

Effect evaluation of SOV

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Criminality and addiction I

Complex relationship

What is especially obvious from this review is the fact that there is substantial variation in all of the issues surrounding drug use and crime. Thus, stereotypes of drug use and crime are often inaccurate White & Gorman (2000)

Drug use does not always cause criminal behaviour and criminal behaviour does not always cause drug use.

Criminality and addiction II

What about addiction?

- 2/3 of prolific criminals is addicted
- 40% of detainees has substantial to severe addiction problems



- addiction criminogenic factor
- multiplier effect addiction on criminal behaviour



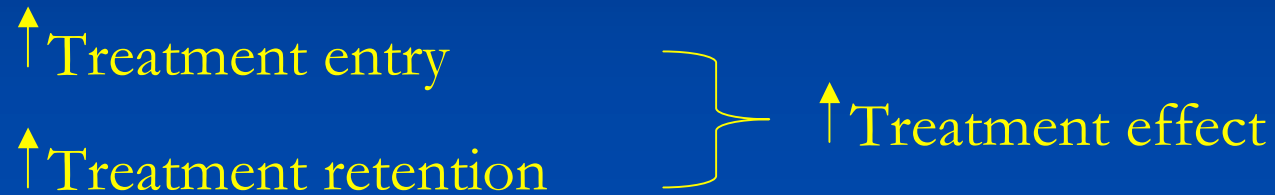
Makes stabilization and treatment of addiction of importance to justice officials

Levels of coercion

Judicial context makes coercion possible

- Voluntary treatment
 - patients choice
- Quasi compulsory treatment (QCT)
 - patients choice but some choices made more appealing (e.g. treatment vs. detention)
- Compulsory treatment
 - patient has no choice (sentence by judge)

Effect coercion



QCT did not have expected effect

- Level of coercion to low



In 2001 compulsory placement in 2 year programme

Rehabilitation of drug offenders act SOV

SOV program target group

Penal measure

Length is not related to severity of crime

Eligibility criteria

- Committed a crime which allows remand custody
- At least 3 sentences in the preceding 5 years
- Is addicted and has high probability to commit new crimes related to his addiction.

Exclusion criteria

- Woman
- Sever psychiatric disorder
- Illegal stay in the Netherlands

SOV program

- Compulsory placement
 - Not compulsory treatment
- 3 phase program
 - Closed phase 6-9 months
 - Half open phase 6-9 months
 - Open phase 6-9 months
- Total duration: no more than 24 months
 - Including time on remand?

Phase I

- Restricted freedom, responsibilities and competences
- In prison
- Aims
 - Physical recuperation
 - Stop drug use
 - Re-establish a 'normal' day/night rhythm
 - Develop social skills

Phase II

- Increase in freedom, responsibilities and competences
- Day program (partly) outside prison
- At night in prison (less restricted ward)
- Increased freedom
 - (allowed to attend training program or do voluntary work outside prison)

Phase III

- High freedom, responsibilities and competences
- Outside prison,
- Independent housing, either income from work or social security benefits
- Control on behavior, drug use (urine controls)

SOV program

- Practical resocialization based program aiming at
 - Self care
 - Addiction
 - Criminality
 - Work
 - Education
 - How to spend your spare time
 - How to handle your finances
 - Housing
 - Social skills

SOV evaluation

Several objections to this act

- proportionality (to severe response in relation to offence?)
- subsidiarity (less severe response also effective?)
- we don't know whether the act is effective

Effect evaluation should answer the last question

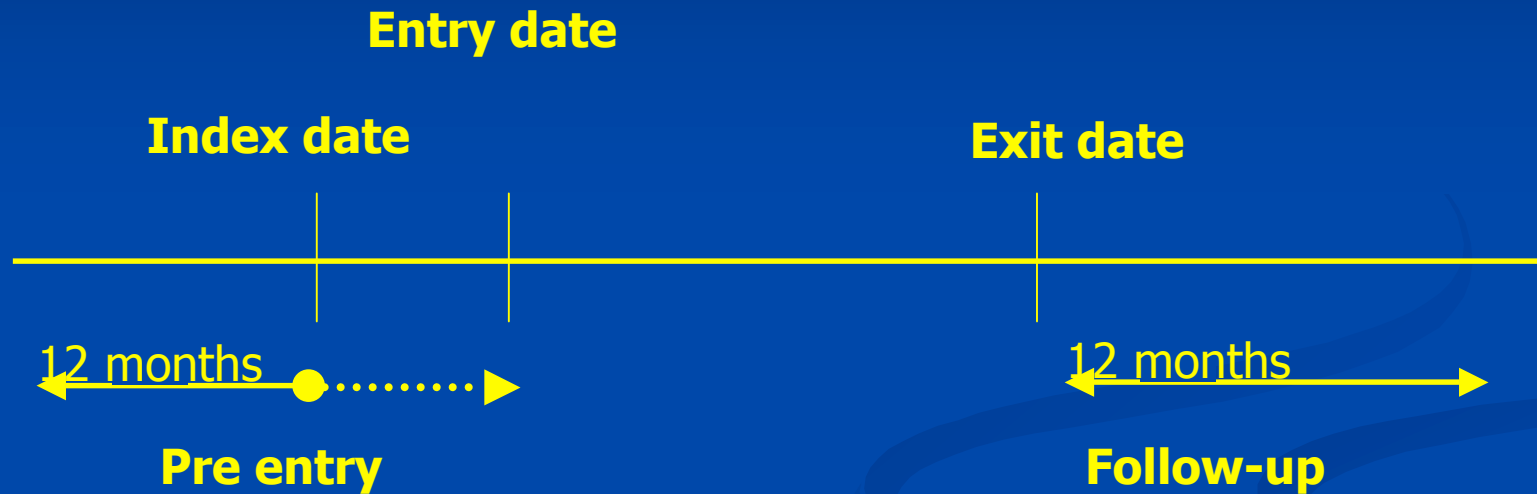
Quasi-experimental design

	Baseline	Follow-up
SOV	210	154
Comparison groups		
FVK	101	87
Triple-Ex	64	50
Detention	72	72

Research questions

- Is SOV more effective than detention in terms of
 - criminality
 - addictive behaviour
 - social integration
- Is SOV at least as effective as QCT in terms of
 - criminality
 - addictive behaviour
 - social integration

Time-frames



Success criteria I

- Criminal behaviour (acquisitive and violent crimes)

- prevention : no criminal offences
- reduction: decrease $\geq 50\%$ and ≤ 5 offences
 - (number of offences per year at risk)

- Addictive behaviour

- define Index-drug (heroin, cocaine, amphetamines, alcohol)
- reduction $\geq 50\%$ number of days index drug (last 30 days)
- no drug (her coc. amph. alc.) ≥ 6 days (last 30 days)

Succes criteria II

- Social integration
 - financial
 - \leq €500,- new debts in follow-up period
 - enough money for food, clothes and housing
 - housing
 - 30 days stable housing (last 30 days)
 - work
 - \geq 10 days structured paid/volunteer work

At least success on 2 out of 3 and not deteriorated or problematic on the other

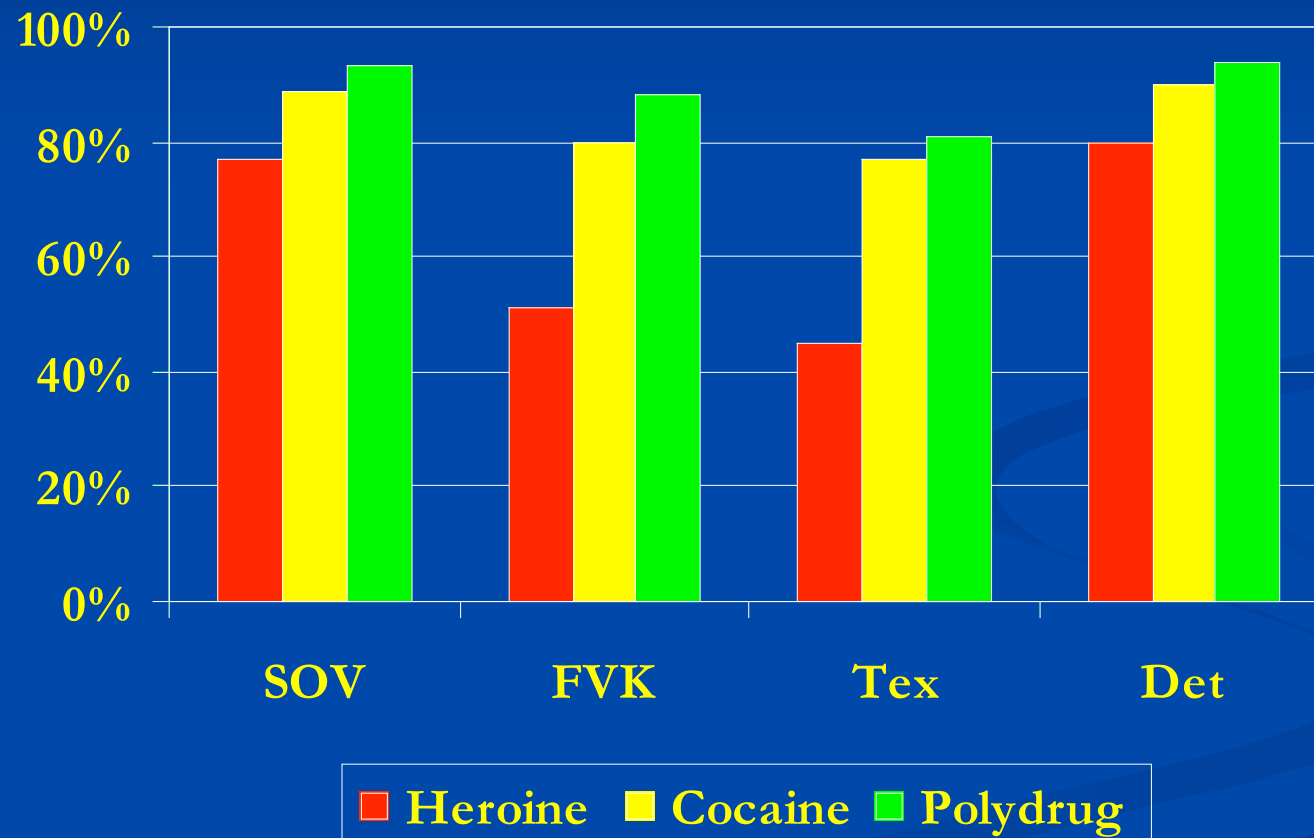
Baseline characteristics

Demographics

	SOV	FVK	Tex	Det.
Age	38	33	33	34
Education (%)				
Very low	68	69	70	66
Low	22	24	19	23
Other	10	7	11	11
Ethnic minority	32	30	39	47

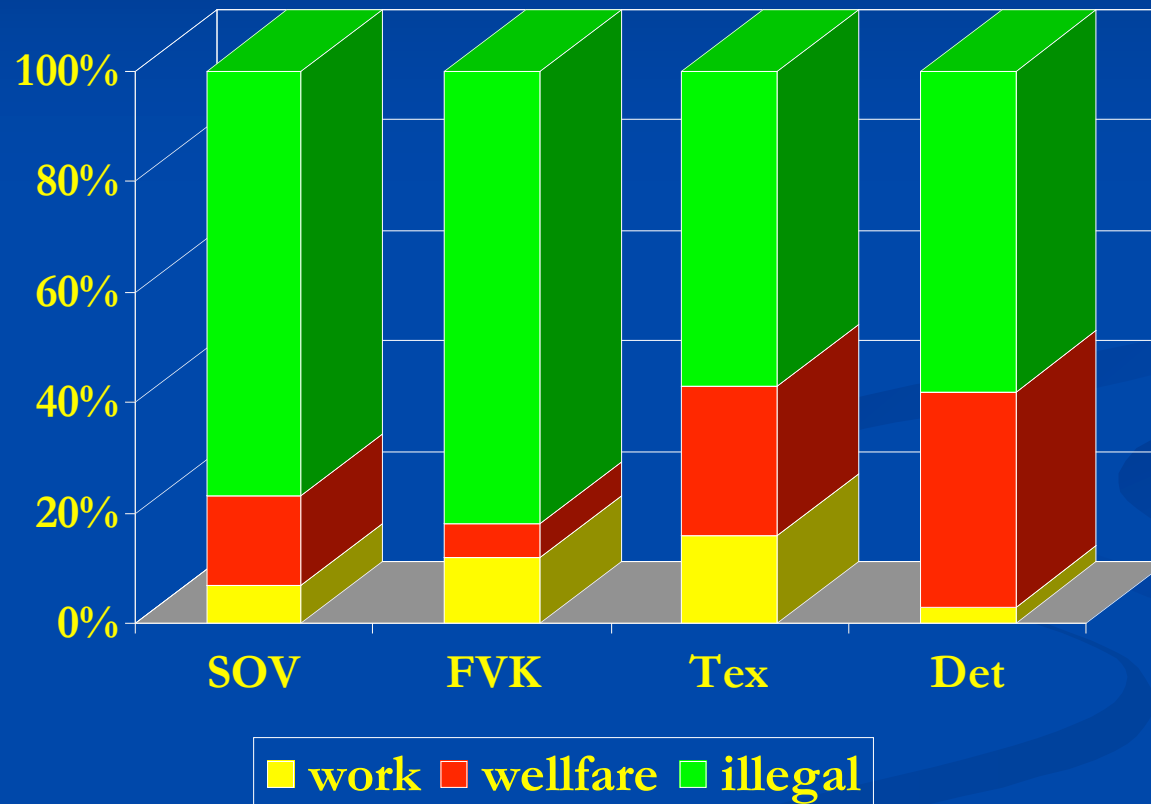
Baseline characteristics

Drug taking behaviour: regular use last 30 days



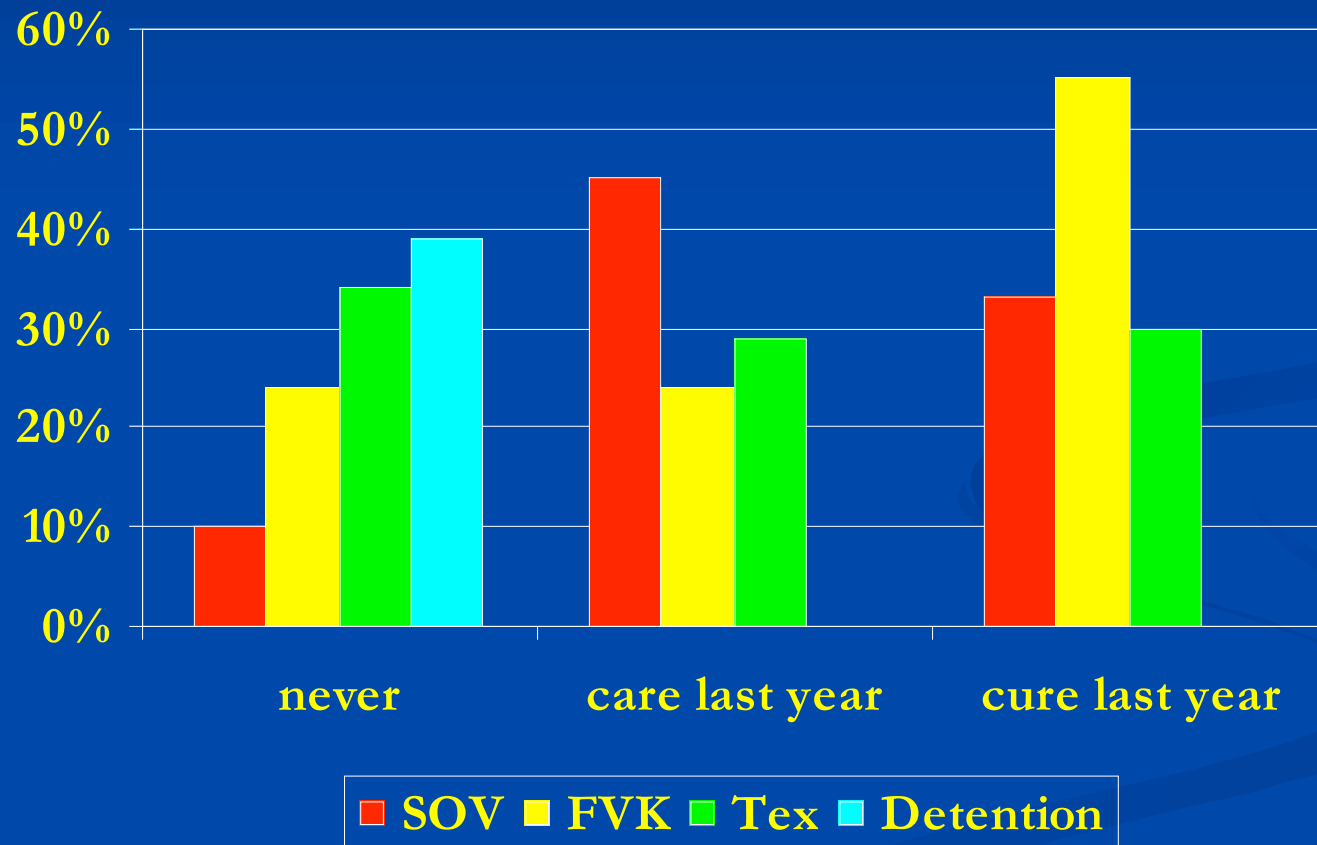
Baseline characteristics

Main source of income last 30 days

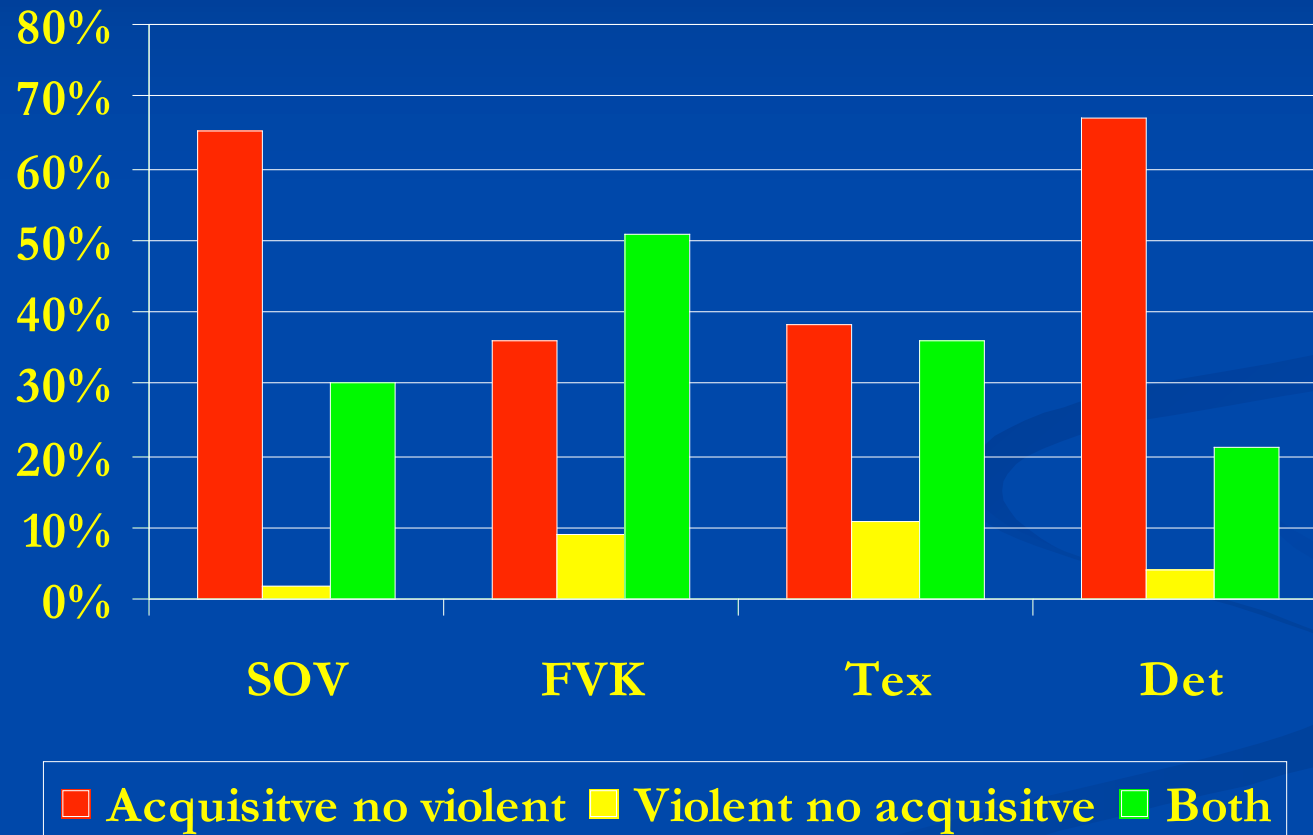


Baseline characteristics

Treatment history



Baseline characteristics criminal behaviour

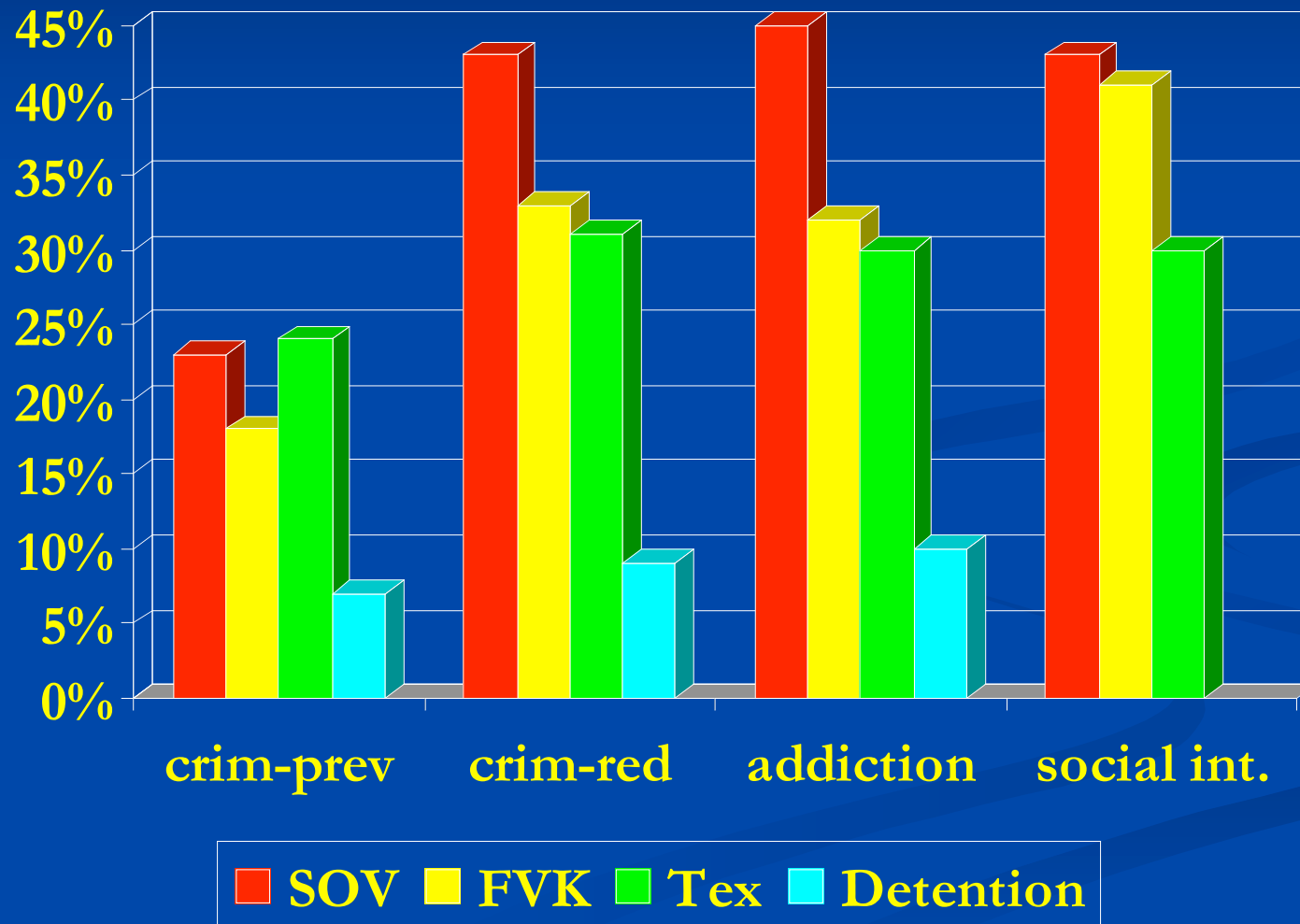


Baseline characteristics

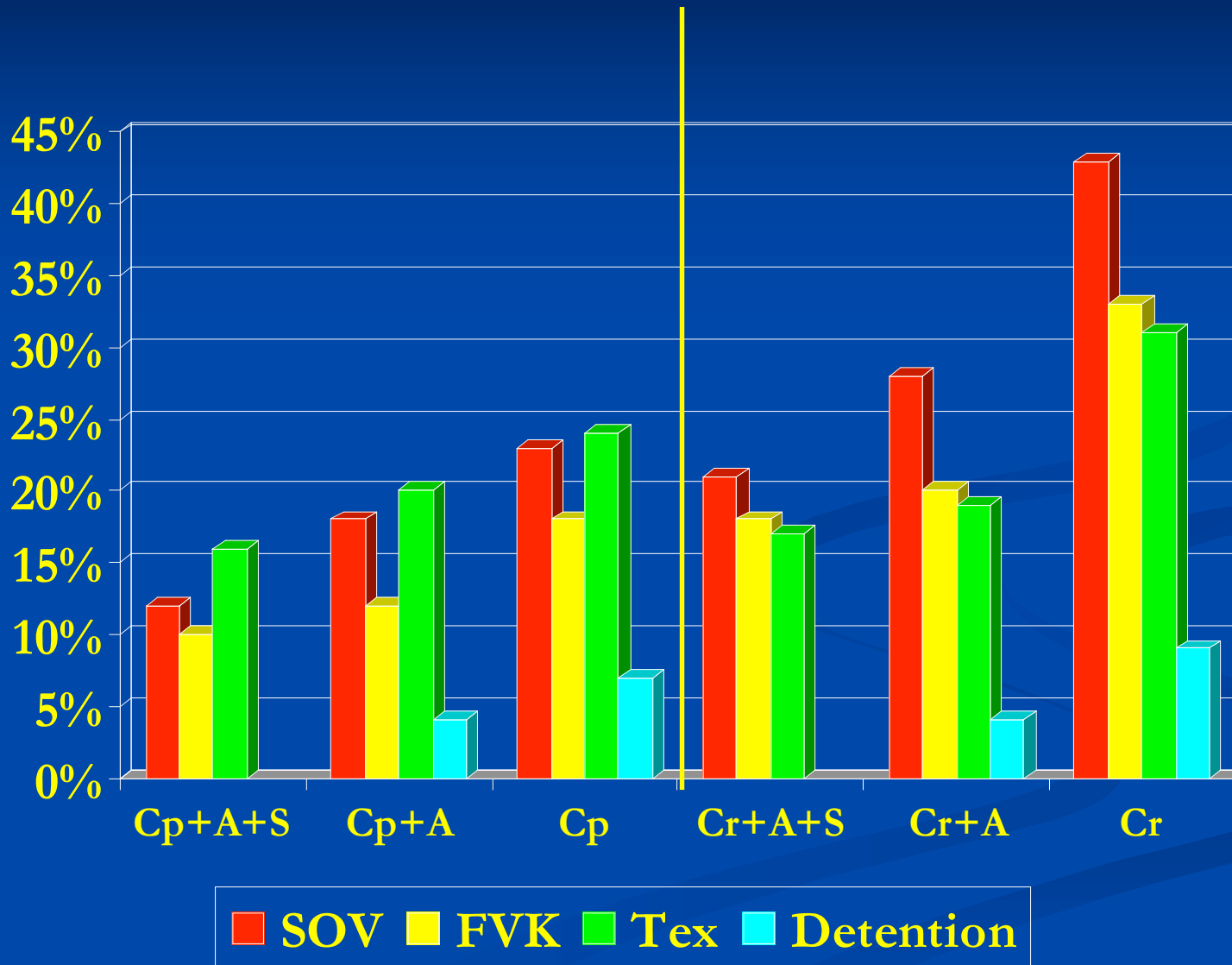
Summary

- Mean number of years chronic use 8 – 10
- Level of education: low to very low
- Chronic opiate and stimulant users
- Majority has been in contact with drug treatment
 - Last year only minority
 - Mainly methadone maintenance
- SOV and detention group mainly acquisitive crimes FVK and Tex more violent crimes

Observed success-rates



Observed success-rates

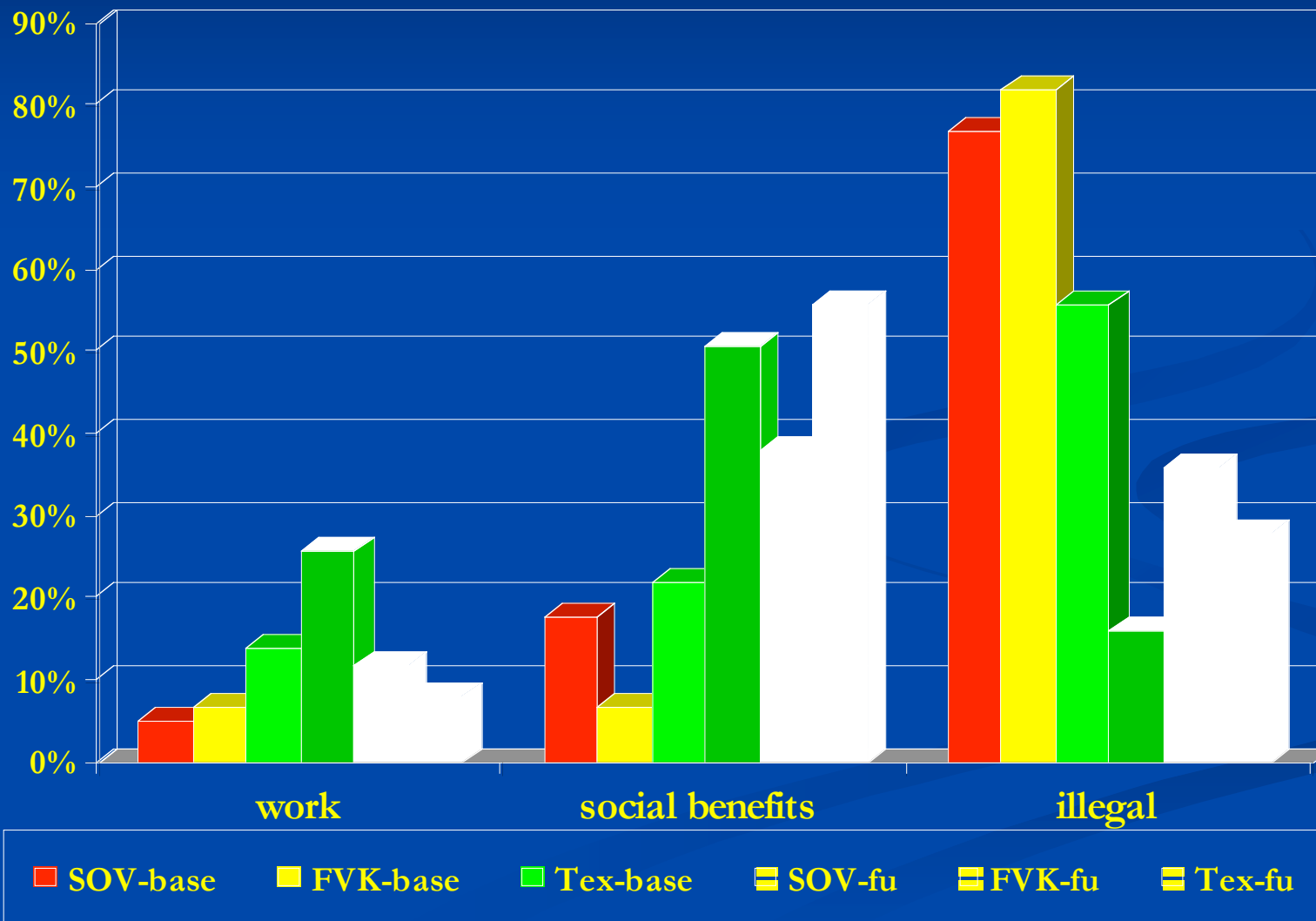


Reduction in criminality

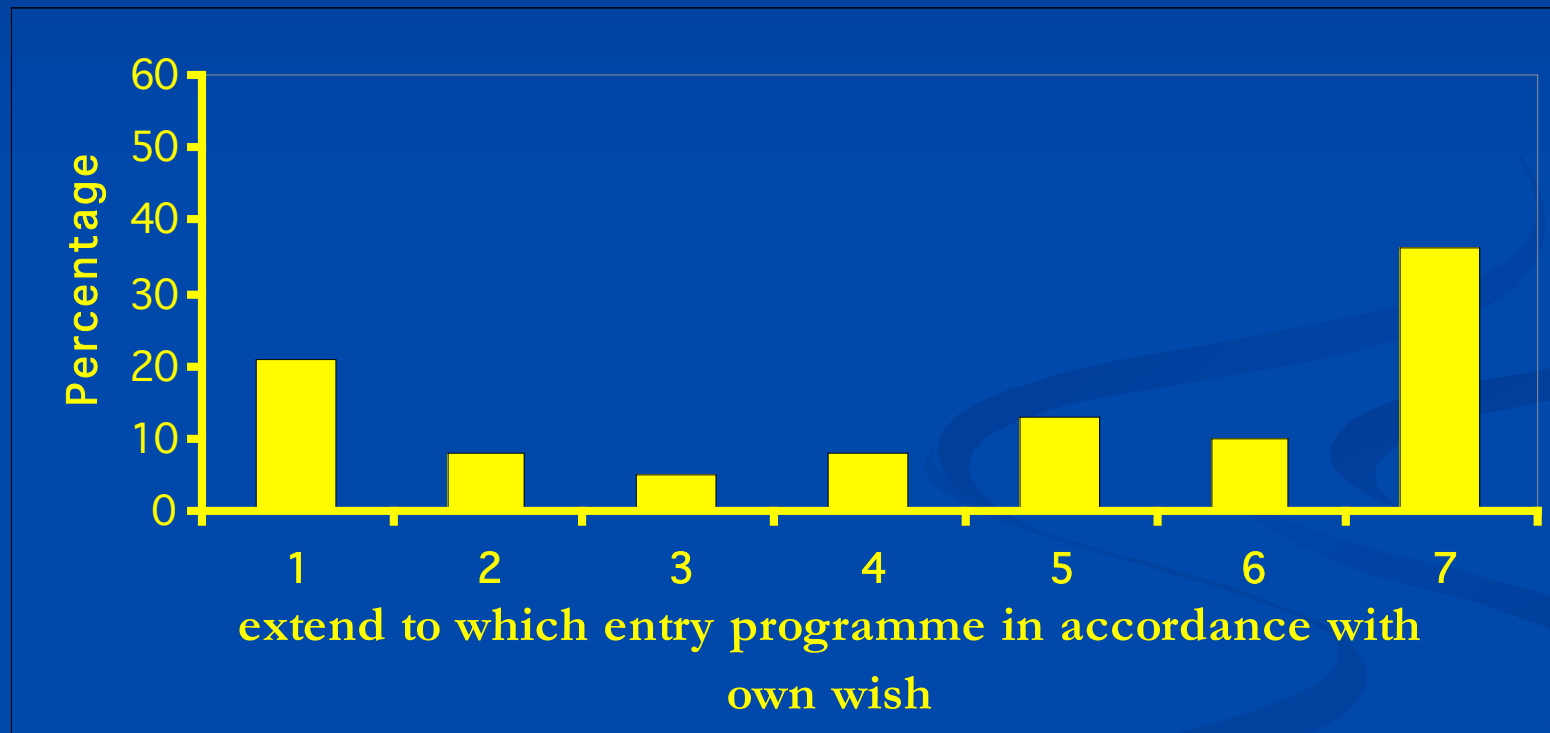
	SOV	FVK	Tex	Det
Police data	-11	-2	-4	-3
Self report	-398	-266	-307	-34

- Huge difference police report and self report criminality
- Strong effect compulsory and QCT vs. detention self report
- Police data only effect compulsory vs. detention

Main source of income last 30 days



Perceived coercion SOV



Predictors success

Perceived coercion: entry	no
Perceived coercion: retention	no
Cognitive capacity	no
Main problem drug	no
Treatment length	yes

Conclusions I

SOV and QCT much better than detention

- Treatment makes a difference
- Treatment or stimulating stable situation?
 - Taking a person out of the drug scene
 - good food, health care, mental care, day rhythm

Conclusions II

SOV at least as good as QCT

- Considerable longer (subsidiarity?)
 - SOV 715 days (145 – 800)
 - FVK 172 days (2 – 828)
 - TripleEx 193 days (11 – 799)
- More complex sub sample (ultimum remedium)

Conclusion III

No panacea

- SOV and QCT better than detention
- Is better is good enough?
 - majority no success
 - composite success criteria only small success rate ($< 20\%$)

New developments SOV → ISD

- In June 2004 SOV replaced by ISD
 - Also penal measure
 - Also maximum of 2 year
- Focuses on all prolific offenders including
 - non addicted persons
 - women
 - persons with sever psychiatric disorders

Thank you !

Success-rates

Prevention	SOV	FVK	Tex	Det
Criminality-Prev.	23	18	24	7
Criminality-Red.	43	33	31	9
Addiction	45	32	30	10
Social functioning	43	41	30	-
- <i>work</i>	25	13	16	-
- <i>finances</i>	47	57	48	-
- <i>housing</i>	58	55	46	-

Success-rate composite criteria

Prevention	SOV	FVK	Tex	Det
C and A and S	12	10	16	-
C and A	18	12	20	4
C	23	18	24	7

Reduction	SOV	FVK	Tex	Det
C and A and S	21	18	17	-
C and A	28	20	19	4
C	43	33	31	9

Crimes per year at risk

Not everyone has the same time at risk for committing crimes

- differences in length of follow-up
- part of pre-entry and follow-up spend in prison

$Y = \text{time at risk} = \# \text{ days time interval} - \# \text{ days detention in interval}$

$X = \# \text{ crimes committed in interval}$

$Z = (365/Y) * X = \text{number crimes per year at risk}$

e.g. f.u period = 300 days; 100 days in detention; 50 crimes committed

$Y = 300 - 200 = 100$; $X = 50$ $Z = (365/100) * 50 = 91$ crimes per year at risk

When $Y = 365 \rightarrow Z = X$; $Y > 365 \rightarrow Z < X$; $Y < 365 \rightarrow Z > X$

Marlow model

		Social mediation	
		yes	no
Escape-avoidance	Coercion		avoidance
	Stimulation Reward		Self improvement

Domains: family, social, legal, medical, psychological, financial, religious, drug-specific

Covariates

Because of initial differences all analyses are adjusted for

- initial score
- age
- main problem drug
- work status
- addiction treatment history
- criminal history
- mental health treatment history
- suicidal thoughts
- length follow-up