

# Department of Community Corrections & Rehabilitation

## Office of Strategy, Planning, and Evaluation

## Reimagining Supervision

### Problem Statement

For decades, urine drug testing (UAs) has been a core condition of supervision for the millions of people on probation and parole each year, with the goal of deterring drug use and reducing recidivism.<sup>i</sup> Despite their widespread use, however, there is limited research to support UAs alone as an effective tool in reducing recidivism or drug use, particularly when they are not linked to treatment and sobriety goals. Rather, more recent research has shown UAs to be disruptive to the process of reentry and engagement in pro-social behaviors for clients, particularly when testing is not tied to any treatment resources. The unintended consequences of drug testing as a condition of supervision have been a contributing factor to re-incarceration of individuals for technical violations, leading many probation and parole agencies to reimagine supervision models, with an eye towards policies and procedures that support sobriety and treatment, and reduce testing for compliance alone.

August 2021

Caitlin Gokey  
Caitlin.Gokey@hennepin.us

### Background Research

Community supervision, including probation and parole/supervised release, has been utilized for decades as an alternative to incarceration in jurisdictions throughout the United States. As part of supervision, individuals are frequently subjected to UAs, regardless of whether their original criminal conviction was related to a drug offense. However, while the number of people on community supervision has grown to nearly twice that of those incarcerated, significantly less attention has focused on which components of supervision can be linked to reductions in re-offending.<sup>ii</sup> In the past 20 years, numerous studies have challenged the assumption that drug use is predictive of future criminal behavior, and there is a growing body of research to suggest that drug testing alone does not reduce the likelihood



of recidivism for individuals on community supervision, particularly for those for whom drug use was not a factor in their original offense.<sup>iii</sup>

Although drug testing provides an objective measure by which to track an individual's compliance of release conditions, drug testing is typically part of a package of supervision requirements, making its effectiveness difficult to isolate. Research available to date provides no consensus on whether drug testing alone is a deterrent to crime or a key to preventing recidivism.<sup>iv</sup> A 2006 review of previous studies on the effects of drug treatment on recidivism found drug testing to have no effect on reducing criminal behavior.<sup>v</sup> Similarly, a 2014 study of an intensive supervision program found no statistically significant differences in recidivism rates between two different groups of high-risk offenders, where the treatment group received twice weekly drug testing and the control group was tested only by judicial order or with cause.<sup>vi</sup> This finding held true across various types of crime, including both violent and non-violent, as well as drug-related crimes.

Recent research of the pretrial process showed that drug testing was not linked to higher rates of new arrests for individuals on pretrial release. Two studies, one out of North Carolina and one out of Ohio, showed that people who tested positive for drugs during pretrial release had higher rates of success than those who never tested positive or who had a violation unrelated to drug use.<sup>vii</sup> This finding has moved these counties to reevaluate pretrial release orders, and consider drug testing as a component of supervision only when ordered by a judge or when identified as key to preventing re-offense.

A growing body of research has shown that it is not increased surveillance that impacts the likelihood of recidivism, but rather a combination of supervision linked with treatment for substance use that is most predictive of success for clients.<sup>viii</sup> A 2010 review of 58 intensive supervision programs showed that supervision that was client-centered and offered treatment tied to sobriety goals as part of the supervision package was more effective at reducing recidivism than programs that prioritized control and surveillance of clients.<sup>ix</sup> Additional comparisons between intensive supervision programs that included a treatment component and those based on surveillance and compliance alone showed that supervision tied to treatment programs contributed to between 10-20 percent reductions in recidivism on average.<sup>x</sup>

These findings were echoed in a 2021 report featuring interviews with individuals on probation in Hennepin County. While three quarters of those interviewed reported substance use as a problem for them prior to their supervision term, only 22 percent reported substance use at the time of their interview. As the authors noted, "this reduction in consumption was tied in part to treatment programs; 46% of respondents reported utilizing substance use treatment over the past year. A higher percentage (64%) reported participating in treatment since starting probation."<sup>xi</sup>

In 2017, the American Society of Addiction Medicine (ASAM), comprised of more than 6,000 physicians and clinicians from the field of addiction medicine, established clinical guidelines for drug testing, stating that drug testing "should be used as a tool for supporting recovery rather than exacting

punishment.”<sup>xii</sup> Addiction experts have increasingly asserted that drug testing in community supervision should be tied to an individual’s sobriety goals, rather than utilized for punitive purposes.

Taken together, these studies suggest that increased drug testing alone does not reduce recidivism, particularly when it is utilized as a measure of control, rather than tied to treatment resources. Further, while there is a dearth of research to show the effectiveness of drug testing as a tool to reduce recidivism, there is significant evidence to illustrate the negative impact that frequent UAs can have on an individual. In interviews with 166 adults on probation in Hennepin County, more than half characterized their experiences on supervision as stressful, leading to negative mental health impacts for some.<sup>xiii</sup> This stress was often related to the fear of revocation, as well as the significant time demands that conditions such as UAs place on an individual. For some, these time demands made engaging in pro-social behaviors, including finding and maintaining employment, more difficult. As Phelps et al. state, “these burdens should be considered a meaningful deprivation of liberty and thus imposed judiciously.”<sup>xiv</sup>

## Closing

Since 2019, Hennepin County has approached their role as a supervising authority with an emphasis on supporting the individual’s sobriety goals and treatment needs. This approach, in line with ASAM’s recommendations, has allowed the County space to consider where drug testing may be essential to ensuring public safety, while also assessing the undue burden frequent drug testing has on a client’s ability to succeed.<sup>xv</sup>

Embracing a client-centered approach to community supervision will require criminal justice stakeholders to truly evaluate the impact of supervision conditions, not only on public safety, but also on the ability of individuals to successfully reengage in society.

---

<sup>i</sup> Pretrial Justice Institute. (2019). *Scan of Pretrial Practices 2019*.

<https://university.pretrial.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=24bb2bc4-84ed-7324-929c-d0637db43c9a%20&forceDialog=0>.

<sup>ii</sup> Jones, A. (2018). Correctional Control 2018: Incarceration and supervision by state.

<https://www.prisonpolicy.org/reports/correctionalcontrol2018.html>.

<sup>iii</sup> Holloway K. R., Bennett, T. H., & Farrington, D. P. (2006). The effectiveness of drug treatment programmes in reducing criminal behaviour: A meta-analysis. *Psichothema*, 18, 620–629.

<sup>iv</sup> Reichert, J. (2019). *Drug testing in community corrections: A review of the literature*. Chicago, IL: Illinois Criminal Justice Information Authority. <http://doi.org/10.13140/RG.2.2.15643.82728>.

<sup>v</sup> Holloway K. R., Bennett, T. H., & Farrington, D. P., 2006.

<sup>vi</sup> Hyatt & Barnes. An Experimental Evaluation of the Impact of Intensive Supervision on the Recidivism of High-Risk Probationers [https://www.courts.state.co.us/userfiles/file/Administration/Probation/ResearchInBriefs/RIB\\_ISP-Rec\\_Dec\\_16.pdf](https://www.courts.state.co.us/userfiles/file/Administration/Probation/ResearchInBriefs/RIB_ISP-Rec_Dec_16.pdf).

<sup>vii</sup> Pretrial Justice Institute. (2019). *Smarter pretrial solutions: Responding to technical violations*.

<https://university.pretrial.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=514d95d4-413d-7a4f-f2e2-7fa588a297c2&forceDialog=0>.

---

<sup>viii</sup> Hicks, W., Holcomb, J., Alexander, M., Clodfelter, T. Drug Testing and Community Supervision Outcomes. *Criminal Justice and Behavior*. 2020;47(4):419-436

<sup>ix</sup> Lowenkamp, C., Flores, A., Holsinger, A., Makarios, M., & Latessa, E. (2010). Intensive supervision programs: Does program philosophy and the principles of effective intervention matter? *Journal of Criminal Justice*, 38, 368–375.

<sup>x</sup> Gendreau, P., Goggin, C., Cullen, F., & Andrews, D. (2000). The effects of community sanctions and incarceration on recidivism. *Forum on Corrections Research*, 12, 10–13; Petersilia, J., & Turner, S. (1993). Evaluating intensive supervision probation/parole: Results of a nationwide experiment. Washington, DC: U.S. Department of Justice, National Institute of Justice.

<sup>xi</sup> Phelps, M., Osman, I., Piehowski, V., Beadle, D. (2021). Supporting the Wellbeing of Adults on Probation: Results from the Mass Probation and Health Project.

<sup>xii</sup> Jarvis, M., Williams, J., Hurford, M., Lindsay, D., Lincoln, P., Leila, G., Luongo, P., & Safarian, T. (2017). Appropriate use of drug testing in clinical addiction medicine. *Journal of Addiction Medicine*, 11(3), 163-173

<sup>xiii</sup> Phelps, M., Osman, I., Piehowski, V., Beadle, D., 2021.

<sup>xiv</sup> Ibid.

<sup>xv</sup> Although ASAM does not define frequency, they note that “frequency of testing should be dictated by patient acuity and level of care... providers should be aware that there is currently insufficient evidence that more frequent testing leads to decreased substance use.” Jarvis, M., Williams, J., Hurford, M., Lindsay, D., Lincoln, P., Leila, G., Luongo, P., & Safarian, T. (2017). 11.