



**State of Israel**  
**Ministry of Public Security**  
**Bureau of Chief Scientist**

# **Drug Treatment Outcomes at the Hermon Prison**

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## **Introduction**

A substantial proportion of prisoners enter the Israeli prison system due to drugs related crimes. The Israeli Prison Service acts to abate drug abuse and criminality in prisons.

Drug treatment in prisons has several goals: a) reducing drug abuse during incarceration; b) improving the prisons' climate; c) reducing recidivism; d) supporting prisoners' rehabilitation in the community.

With the establishment of "Hermon Prison" as the largest drug treatment center in Israel, several questions were raised:

- A. What is the relative effectiveness of the Therapeutic Community treatment in comparison with other treatment modalities?
- B. Does the concentration of treatment in one centralized location (Hermon) yield better treatment outcomes than traditional treatments prevalent in other prisons?
- C. To what extent does treatment in prison contribute to the reduction of drug use, to the reduction of criminality, and to the rehabilitation of the released prisoner in the community?

## **Research Methods**

This research is based on a five years longitudinal study of inmates treated in a Therapeutic Community at the "Hermon Prison". In addition, the study included a comparison group of inmates treated at the nearby Tzalmon Prison. The study incorporated qualitative analysis which included interviews with key figures in the Israeli Prison Service, at the prison command and with treatment staff. In addition, in vivo observations were conducted of treatment groups and day to day operations of the different departments.

Various policy documents were analyzed and the information flow within and between treatment units were studied. In addition, two focus groups were conducted with treatment staff. In addition administration information gleaned from the Israeli Prison Service information systems (The Tzohar Cystems).

A sample of 146 inmates, admitted to treatment at the Hermon Prison, was drawn, which comprised the treatment condition. The comparison group consisted of 62 inmates who entered treatment at the Tzalmon Prison at the same timeframe. In all, the study included 208 interviewees.

The sample was subsequently divided into the following 4 groups:

- 69 inmates who concluded the T.C treatment in the Hermon Prison.
- 79 inmates who dropped out of T.C treatment in the Hermon Prison.
- 21 inmates who received drug treatment in the Tzalmon Prison.
- 41 inmates who did not get any drug treatment while being incarcerated in the Tzalmon Prison.

Quantitative information was gathered at the following points of time:

- A. At entry to treatment.
- B. At 12 months after entering treatment.
- C. At 24 months after entering treatment.
- D. At 36 months after entering treatment (with those who entered treatment during 2000).

### **Success Criteria**

Treatment outcomes were assessed by the following success criteria:

- a. Drug use in the last 3 month.
- b. Drug use since the prisoner was discharged from prison.
- c. Employment after discharge from prison.
- d. Cooperation with probation services in the community.
- e. Avoidance of re – incarceration.

In addition, a summary index was computed by summing the number of successes in the previous measures.

## **Modes of Treatment**

The Hermon prison is a therapeutic community comprised of 8 treatment departments with 40 beds each.

A typical day includes educational activities, work and maintenance activities. About 2 hours per day were allocated for treatment groups which were formed on a departmental basis. About two thirds of the staff received drug treatment training.

Treatment consisted of the following stages:

- a. 1 month – Detoxification in the reception unit.
- b. The first stage of treatment within the treatment department, which lasted about 3-4 months.
- c. The second stage of treatment, which lasted 3-4 months.
- d. The Graduate Phase, during which the inmate was allowed to work outside the prison during the day and return to prison for overnight stay ("Work Furlough"s). This stage lasted 3-6 months.

## **Findings**

The Detoxification Unit: Testimonies of inmates indicated that a substantial portion of inmates in this unit continue to use drugs. The rate of positive urine test was about 1% of all urine samples. This shows a lower level of drug identification than was expected.

The Size of the T.C: The number of beds in the Hermon T.C is much larger than the size of the civilian T.C. outside the prison system. At the time of the study, the Hermon T.C included 1 detox unit with 40 beds, 5 treatment units with 200 beds and one graduation department with 40 beds, all in all 280 beds.

Occupancy rates were about 90% but the length of treatment was extended beyond the original plan.

The Client's Flow: Client's flow was about 17 inmates per month. This is about half of the treatment capacity for 280 beds.

Hours of Treatment: A typical day consists of remedial education work, dormitory cleaning and other day to day chores. There were only about 2 hours of treatment per day.

Treatment File: Treatment activities were not recorded in the treatment file.

### Attrition

Drop-out rate during one month of detoxification was less than 10%, in the civilian T.C. it is estimated that attrition rates are 50% to 70%. The drop-out rate in treatment was 55% over the full length of treatment. This was not regarded as a high rate of attrition considering the facts that the inmates were serving time in prison.

The attrition rate leaves the impression that there was a shortage of inmates who met the treatment criteria and were willing to enter into the T.C. at the Hermon Prison.

### Treatment Outcomes:

Treatment is associated with more positive treatment outcomes. Treatment in Hermon or Tzalmon was associated with :

1. Lower rates of drug use in the 3 months prior to the last interview.
2. Lower rates of drug use since their last release from prison.
3. There was more cooperation with probation services in the community.
4. Higher rates of employment since being released from prison.

Clients treated in the therapeutic community in Hermon scored higher on the combined index of success than their Tzalmon counterparts.

Success rates regarding abstinence from drug use in the last 3 months were 3.8% higher for inmates completing treatment in Hermon relatively to inmates who were not in Hermon and did not get any treatment.

Success rates as measured by abstinence from drug use since being discharged from prison were higher for the T.C. treatment group (Hermon inmates) compared with the Tzalmon inmates, who did not get any treatment.

### **The effects of aftercare on treatment outcomes**

Inmates could serve their full prison term and then be released without supervision or get reduced term and be released under supervision.

Those who were released under supervision yielded better outcomes than those who were released without supervision.

Inmates who got treated in the community showed better treatment outcomes than inmates without community treatment.

Hence, community supervision and treatment in the community were significant additional factors contributing to treatment outcomes.

### **Conclusions**

- a. Treatment is associated with better treatment outcomes compared with no treatment.
- b. Treatment in the T.C. in the "Hermon Prison" is associated with better treatment outcomes compared with treatment in "Tzalmon Prison".
- c. Aftercare in the community (treatment or supervision) seems to be a significant contributing factor to better treatment outcomes.

These conclusions should be viewed with caution. The study is not based on a complete experimental design with random assignment. Findings are therefore subjected to two biases: The bias of participant's selection into the study and the bias of selection when entering Hermon or Tzalmon prisons.

## **Recommendations**

### **Recommendation # 1 - Client Screening:**

It is recommended that a screening unit be established to assess the suitability of inmates to be treated in the Hermon Prison. When inmates require physical detoxification it is recommended that detoxification be carried out in a facility that is separated from the therapeutic community in the Hermon Prison.

### **Recommendation # 2- Drugs Detection:**

It is recommended that means other than urine tests be employed in order to detect drug use (e.g. ready made drug detection kits).

### **Recommendation # 3- The Optimal Size of the T.C.:**

It is recommended that the management of the Israeli Prison Service examine the number of prisoners who meet the admission criteria to enter treatment into the Hermon prison, and the number of prisoners who are willing to enter treatment.

The number of prisoners who are able and willing to enter the T.C treatment should determine the desired size of the T.C in the Hermon prison.

### **Recommendation # 4 - Differing Types of Treatment Departments:**

It is recommended to differentiate the present structure of the treatment departments. One differentiating criteria could be the length of treatment. Three options are proposed:

- a. A short term T.C. (6-8 months).
- b. A medium term T.C. (9-12 months).
- c. A long term T.C. (13-18 months).

**Recommendation # 5 - Specialization of the Treatment:**

It is recommended that the specialization of treatment departments be considered. Specialization could be based on the drug of the addiction (alcohol versus other substances) or on the problems associated with the addiction.

**Recommendation # 6 - Treatment Management:**

It is recommended that the Israeli Prison Service formally define the duties, tasks and areas of responsibility of the recovered drug counselor. Similarly, the duties, tasks and responsibilities of inmates in the last stage of the T.C. treatment should also be defined.

**Recommendation # 7 - Increasing Treatment Hours:** Presently, a typical day schedule allows low intensity of treatment. It is recommended that a review of the schedule be conducted in order to increase the net treatment hours per day.

**Recommendation # 8 - Treatment Documentation:**

It is recommended that a clinical information system be developed to document key treatment inputs and key treatment outcomes for each inmate.

The system should enable continuity of treatment documentation, when a change occurs in the clinical staff providing the treatment or when the inmate is transferred to another prison. When the inmate is discharged from treatment, the system should specify the main reasons of discharge.

**Recommendation # 9 –A Review of Events of Drug use while in Treatment:**

It is recommended that the treatment system develop review procedures of past and present cases of drug use while in treatment.

The procedures should identify the group dynamics that cover-up illicit drug use, while inmates are in treatment.

### **Recommendation # 10 – Treatment in the Community:**

The Israeli Prison Service should examine ways and means to extend community treatment to inmates who were released from prison.

One option is to obtain the inmates' plan for treatment in the community as a pre-condition to entering treatment.

Another option is to examine an early discharge (beyond the present 1/3 reduction) of inmates who completed successfully their treatment. Those inmates could be released to a community treatment facility under probation conditions.

### **Recommendation # 11 – Continuity of Treatment:**

It is recommended that organizational models should be examined that will ensure treatment continuity between the T.C in prison and after care in the community. The options of outsourcing the T.C treatment in prison to agencies that also provide treatment in the community should be examined.

### **Recommendation # 12 – A Treatment Manual:**

It is recommended that the treatment manual of the Hermon T.C be updated. The treatment manual should pertain to the drug T.C and to other treatment units in the Hermon Prison.