Published in final edited form as:

Subst Abuse. 2014 ; 35(1): 7–11. doi:10.1080/08897077.2013.794760.

Pilot test of twelve-step linkage for alcohol abusing women in leaving jail

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Abstract

Background—More than a million U.S. women are detained in jails each year; many have alcohol use disorders (AUD). AUD intervention with pretrial jail detainees presents a logistical challenge due to limited jail stays and lack of resources for post release treatment. The availability, no-cost entry, and promise of anonymity of Alcoholics Anonymous (AA) make it a highly accessible resource for underserved populations. However, the outreach of AA volunteers into jails (as opposed to prisons) has been limited, and incarcerated women are unlikely to seek out strangers for help after release. This study pilot tested an enhanced referral approach introducing a twelve-step volunteer to a woman in jail who would attend a meeting with her after release.

Methods—Participants were 14 unsentenced female pretrial jail detainees with AUD. Intervention consisted of introducing participants detained in jail to female AA volunteers who could accompany them to an AA meeting after release. Assessments took place at baseline and one month after release. This uncontrolled pilot study evaluated the feasibility and acceptability of this enhanced referral approach. We also report pre-post alcohol use, drug use, alcohol problems, and AA attendance.

Results—Enhanced referral was feasible and acceptable. Many (57%) of the 14 participants who met with AA volunteers in jail were in contact with those volunteers after release from jail. Participants had significantly fewer drinking days, heavy drinking days, alcohol problems, and drug-using days during the post-release follow-up than they did before jail detention.

Conclusions—Providing linkage between women in jail and female AA volunteers who can accompany them to post-release a meeting is achievable, and may be a disseminable and low-cost method to improve alcohol outcomes in this vulnerable population.

Keywords

Alcohol abuse; alcohol dependence; treatment; women; criminal justice; jail; alcoholics anonymous; twelve step

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The three authors conceptualized the research project together based on an idea of Dr. Schonbrun's. Dr. Johnson led the data collection, assisted by Dr. Schonbrun. Dr. Johnson analyzed the data and wrote the first draft of the manuscript; Drs. Schonbrun and Stein edited and provided feedback on manuscript revisions.

INTRODUCTION

More than a million U.S. women are detained in jails each year¹; nearly half meet criteria for alcohol use disorders (AUD; 47%^{2,3}). Interventions targeting AUD among women detained in jails are needed, but the logistics of substance use intervention with pretrial jail detainees are challenging. In contrast to prisons where longer stays afford opportunities for alcohol treatment and post-release treatment planning, the weekly turnover rate in jails is 65%⁴. Because women may be detained in jail only a few days and release times are unpredictable, professional in-jail alcohol treatment is often infeasible and unavailable, and post-release alcohol treatment planning is difficult⁵⁻⁷. Furthermore, accessing professional alcohol treatment after returning to the community can be formidable due to cost, long wait times, unfamiliarity with agencies or providers, and transportation difficulties^{7,8}.

Post-release AA attendance is associated with improved drinking outcomes for women leaving jail⁹, as well as in community samples¹⁰⁻¹⁴. Furthermore, because they are free and widely available¹⁵, twelve step programs, including Alcoholics Anonymous (AA), can successfully overcome many post-release barriers to services. However, incarcerated women's fear and distrust of strangers interferes with their utilization of post-release resources, including AA meetings. For example, in the days and weeks after community re-entry, formerly incarcerated women will engage with providers or others they already know and trust, but are unlikely to reach out to strangers for help¹⁶⁻¹⁸. In one study of women leaving prison, women were provided with cell-phones programmed with phone numbers of familiar prison counselors and other resources, including a local organization that would pick them up and take them to their first post-release AA meeting. All women called the familiar counselors and none the organization at which they did not know anyone, despite the promise of having someone accompany them to a meeting¹⁸. Thus, face-to-face contact with incarcerated women has a powerful influence on the resources that they are willing to utilize after release.

AA has developed a specialized Corrections Committee that brings AA meetings into prisons throughout the United States¹⁹. However, due to short jail stays, "there are fewer permanent or even-semi-permanent AA groups in jails"²⁰. In addition, even if an AA meeting occurs in jail, there is no opportunity for an incarcerated woman to have one-to-one communication with an AA volunteer during incarceration or for her to meet with that same volunteer after release. As a result, as a woman returns to the community, she is expected to initiate contact with unfamiliar individuals to support her recovery, a daunting task.

Studies in non-incarcerated populations have shown that intensive referral to AA results in dramatically increased rates of meeting attendance and involvement in 12-step groups²¹ and enhances likelihood of abstinence²¹⁻²². These "intensive referral" conditions provide phone or personal contact with AA members. In contrast to intensive referral, participants provided only with meeting lists and reasons to attend AA are unlikely to attend²¹⁻²³. This uncontrolled pilot study evaluates the feasibility and acceptability of an enhanced referral approach introducing a twelve-step volunteer to a woman in jail and organizing recontact between the two after release from jail to attend meetings together. We also report pre-post alcohol use, drug use, alcohol problems, and AA attendance.

METHODS

Participants

Participants were 14 unsentenced female pretrial jail detainees in a local correctional facility who: 1) were at least 18 years old; 2) met DSM IV criteria for alcohol abuse or dependence in the 6 months prior to being jailed, 3) were interested in attending 12-step meetings after

release; and 4) expected to be released from jail to the community within the next month. Participants were *not* excluded for concurrent drug use, except for opiates. Women with opiate use in the past 6 months were excluded due to their high rate of relapse without opiate agonist treatment.

Procedure

Recruitment—Potential participants were informed about the study through announcements made in jail housing units by research staff, who described the study as an opportunity to be connected with an AA volunteer in jail to plan attendance at a meeting after release. A research assistant (RA) met individually with interested participants to explain more about the study and to conduct informed consent procedures, which highlighted the voluntary nature of study participation and the study's Certificate of Confidentiality. There were no legal and minimal financial (\$30 for the post-release assessment) incentives for participation. The study was conducted under institutional IRB approval.

Existing community resources—In acknowledgement of the problem of linking individuals from controlled settings to AA meetings, AA has developed subsidiary groups of volunteers in nearly every state who serve incarcerated persons re-entering the community by being available to take them to a first AA meeting post-release. However, volunteers in these subsidiary groups are only available after release; they do not enter the jails. Because of the AA 11th tradition of "attraction" ("Our public relations policy is based on attraction rather than promotion"¹⁵), the outreach of these AA volunteers into jails has typically been limited to the provision of cards or pamphlets, requiring a recently released inmate to initiate contact with the organization by calling a toll-free number after release to seek support and resources. Because women leaving jail are unlikely to call strangers for help as they re-enter the community, they make only limited use of this valuable, free community service.

Intervention—Not only do AA traditions specify that AA should not promote itself, they also prescribe non-affiliation ("An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose"¹⁵). This means that outside individuals (clinicians, researchers, etc.) cannot prescribe what AA volunteers or groups will do. It may, however, be in keeping with AA traditions for its volunteers to come to "carry the message to the suffering alcoholic"²⁴ who is in jail, if an outside entity identifies women who would like to meet with them to learn more about AA. Our study team constituted that outside entity providing linkage between AA volunteers and women in jail who wished to meet with them.

On days where female AA volunteers were available, the study RA recruited and assessed potential participants in the morning to meet individually with the volunteer in the afternoon or evening. The in-jail meeting with the volunteer began with the RA introducing the study participant and the AA volunteer and briefly explaining that (1) study staff would let the volunteer know when the participant was released, (2) volunteer would make a reasonable attempt to reach the participant by phone during the days immediately following release, and (3) the volunteer's role was limited to attempting to increase the participant's familiarity with AA meetings and accompanying her to agreed upon AA meetings to help her feel comfortable. The RA also provided the woman with a current AA meeting book, and facilitated exchange of contact numbers between the participant and the volunteer.

After this introduction, the study participant and volunteer talked informally together for a median of 30 minutes (range 15–60), typical of an AA 12-step call. Discussions covered

common topics in AA such as benefits of AA meetings and principles, the participant's and volunteer's previous experiences with AA, kinds of meetings the participant might like, meetings they might be able to attend together, and/or the volunteer's recovery story. Content of discussions was not dictated by the research staff.

Research staff regularly monitored jail discharges and let each woman's volunteer know when the woman was released. Because women did not always have reliable access to make outgoing calls, the volunteer then called the study participant to set up a time to accompany her to her first AA meeting. After this first meeting, the relationship between the volunteer and the participant could end or continue by phone or at meetings, at the volunteer and woman's discretion.

Recruitment, training, and supervision of volunteers—Because it violates the AA principle of “affiliation,” study staff did not recruit, train, or supervise AA volunteers. Study staff merely provided the linkage between volunteers and study participants who were interested in the AA message. Volunteers were female, had at least 2 years of sobriety, and could travel to AA meetings. Volunteers had previously indicated a willingness to accompany women to meetings after release from jail, prison, or residential treatment as part of a standard AA service; however, meeting with women in jail to enhance post-release linkage did not occur prior to the study. The AA volunteer coordinating that standard community service matched other volunteers to study participants based on availability and geography, when possible.

Measures and Analysis

Study assessments took place at baseline (in jail) and one month after release from jail. At baseline, the alcohol use disorder module from the Structured Clinical Interview for DSM-IV (SCID²⁵) was used to assess current alcohol abuse/dependence. Feasibility measures included the ability of volunteers to enter the jails, their ability to meet with women prior to jail release, and rates of contact between volunteers and participants after release. Acceptability was assessed using the Client Satisfaction Questionnaire - Revised (CSQ-8-R²⁶) and a modified End of Treatment Questionnaire (ETQ²⁷). The Timeline Followback (TLFB)²⁸ was used to assess alcohol using days, heavy drinking (defined as 5+ standard drinks) days, days attending twelve-step meetings, and days using drugs in the 6 months prior to jail and the month after release from jail. The Short Inventory of Problems (SIP²⁹) assessed alcohol problems at baseline and follow-up. Intake and follow-up scores for continuous measures (e.g., SIP) were compared using paired-sample t-tests. Intake and follow-up scores for percentile data were compared using Wilcoxon signed rank tests.

RESULTS

Participants

The average age of the sample ($n = 14$) was 34.7 (range 18–49). Three participants were Hispanic, two were African-American, and one identified as mixed race. None were married, and most (12) had legal income of less than \$10,000 per year. Only 4 (29%) were employed. Three were charged with drug possession, 4 with probation violation, 3 with simple or domestic assault, 2 with robbery, 1 with shoplifting, and 1 with receiving money under false pretenses. They had a median of 5 (range 0–10) prior arrests with a median of 2 (range 0–10) prior incarcerations. Most (13) met criteria for moderate to severe alcohol dependence and 1 met criteria for alcohol abuse.

Feasibility

Of the 30 women screened for the pilot study, 12 were excluded (6 were moved to prison or released before assessments could be completed, 3 had no alcohol use, 2 had opiate use, and 1 was not returning to the community) and 1 declined participation. Seventeen women met eligibility criteria, signed consent, and were enrolled in the study. The first 6 participants were part of a “pilot phase” used to establish logistics of coordinating visits with the AA volunteers. During this phase only 3 participants met volunteers while incarcerated due to scheduling difficulties that were resolved in the subsequent “established procedures” phase. For example, because women were released so quickly, we stopped recruiting participants unless we had a volunteer scheduled come to the jail within the next 24 hours. We were not able to obtain follow-up interviews with any of the three women who were promised a visit from a volunteer but did not receive one, despite repeated attempts; therefore, we present data from the 14 participants whom volunteers were able to visit in jail.

Of the 14 women who saw AA volunteers in jail, 10 (71%) completed the 1-month follow-up interview (including 1 woman who was rearrested), one woman was not released from jail, one died, and 2 were lost to follow-up. Eight of the 14 women (57%) were in contact with their AA volunteer after release from jail an average of 4 times. Meeting data were available for the 10 women who provided follow-up data. Of these 10 women, 8 went to at least one twelve-step meeting. Four of the 10 went to at least one (range 1–5) meeting with the AA volunteer they met in jail.

Acceptability

Of the 30 women screened for the study, only one declined participation. None of the enrolled women declined an in-prison meeting with an AA volunteer. Client satisfaction (CSQ-8-R) scores averaged 26.5 (SD = 3.4) on a scale from 8–32, for good to excellent satisfaction, overall. When asked what was most helpful about meeting with the volunteers, written ETQ responses indicated that volunteers were “*good to talk to*,” that “*at group meetings we felt like a family*,” that the volunteer “*made me try harder to stay sober*” and “*not think of another drink*,” “*she was nice and very informative about AA and especially women’s groups what she is involved in*,” “*hearing the volunteer’s story and seeing how people really do care and take time*,” and “*them reaching out and asking if we need help – knowing people care*,” 2 women did not comment. When asked what was least helpful, 6 women had no comment, one cited difficulty finding a steady AA group, and the other 3 would have liked to have had more time with the volunteer either in jail or after release.

Pre-post outcomes

Drinking and drug use outcomes improved significantly from baseline to one-month follow-up (see Table 1).

DISCUSSION

The advantages of AA, such as its long history, availability, no-cost entry, and promise of confidentiality/anonymity, make it a highly accessible resource for underserved populations. We posited that putting a familiar face to the organization would make jailed women more likely to access it after release. Results indicate that providing linkage between women in jail and female AA volunteers who can accompany them to a meeting post-release is feasible and acceptable. Many (8; 57%) of the 14 participants who met with AA volunteers in jail were in contact with those volunteers after release from jail. Although this is not perfect linkage, it is a vast improvement from the 0 of 22 women who initiated calls to a the same group of volunteers after release from prison in a previous study¹⁸, despite having

weeks of professional treatment emphasizing the importance of AA and being provided with cell-phones programmed with the volunteer group's number.

Our work^{16–18} and others^{30,31} has indicated that women in the criminal justice system respond strongly to the quality of helping relationships. For example, formerly incarcerated women are willing to reach out to people perceived as familiar and trustworthy (*“we will call you because we know you and trust you”*¹⁸), but have described personal unfamiliarity and lack of trust as a large barrier to accessing post-release services^{16–18}. Having a volunteer make the time to come and meet with incarcerated women individually was meaningful to study participants as reflected in their perceptions of the most helpful aspects of the AA linkage intervention. Furthermore, a focus on transitional relationships to increase incarcerated women's ability to access resources at community re-entry is consistent with female-specific theories of substance use treatment, which emphasize the importance of respectful relationships, female role models, and empowerment³².

This study has several strengths. Jails serve the large majority of the incarcerated population each year and present unique service delivery challenges, but there are few intervention studies of persons in jail rather than prison^{33,34}. This study is also the first to test the feasibility of a twelve-step linkage approach in a criminal justice population, potentially mitigating a critical barrier to AA attendance. Because the linkage provided in this pilot study is simple, requiring logistical coordination and explanation of roles, it could be performed by a jail volunteer coordinator rather than trained substance abuse counselors, bypassing many of the cost and dissemination obstacles that impede the widespread adoption of evidence-based interventions in the criminal justice system. The study's limited exclusion criteria, the existence of subsidiary groups of AA members willing to accompany individuals to meetings after release in most states, the design of the linkage intervention to be consistent with AA traditions, and the requirement of no specialized expertise on the part of jail staff to implement the intervention increase generalizability.

The study also has limitations. It is a small ($n = 14$), uncontrolled feasibility study. Because the study had no control condition, it is impossible to tell whether the significant pre-post changes observed were related to the intervention, or to other life circumstances such as the experience of being jailed. In addition, AA volunteers must be true to 12-step principles, limiting what can be asked of them during a research study. Because of these principles, discussions between volunteers and study participants cannot be manualized, standard fidelity rating (e.g., with audiotapes) is not possible, and volunteer effects may be large. For example, although almost all women for whom follow-up data were available attended at least one AA meeting, the four women who went to meetings with AA volunteers after release were clustered within 3 of the 5 volunteers. Thus, this study sacrificed some experimental control in the service of addressing a pressing need in a low-resource setting under real world conditions. By building on an existing, free, widely available AA infrastructure, this enhanced linkage approach is feasible and acceptable, and could be easily disseminated across criminal justice settings.

Acknowledgments

This study was funded by the National Institute of Drug Abuse (K23 DA021159; PI: Johnson). NIDA was not involved in the conceptualization, data collection, or writing of this manuscript.

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Table 1

Means and standard deviations at baseline and follow-up

	Baseline (<i>n</i> = 14)	One month after release (<i>n</i> = 10)
% drinking days	55 (31)	7 (13) [*]
% heavy (5+ drinks) drinking days	47 (37)	2 (5) [*]
% days attending AA	7 (15)	22 (31) ⁺
% drug using days	47 (41)	20 (42) [*]
Alcohol problems (SIP)	31 (10)	13 (14) [*]

*
p < .05⁺
p = .051