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# Examining Promising Practices for Drug and Alcohol Testing in Community Corrections

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# Housekeeping

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- Webinar is in listen only mode. All participants will remain on mute.
- Chat is disabled and will not be monitored.
- Questions may be submitted through the Q&A function at any time during the webinar. The Q&A function will be monitored and we will address at the end during the Q&A session.
- Webinar is being recorded and will be made available at a later date.
- If you are interested in receiving a certificate of attendance for this webinar, we will send one to you when we send out the slide deck and recording.

# Welcome & Introductions

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# Why Test??

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- Probation and parole officers spend 10% - 40% of their work week administering and responding to drug and alcohol tests (*e.g., Alemi et al., 2004; Reichert et al., 2020*)
- 30% - 50% of probationers and parolees have a moderate to severe substance use disorder (*e.g., Fearn et al., 2017*)
- Relapse is one of the greatest predictors of criminal recidivism, increasing the odds of re-arrest by two to four times (*e.g., Bennett et al., 2008; Kopak et al., 2016a, 2016b; Walters, 2015*)
- > 50% of justice-involved persons testing positive for illicit drugs or alcohol denied recent usage (*e.g., Harrison, 1997; Hunt et al., 2015; Peters et al., 2015*)

# What Do We Know About Best Practices for Testing?

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- In treatment-oriented programs such as drug courts and therapeutic communities (TCs), more frequent testing is correlated with higher graduation rates, lower illicit substance use and/or lower recidivism (*Carey et al., 2012; Gottfredson et al., 2007; Kinlock et al., 2013; Kleinpeter et al., 2010*)
- Participants in treatment-oriented programs perceive testing as critical (*Gallagher et al., 2015; Goldkamp et al., 2002; Saum et al., 2002; Turner et al., 1999; Wolfer et al., 2006*)
- One study of 70 drug courts found that twice-weekly testing was associated with 38% greater reductions in recidivism and 61% greater cost-effectiveness than less frequent testing (*Carey et al., 2012*)
- One study in probation found that twice-weekly testing detected ~80% of substance use whereas weekly testing detected ~35% (*Kleiman et al., 2003*)

# What **Don't** We Know About Best Practices for Testing

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- Is twice-weekly testing better than once-weekly testing in traditional or non-treatment-oriented programs?
  - Intensive surveillance without treatment or incentives is associated with more technical violations and revocations (*e.g., Petersilia & Turner, 1993*)
- Is random testing superior to prescheduled testing (if frequent)?
- When should testing be reduced or discontinued?
  - Self-report accuracy diminishes the longer people are in treatment (*Davis et al., 2014; Nirenberg et al., 2013; Wish et al., 1997*)
- ASAM Standards call for weekly random testing prior to clinical stabilization and monthly thereafter (based on no data)
- NADCP Standards call for twice-weekly random testing until other services have been withdrawn (based on limited data)

# Current Study - Sample



- ~ 2.4 million test specimens delivered by ~ 110,000 persons
  - Urine samples (~60%)
  - Breath alcohol samples (~40%)
- Referred by ~ 930 criminal justice programs in 24 states or territories in the U.S.
  - Traditional probation, parole, and pretrial programs (88%)
  - Treatment courts (12%)
- > 90% of urine tests examined at least a 6-panel screen (standard opiates, alcohol, cannabis, benzodiazepines, cocaine, amphetamines)
- Some also examined PCP (42%), methadone (22%), fentanyl (21%), barbiturates (10%), buprenorphine (10%) and/or other substances (5%)

# Current Study - Analyses

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- 90-day intervals during the first 12 months of supervision
- Missing or tampered specimens treated both as missing data and presumed substance-positive (comparable findings)
- Nonparametric analyses for non-normally distributed data using Kruskal-Wallis Rank Sum Test followed by Wilcoxon Rank Sum Test for post hoc comparisons
- Currently examining findings using beta-regressions and examining additional covariates of outcomes
- Risk and need data unfortunately not available



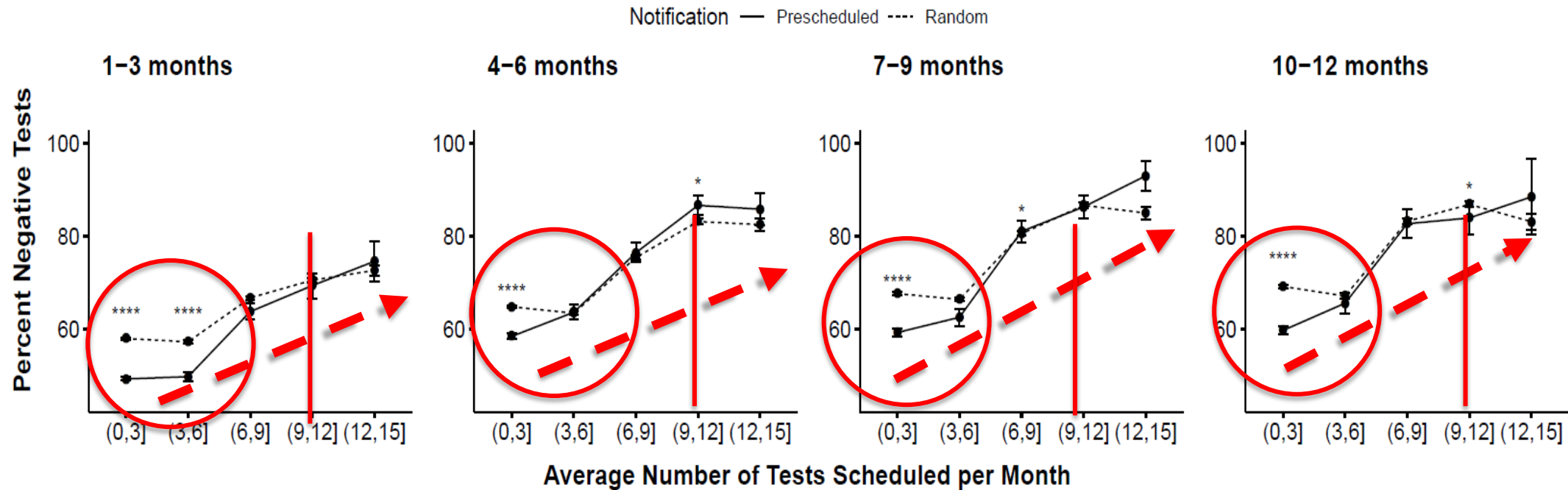
# Methodological Caveats

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- Correlational design precludes causal attributions
- Results should logically be biased against better test results for more frequent, random, and longer durations of testing:
  - The more you test, the more use you detect
  - Higher risk and poorer performing individuals are likely to be assigned to more intensive testing regimens
- Conservative test of the potential effects of more intensive testing
- Unfortunately, cannot examine effects by risk or need levels

# Preliminary Findings

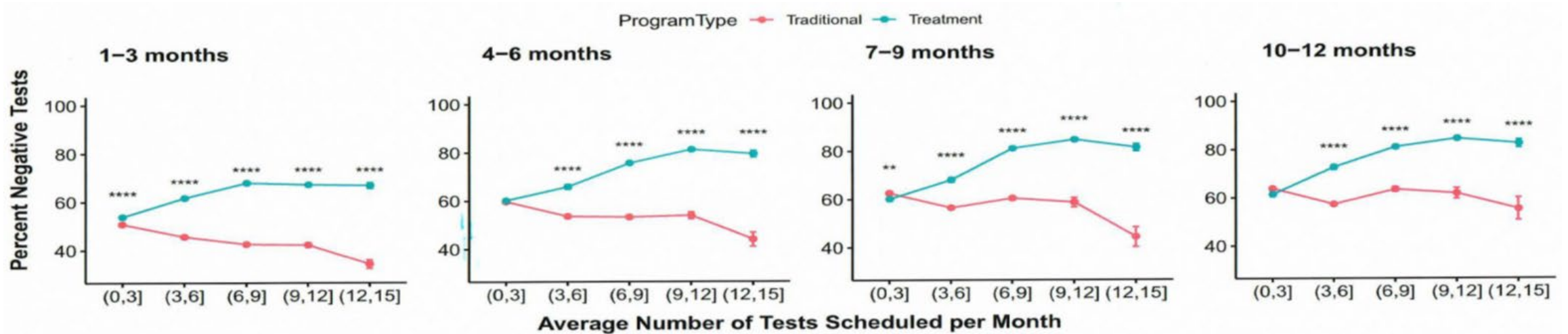


- More frequent testing was associated with higher rates of negative test results
- Effects held throughout the first 12 months of supervision
- Negative test rates leveled-off at roughly 6 - 9 tests per month ( $\sim 2x$  per week)
- Random testing was superior in the first 3 months when scheduled less than 9 times per month ( $\sim 2x$  per week), and less than 6 times ( $x1$  per week) thereafter

# Preliminary Findings (Effects of Treatment)



- More frequent testing was associated with better test outcomes in treatment courts
- In other community corrections programs, more frequent testing was associated with no better or worse outcomes



# Tentative Conclusions

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- Infrequent testing or reducing testing too quickly may be associated with poorer outcomes for persons with high treatment needs
- Intensive testing may lead to fewer technical violations if combined with evidence-based treatment and incentives, but may lead to more technical violations otherwise
- Twice-weekly testing may lead to an adequate ceiling effect
- Random testing may be most important in the early stages of supervision but may lead to a ceiling effect if testing is conducted frequently enough to detect substance use reliably

# Future Research

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- Examine moderating effects by demographic variables, specimen types, program types, and substances analyzed
- Examine effects on criminal justice outcomes (e.g., technical violations, recidivism)
- Experimental control over test schedules (RCT)
- Examine effects by assessed risk and need levels and criminal histories
- Examine effects based on responses to test results

# Shaping Behavior 101



- **Treat sick behavior, sanction bad behavior, and reward good behavior -- and don't confuse them!**
- Don't expect too much too soon
  - Learned helplessness and ceiling effects
- Don't expect too little for too long
  - Habituation
- Proximal vs. distal vs. mastered goals
  - **Dependence:** abstinence is distal (treatment or low-magnitude sanctions)
  - **Abuse / misuse:** abstinence is proximal (higher magnitude sanctions)
  - **Remission:** abstinence is mastered (thin rewards and move on to new goals)



# Conclusions

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- Effective treatment and behavior modification require effective monitoring consistent with RNR principles.
- Despite using vast resources and personnel time, we know relatively little about evidence-based drug and alcohol testing.
- Once-weekly testing may be inadequate for the criminal justice system.
- Frequency and randomness may lead to ceiling effects.
- We cannot achieve public health or public safety goals simply by “shrinking community corrections”. We must professionalize it.

# Questions & (Hopefully) Answers

