure or content of the treatment programs. They only challenged decisions that impacted the one thing about which they truly cared -- early release.

Decisions concerning inmates' eligibility for residential treatment were not the only aspect that was challenged. Congress specified that only nonviolent offenders could be eligible for early release. Inmates challenged BOP's implementation of this aspect of the law in various circuit and district courts, with varying success. These court decisions forced BOP to implement policy inconsistently, depending on inmates' geographic locations and the institutions housing the residential program. Finally, in January 2001, the U.S. Supreme Court issued an opinion supporting BOP's implementation of the law authorizing early release, thus allowing the bureau to apply the same criteria for early release to all federal inmates. While the Supreme Court decision effectively ended legal challenges to this aspect of the law governing early release, inmates continue to use BOP's internal administrative remedy process to challenge decisions concerning their eligibility for residential treatment and early release. They rarely use this process to challenge other aspects of the program.

Conflict Resolution

Incentives are an invaluable tool for encouraging substance-abusing offenders to seek drug treatment. However, incentives that have the potential to more strongly motivate inmates to seek treatment also have the potential to motivate inmates to use the treatment disingenuously. How do can this conflict be resolved?

Simply stated, drug treatment staff’s tasks are to help offenders shift their focus from treatment's short-term incentives to its long-term benefits, and to genuinely and sincerely engage in the treatment process. This is not easy since most offenders have short-term perspectives, immature coping skills and a general distrust of criminal justice personnel. They resist taking responsibility for their problems, preferring to place blame on others and social institutions that they feel have victimized them. Drug treatment staff, as an extension of the criminal justice system, can be viewed by inmates as another set of victimizers who seek to deprive them of the treatment incentives to which they believe they are entitled.

Despite the enormous challenge posed by substance-abusing offenders, research consistently indicates that when drug treatment with criminal justice clients is conducted correctly, it can successfully
reduce relapse into drug abuse and criminal recidivism.(n4) Andrews(n5) and Gendreau(n6) identify "principles of effective intervention" that are associated with successful correctional treatment programs. The principles are summarized as follows:

- Treatment should be intensive, long-term (three to nine months), behavioral in nature and focus on the high-risk offender.

- Behavioral strategies should be enforced in a firm but fair manner by qualified staff.

- Treatment should target the antisocial attitudes, values and beliefs supportive of criminal behavior, negative peer associations and substance abuse.

- Treatment providers should be responsive to offenders' learning styles and personalities.

- Treatment providers should relate to offenders in interpersonally sensitive and constructive ways and should be trained and supervised appropriately. Treatment should provide a pro-social environment that reinforces positive behavior and disrupts negative peer influences.

- Treatment should provide relapse prevention in the community.

- Linkage and referral to community services should be provided for institution-based programs.

BOP followed these principles closely to formulate its current drug abuse treatment strategy, and it is regarded as vital to the current program's successful operation.

**Conclusion**

While strong incentives can motivate substance-abusing offenders to seek treatment where they otherwise might not, incentives also have the potential to reinforce offenders' anti-social attitudes, values and beliefs that support their continued drug use and criminal activity. Offenders who are allowed to manipulate a program and are granted an incentive without genuinely engaging in the treatment process can leave the program with the increased sense they are unique individuals who can enjoy the benefits of society without having to share in the responsibilities. In this regard, ineffective treatment can be more destructive to society than no treatment at all. On the other hand, well-organized treatment programs with
appropriately trained staff can help offenders abandon their anti-social attitudes, values and beliefs, and develop more mature skills for coping with the stresses of life without drugs and alcohol. Strong incentives can powerfully motivate resistant offenders to voluntarily enter the treatment program door. Strong treatment can restore them so that they are worthy of stepping through the door back into society.

ENDNOTES


By Mark Simpson
Mark Simpson, Ph.D., is the Mid-Atlantic Region drug abuse program coordinator at the Federal Medical Center in Lexington, Ky.

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