

## International Journal for Crime, Justice and Social Democracy



### Before Prison, Instead of Prison, Better Than Prison: Therapeutic Communities as an Abolitionist Real Utopia?

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#### Abstract

The aim of this paper is to critically engage with the idea that Therapeutic Communities (TCs) can be promoted in England and Wales as a radical alternative to prison for substance users who have broken the law. After grounding the discussion within the normative framework of an 'abolitionist real utopia' (Scott 2013), the article explores the historical and theoretical underpinnings of TCs. Existing literature advocating TCs as a radical alternative both before and instead of prison is then reviewed, followed by a critical reflection of the TCs compatibility with the broader values and principles of an abolitionist real utopia. To conclude, the article suggests that, although TCs could be a plausible and historically immanent non-penal real utopia for certain people in certain circumstances, we must not lose focus of wider social inequalities.

#### Keywords

Therapeutic communities; penal abolitionism; real utopia; alternative responses; substance use; imprisonment.

*Please cite this article as:*

Scott D and Gosling H (2016) Before prison, instead of prison, better than prison: Therapeutic communities as an abolitionist real utopia. *International Journal for Crime, Justice and Social Democracy* 5(1): 52-66. DOI: 10.5204/ijcjsd.v5i1.282.



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## Introduction

Prisons are profoundly dehumanising institutions filled with socially disadvantaged people who have experienced multiple forms of social exclusion. Despite the best of intentions of those hoping to find some virtue in the current incarceration binge, the punitive-rationale, which underscores prisons' very existence, inevitably undermines humanitarian attempts to bring about desired personal transformations or tackle social exclusion (Scott 2008). What we urgently require is recognition that the prison as place not only reflects but also perpetuates social inequalities. At the same time, we need plausible and historically immanent radical alternatives that can reach beyond hegemonic neo-liberal and penal logics currently informing policy, and offer a new way of responding to troubled individuals. Such radical alternatives must engender both the humanitarian impulse *to engage right now* with the tragedies of imprisonment and social injustice, and be something that maintains fidelity with, and commitment to, the wider idealised aspirations of living in a world without prisons and the deep-seated social inequalities they mirror.

There are many difficulties when attempting to promote alternatives to prison varying from net widening, where alternatives become add-ons to existing sentences, to falling through the net, where people are abandoned and neglected and nothing is done to help them. Radical alternatives must be able to incorporate both an engagement with the problems and possibilities of our historical moment, whilst simultaneously disrupting punitive and other ideologies which facilitate social inequalities. They must also be genuine alternatives – that is, they must be *before* a prison sentence; *instead of* a prison sentence; and *better* than a prison sentence – for only when coupled with policies promoting social inclusion and social justice can they meet the criteria of an abolitionist real utopia (Scott 2013).

In this article we consider whether Therapeutic Communities (TCs) can be promoted for substance-using lawbreakers as part of a wider abolitionist strategy aiming to reduce social harms and challenge social and economic inequalities. The article starts by outlining the normative framework of an abolitionist real utopia before moving on to critically explore the historical and theoretical contexts of TCs. The discussion then turns to the existing literature on TCs as an alternative to penal custody as *before*, *instead of*, and *better than*, a prison sentence. At that point we evaluate whether TCs are compatible with the values and principles of an abolitionist real utopia. The article concludes that, whilst there is no blanket alternative to prison, and no single answer to the way society responds to lawbreakers whose offending behaviour is influenced by substance use, TCs can be part of the solution, but they must be coupled with other interventions tackling structural inequalities grounded in the principles of social justice.

## An abolitionist real utopia

Prisons are inherently problematic institutions: they are places of interpersonal and institutional violence and legal, social and corporeal death, and these terrible outcomes are structured within the very fabric of penal institutions (Scott 2015; Scott and Codd 2010). It is possible that prisons can offer a place of reflection and refuge for people when all other options have failed but, given the deprivations, pains and iatrogenic harms that underscore daily prison regimes, it is our view that these cases are the exceptions that prove the rule. Yet for penal abolitionists, critique is never enough. Abolitionists must be prepared to advocate constructive and radical alternatives to penal rationale. Such alternatives must be realistic and pragmatic whilst at the same time be consistent with idealistic and utopian visions, a position which has been referred to as an 'abolitionist real utopia' (Scott 2013).

In short, an abolitionist real utopia promotes visions of radical alternatives grounded in the following five normative principles that build upon continuities and possibilities in our historical conjuncture. A radical alternative must:

1. *Compete with a prison sentence*

Radical alternatives must implicitly or explicitly compete with, and contradict, current penal ideologies, discourses, policies and practices (Mathiesen 1974). Alternatives must be competitive with the institutions of the criminal process by promoting interventions that are grounded in historically immanent potentialities, whilst simultaneously possessing an emancipatory logic that contradicts current practices of repression and pain infliction. Those in power must find it difficult to ignore or dismiss the proposed radical alternative but at the same time it must be impossible for them to re-appropriate the alternative within the logic of the penal-rationale. The justification of a radical alternative must also be strong enough so that it can be considered before a prison sentence.

2. *Be otherwise than prison*

To avoid net widening, the radical alternative must directly replace a punitive sentence of the criminal courts. Interventions should not be considered 'add ons' or initiated alongside existing penal practices. They must be deployed instead of a prison sentence that would otherwise have been sanctioned against a given individual.

3. *Be a non-coerced intervention allowing meaningful participation*

In conjunction with the above human rights standards, genuine radical alternatives must be non-coercive and demonstrate they can be a productive and meaningful way of addressing problematic behaviours, conflicts and troublesome conduct. As such, radical alternatives must adhere to democratically accountable values and principles requiring unhindered participation, recognition of the validity of all voices, and facilitate a role in decision-making processes.

4. *Safeguard human dignity and minimise human suffering*

Radical alternatives must have a non-punitive ethos aiming to uphold, respect and protect the intrinsic worth and value of human beings. There must be no violations of human dignity, nor should the intervention create stigma, injury or harm. The radical alternative must therefore be better than prison, which is a place of pain, blame and death. These human rights standards place certain ethical boundaries upon interventions and help steer us towards alternatives that can reduce rather than create unnecessary human pain and suffering. To avoid an unintentional or hidden escalation of harms, radical alternatives must have sufficient transparency, procedural safeguards and be rooted in the principles of fairness, openness, equality and legal accountability. Care should therefore be taken to ensure that any proposed alternative intervention for handling conflicts does not become a form of punishment in disguise. Importantly, the alternative must be otherwise than prison, not a prison otherwise.

5. *Promote (or at very least not inhibit) social justice*

A radical alternative must look to facilitate, and not prevent, the promotion of social justice. An abolitionist real utopia is a form of emancipatory knowledge that challenges inequality, unfairness and injustice. This requires not only problematising the current application of the criminal label, which overwhelmingly punishes the poor, disadvantaged and vulnerable, but also actively promoting interventions which reduce social inequalities and aim to meet human need (Scott 2013). Radical alternatives to prison must (at the very least) not impinge upon such interventions.

The following analysis explores whether TCs can be advocated as an abolitionist real utopia. In so doing, we appraise the reality and potential of the TC to meet the five normative values outlined above by considering the following key questions:

- Can TCs incorporate both an engagement with the problems and possibilities of our historical moment, and possess an emancipatory logic contradicting institutions and practices of penal repression?
- Are TCs genuine alternatives to penal custody?
- Do TCs adhere to values and principles safeguarding human dignity and reducing human suffering?
- Do TCs facilitate or hinder social justice?

To answer these questions, we first explore the meanings, origins and theoretical priorities of TCs.

### **Origins of the TC**

Generally speaking, each TC forms a miniature society in which staff and clients are expected to fulfil distinctive roles that are designed to support the transitional process individuals embark upon during their residency (Gosling 2015). Although day-to-day activities vary depending on the population served and the setting of the program, all TCs use a holistic approach based on principles of self-help and mutual aid.

The origins of the TC can be traced to two independent movements: the 'democratic' and the 'concept-based'. The democratic TC was developed at the Henderson Hospital, England during the 1960s, and specialised in supporting individuals with moderate to severe personality disorders, as well as those with complex emotional and interpersonal issues. Generally speaking, the democratic TC provides a psychosocial approach, which is intended to help troubled individuals understand and, as far as possible, lessen or overcome their psychological, social and/or emotional issues and difficulties (Stevens 2013).

The concept-based TC is derived from Synanon, San Francisco, which comprised a self-help community for substance users, established by Charles Dederich in 1958. The concept-based TC is a psychosocial intervention which uses self-help and behaviour modification techniques to help individuals address underlying issues and difficulties that surround their substance use (Perfas 2004). Given our focus on substance use, we explore only the priorities and values found in the concept-based TC.

At first glance, the TCs historical origins do not look overly promising. Charles Dederich practiced a highly confrontational brand of therapy built on an autocratic, family surrogate model that required a high level of self-disclosure (Perfas 2004). An individual's needs were met through total participation in Synanon, and individual roles and responsibilities evolved to serve the maintenance of the Synanon community. Clients were required to conform to rules, norms and expectations that detailed how to behave, and to uphold pre-determined values that applied to everyday life, from getting up in the morning to relaxing in the evening (Kennard 1998).

A wide range of methods, such as reward and sanction systems, peer pressure and encounter groups were employed to introduce conformity and commitment to the rules and regulations. Rather problematically, in the late 1970s, completion from Synanon was abolished as Dederich redefined addiction as a terminal disease that could only be arrested by sustained participation in the community (White 1998). This shift marked the beginning of the end of Synanon, as its earlier ethos gave way to the development of a community that introduced a greater degree of coercion and a series of loyalty tests which drove out all but the most committed residents (White 1998). The authoritarian communitarian nature of Synanon and other early TCs has quite rightly evoked much criticism (Gosling 2015; Kooyman 1986, 1993; Sugarman 1986; Waldorf 1971; White 1998). It is the alternative models which subsequently evolved in the TC movement that offer a firmer ground for inclusion within an abolitionist real utopia manifesto.

In 1968, Dr Ian Christie converted a ward of St James Hospital in Portsmouth into Europe's first hospital-based TC for substance use. At around the same time, Professor Griffith Edwards of the Maudsley Hospital Addiction Unit established the Featherstone Lodge TC in South London and Dr Bertram Mandelbrote created a TC in the Littlemore Hospital in Oxford. Hospital-based TCs were a result of a group of British psychiatrists who had been inspired by visits to Daytop Village and the Synanon influenced Phoenix House, both in New York. Although essentially inspired by the American movement, European TCs went on to develop their own identity due to strong opposition to the harsh confrontation of residents and demoralising learning techniques that had taken place in Synanon. This dissatisfaction led to the development of a European TC that provided a more balanced and supportive dialogue between clients and staff (Broekaert, Vandeveld, Schuyten et al. 2004; Broekaert, Vandeveld, Soyez et al. 2006; Goethals et al. 2011; Vanderplasschen, Vandeveld and Broekaert 2014), and thus was more in line with the normative framework of an abolitionist real utopia.

The residential TC identifies itself as an abstinence-based program, providing a stark contrast to programs available during the 1970s that sought to limit the harm that emerged from substance use. During this time, heroin use, which was associated with American jazz music and Hollywood films, was at the centre of British public and political concern. It is perhaps unsurprising then that an American program, such as the TC, was integrated into the British alcohol and drug treatment system with relative ease, accounting for approximately half the 250 residential beds in Britain by the end of the 1970s (Yates 1981, 2002, 2003).

When the concept-based TC first emerged, the notion that a group of substance users could manage and control their own recovery was greeted with scepticism by mainstream alcohol and drug services (Broekaert et al. 2006; Yates 2003, 2012). Despite initial and continuing scepticism from Europe's mainstream alcohol and drug treatment culture, the TC survived the test of time. The program is a well-established self-help modality in countries such as Italy, Greece, Spain, Portugal, Lithuania, Hungary and Poland, with more than 1,200 TCs across Europe alone (Vanderplasschen, Vandeveld and Broekaert 2014).

Despite divergent origins, philosophies, clientele and settings, the democratic TC and concept-based TC are considered to be vanguards of new and alternative therapies for individuals who have mental health or substance use issues (Rawlings and Yates 2001). Since the inception of the TC there has been considerable debate about whether concept-based TCs are similar to or significantly different from their democratic cousin (Glaser 1983; Sugarman 1984; Lipton 1998, 2010; Stevens 2013). There is, however, a general agreement that TCs:

... share an encouragement of residents' active involvement in, and responsibility for, the day-to-day running of the TC; a respect for the social learning and behavioural reinforcement that occurs naturally in the course of communal living. (Stevens 2013: 14)

We now turn to a discussion of the TCs' theoretical and methodological priorities and their relationship to the normative framework of an abolitionist real utopia.

### **The theoretical priorities of the TC**

For George DeLeon (2000), the first research director at Phoenix House New York and foremost evaluator of the TC for substance use, the theoretical priorities of the day-to-day workings of a TC can be separated into three distinct parts.

#### *1. View of the disorder*

For DeLeon (2000), substance use is a disorder of the whole person affecting some, if not all, areas of functioning. Although substance users cite a variety of reasons and circumstances as to



why they use substances, TCs emphasise that individuals must recognise how they have contributed to the problems that they are experiencing and develop coping strategies to manage potential future problems.

## 2. *View of the person*

According to DeLeon (2000), substance users characteristically display a variety of cognitive deficits such as poor awareness, difficulty in decision-making and a lack of problem-solving skills. In addition to these cognitive characteristics, substance users commonly display difficulties in how they see themselves in relation to their personal self-worth and as members of society with self-regulation, as well as how they communicate and manage feelings. Although the origins of an individual's experienced and displayed trust issues are multifaceted, they typically reflect social and psychological influences such as histories of unsafe and abusive families, poor parental models of trust and negative socialisation. The problem is not only in an individual's inability to trust others but also the inability to trust themselves and their own feelings, thoughts and decisions (DeLeon 2000).

## 3. *View of recovery and right living*

Despite the various social and psychological backgrounds that substance users have, the fundamental goal of recovery in a TC remains the same: to learn or re-learn how to live without substances. According to the TC perspective, recovery is a gradual process of multidimensional learning involving behavioural, cognitive and emotional change (DeLeon 2000). Behavioural change refers to the elimination of asocial and antisocial behaviour and the acquiring of positive social and interpersonal skills. Cognitive change refers to gaining new ways of thinking, decision-making and problem-solving skills; and emotional change refers to the development of skills necessary for managing and communicating feelings. Right living means abiding by community rules, remaining substance free, participating in daily groups, meetings, work and therapeutic interventions. According to the TC perspective, the daily practice of 'right living' not only provides a positive prototype that can be referred to after separation from the TC but, given time, will evolve into a change in lifestyle and identity (DeLeon 2000).

The term 'community as method' refers to the self-help approach used within a TC where it is the community itself that brings about change (DeLeon 2000: 92). Community as method means encouraging residents to use their time constructively by teaching them how to learn about themselves and bring about personal change. These strategies and interventions place demands on the individual by expecting them to participate, behave appropriately and respect the rules of the program. Being a member of a TC means that every individual is expected to monitor, observe and provide feedback on each other's behaviour, attitude and personal change. Residents are part of the program 24 hours per day, 7 days a week, and are observed in everything that they do: work, leisure, peer interactions, group participation, and so on. It is through these observations that a picture emerges of residents' behaviours and attitudes, which need to be challenged and developed. The fundamental assumption that underlies the community as method approach is that residents obtain maximum therapeutic and educational impact when they meet community expectations and use the peer community to change themselves (DeLeon 2000).

## **TCs as a radical alternative to prison**

We have explored the historical foundations and theoretical assumptions underscoring the TC. What is now required is some consideration of the evidence that TCs can be a plausible (effective) historically immanent alternative to custody. The first thing to note is the relative scarcity of research exploring the possibility of TCs as an alternative to prison for people with substance use issues. Below is a brief overview of the literature over the last few decades. We consider these through the lens of findings which examined either TCs *before* prison, *instead of* prison or *better than* prison.

Exploring the importance of interventions *before* prison, a longitudinal study by Bale et al. (1980) compared the effectiveness of three residential TCs and an outpatient methadone maintenance program for 585 male veterans addicted to heroin. The study's conclusions confirmed that therapeutic interventions could be considerably more progressive and appropriate than a prison sentence. In short, Bale et al. (1980) discovered that, when compared to those who received either no treatment or only limited forms of detoxification, those who had been in a TC or methadone treatment for over seven weeks were not only less likely to be convicted of a serious crime, use heroin or subsequently receive a prison sentence, but were also more likely to be in education or employment. A few years later, Wilson and Mandelbrote (1985) conducted a ten-year follow up study on Ley Community in Oxford (UK). Rather than using control groups, the authors compared the demography, criminal careers and substance usage of admissions from 1971 and 1973 with an analysis of the length of time people resided in the TC. On this basis, they found that program involvement was the most significant factor in recidivism rates, arguing that residents who stayed for over six months had a reconviction rate of 15 per cent, whereas for those who stayed for under a month, the figure rose to 85 per cent. The most obvious and recurring problem with outcome measures such as (re)conviction and program completion is the fact that such measures cannot provide definitive answers as to whether an individual has reverted back to substance use and/or participated in criminal activity.

In a similar vein, Nemes, Wish and Messina (1999) have examined the efficacy of providing Enhanced Abbreviated or Standard Inpatient and Outpatient treatment for substance users. The experiment randomly assigned 412 clients to two TCs, which differed primarily in planned duration. Findings suggest that a twelve-month course of treatment, including at least six months in a TC followed by outpatient treatment, can produce marked reductions in substance use and 'crime' among persons who complete both phases. An additional study by Messina et al. (2000) compared factors that predicted outcomes in men and women randomly assigned to two TCs differing primarily in length of inpatient and outpatient treatment. The results here showed that the predictors of outcome for men and women were the same. Results further suggested that longer residential programs had a particularly beneficial impact on women. Furthermore, Farrall (2000) found that women participants of the CREST program (n = 41) were statistically less likely to relapse on alcohol than the women in a work release program or 'control group' (n = 37).<sup>1</sup> Of the women participating in the CREST program, only 39 per cent relapsed. Taking specific drugs into account, women in CREST were significantly less likely to relapse on alcohol. Women in CREST were also more successful at forging some sort of social support system in the community.

Literature exploring the option of the TC *instead of* a prison sentence is very limited indeed, but one such study was conducted by Lamb and Goertzel (1974) who undertook a detailed review of Ellsworth House rehabilitation program in the US in the 1970s. Residents of Ellsworth House gained employment in the community whilst at the same time participating in a therapeutic program. For the study, offenders already sentenced to a prison term of four months or more were randomly assigned either to Ellsworth House or to a comparison group which remained in prison. Although the conclusions reached by Lamb and Goertzel (1974) were not decisively in favour of the TC over the prison (as recidivism rates were comparable for the two cohorts), the authors did find that the Ellsworth House group had a higher rate of employment upon release.

There is a little more literature examining whether referral to a TC is an option which produces an end result *better than* that from a prison sentence. For example, Dynia and Sung (2000) provided a detailed review of the Drug Treatment Alternative to Prison (DTAP) program in New York's Brooklyn in the 1990s. The DTAP runs from 15-24 months and follows a traditional TC structure. The DTAP includes individual, group, and family counselling sessions, vocational and educational courses and relapse prevention. Residents are helped to find a job and accommodation before they leave. The aim of this TC is to divert non-violent drug users over the

age of 18 years away from prison and into residential services. The DTAP works on a 'sentence deferral system' in that, rather than being used as a replacement for a prison sentence, the accused must plead guilty before a referral is given. The permanent recording of a guilty plea is conditional upon the offender completing the DTAP program, for only then can it be withdrawn and the case dismissed. Belenko and colleagues (2004) also conducted longitudinal research on the DTAP in New York, finding that, in comparison to the control group of prisoners, DATP residents were 56 per cent less likely to be re-arrested; 60 per cent less likely to be reconvicted; and 65 per cent less likely to receive a new prison sentence.

Additional research by Zarkin and colleagues (2005) focused on the financial benefits of the DTAP in comparison to a prison sentence. The authors argued that, while the DTAP costs on average \$40,718<sup>2</sup> per resident and \$50,886 per resident for those who complete it, the financial outlays of the DTAP were considerably lower than the average \$124,995 incurred in criminal justice costs. Zarkin et al. (2005) argue that over a six-year period, \$7.13 million would have been saved if everyone in their comparison group had joined the DATP. It is also worthwhile mentioning here the study conducted by French et al. (2002) who compared the economic benefits and costs of modified TC for homeless and 'mentally ill chemical abusers' (MICAs) relative to a comparison group. Data from the period 12 months pre-admission to the modified TC were compared to data from 12 months post-admission across three outcome categories: employment, criminal activity and utilisation of health care services. The economic costs of the average modified TC episode was \$20,361. The economic benefit generated by the average modified TC client was \$305,273 (French et al. 2002).

Despite the limited set of data available, there appears to be some evidence that TCs are cheaper, more humane and more effective in addressing substance use than prison. Whilst we acknowledge that such findings are provisional, they are promising and raise the question as to what findings might emerge if more substance users in England and elsewhere went to a TC rather than a prison. Yet we must caution against an overly optimistic appraisal. The vast majority of the problems facing substance using lawbreakers are not due to personal inadequacies or failures of individual responsibility, but rather are structurally generated through the social and economic inequalities of neo-liberal capitalist societies. The divisions that really matter exist around housing, health, transport, work, income and wealth. We must not be seduced into a medicalised illusion about the causes of distress, suffering and discontent which then obfuscates the broader structural contexts generating social harms (Illich 1977; Rapley et al. 2011; Scott and Codd 2010). Accordingly, the effectiveness of any therapeutic interventions, including the TC evaluation studies we have discussed above, must be contextualised within the hurt, trauma and injury generated by social inequalities and poverty; the notoriously weak and methodologically inconsistent scientific analysis of the treatment efficacy of therapy; and the fact there is much evidence which indicates that those who need help the most appear to benefit from therapy the least (Moloney 2013). As Paul Moloney (2013) pessimistically sums up:

There is no consistent, good quality evidence that any type of therapy can outperform a well-designed placebo, that any approach is reliably superior to another, or that any given set of curative ingredients outdo their competitors. Only one observation is upheld: that confident and emotionally warm professionals are more appreciated by their clients, and get better results, a statement that applies equally to politicians, salespeople and prostitutes (Moloney 2013: 93).<sup>3</sup>

### **Can TCs be an abolitionist real utopia?**

The commentary above has raised a number of questions which require further attention and deliberation. Of particular pertinence here is whether TCs can be promoted as part of a wider



manifesto of an abolitionist real utopia? In other words, does the TC provide a historically immanent alternative that can move beyond the existing punitive-rationale and help to challenge social inequalities? Do they provide a genuinely different way of working alongside individuals who end up in the criminal process as a result of substance use? Are they a *better* place in comparison to prison and can they protect human dignity and minimise human suffering? Can they respect and define clients as human beings who need to be consulted and whose voice is heard rather than merely entities that need to be managed and risk assessed? And do they facilitate or inhibit the requirements of social justice? Let us now reflect upon these questions in more depth.

1. *TCs as a historically immanent challenge to the punitive rationale*

TCs are predicated upon helping the individual rather than punishing them. It should be remembered that TCs developed during the 1960s when communal living and notions of peace making were advocated on a social level and, in some ways, the TC is part of the legacy of the radical, emancipatory and utopian social movements of this time. In this sense, the TC has a similar historical counter-cultural foundation to that of penal abolitionism (and consequently the abolitionist real utopia). Importantly, the TC is an intervention which is deeply rooted in our historical conjuncture, and thus can provide a plausible and immanent alternative to imprisonment. Although there is some evidence (see below) that the TC can still be deployed in an oppressive and authoritarian manner, a genuine TC is rooted in compassion, mutual aid and the ethic of care. The TC draws upon a therapeutic rather than punitive-rationale and, whatever the limitations of therapy (Moloney 2013), at its best, this justification endeavours to alleviate, rather than inflict, pain. Undoubtedly, a genuine TC provides a progressive and contradictory space that undermines the logic of penalisation because its overriding philosophy is fundamentally grounded in humanitarian values such as empathy, respect for oneself and respect for others. Ultimately, the TC advocates individual and social forms of inclusion.

Government agendas focusing upon 'community values' and 'reintegration' ignore the harmful consequences of imprisonment post-release, notably the legacies of civil and social death and the further embedding of social inequalities. Evidence indicates that TCs can help reduce harms and may be more 'efficient, effective and economic' than penal custody. Therapeutic interventions can perhaps tap into official discourses around evidence-led policy and thus be attractive to Governments wishing to really break the links between substance use, criminalisation and penalisation. TCs could also fit into a localised agenda and potentially even have some resonance with populist governmental slogans such as the 'big society', albeit offering a very different form of intervention than that envisaged by Conservative Party politicians in England and Wales. There is also the argument which governments may find attractive regarding the TC as an intervention prior to incarceration. Imprisonment creates its own individual and social harms and can lead to prisonisation and de-habilitation. For those who genuinely wish to see a rehabilitation revolution, the TC is both revolutionary and grounded in rehabilitative and restorative principles. This all means that a case can be made for TCs to be considered a plausible and politically defensible option in a time of penal excess.

2. *TCs can be a genuinely alternative way to work alongside substance users*

TCs have an alternative conception of individuals deemed to be problematic which is considerably more positive than current dominant beliefs about substance users. TCs work with the person, not the socially constructed problems that surround them such as criminal and deviant labels. TCs do not rely on, nor support, the use of diagnostic categories or proposals which suggest that substance users have a disease or some kind of faulty thinking that requires adaptation and modification. In theory, the ethos which underpins all day-to-day activities that take place in a TC is based upon recognising a person as an individual, not a problem, number or risk. In practice, however, we have found that this is somewhat diluted as there is a reoccurring tension among staff and residents when it comes to the admission of individuals with a history

of imprisonment. This illustrates the need to divert substance users away from the criminal process.

There then remains the very real possibility that a TC can operate as a similar way to that of the prison, or perhaps even worse. There is no guarantee that an intervention which calls itself a TC will automatically be *better than* prison (Scott and Gosling 2015). In one large Italian TC we observed in November 2014 the daily regime was rooted in exploitive labour practices where members were compelled to reside for four years. This 'TC' appeared to hide behind the claim that work is therapeutic and educational. From day one, residents were allocated to workshops producing goods for local, national and multinational capitalist corporations without recompense. This seems tantamount to a form of servitude. Community membership ranged from 14-25 year olds and, whilst selection criteria may have been based on the likelihood of desistance and malleability for change, at this age, members are likely to be more flexible in developing skills to ensure that they are economically productive. The division of labour in these workshops was also profoundly masculinist with the role of men and women reflecting a gendered hierarchy of male and female work, ensuring the separation of men and women working in the community. An authoritarian communitarian ethos pertained: there existed a rigid and dominating structure that was grounded in extensive supervision. Residents were supervised for their first year by a long-serving peer, which even included being observed and escorted to the bathroom (Scott and Gosling 2015). Care must be taken therefore to ensure that any proposed alternative intervention does not become a form of 'punishment in disguise' (Hannah-Moffatt 2001) or a 'prison without walls' (Cohen 1980). We are calling for genuine alternatives and any proposed TC must not resemble 'semi-penal institutions' (Barton 2005).

### 3. *TCs facilitate meaningful participation and acknowledge residents voices*

Genuine TCs reject autonomy-sapping and power abusing characteristics of total institutions in favour of supportive relationships between the service provider and client, described as evocative rather than didactic, as individuals can begin to understand themselves and their relationship with society through an ongoing interaction with their peer community, rather than some form of expert truth or knowledge about the situation that they may have found themselves in.

As we have identified, there can be tension regarding the 'TC sentence' and the importance of voluntary engagement. This could perhaps in some cases be overcome, but the need for individuals to in some way choose the TC as an alternative sentence seems crucial. Inevitably, this concern places an increased burden on ensuring that democratic participation is at the heart of TC practices. Fitting together the TC within the sentencing and criminal process can also result in problems of organisations, with tensions around different working credos, orientations and assumptions (that is, treatment, punishment or welfare logics).

There remains, of course, the question of what should happen if an individual chooses not to enter a TC and what would be the most appropriate responses under such conditions? We know that coercive therapeutic interventions are considerably less successful than their voluntary counterparts (Scott and Codd 2010) and therefore the issue of voluntary participation remains paramount. We suggest that alongside the TC there must also be spaces available, perhaps places which in the past have been called sanctuaries, where an individual could reflect upon the possible options available to them. Thus alongside opportunities for substance users to carefully consider the right path at this moment in life, we reiterate the point that the TC is only one of a raft of non-penal radical alternatives promoted in an abolitionist real utopia. If an individual was to refuse to voluntarily participate, then perhaps other non-penal interventions would be more appropriate in its place (for examples, see Scott 2013).

4. *TCs can protect human dignity and minimise human suffering*

TCs are based on promoting human dignity, respect for all members of society and human liberation, rather than moral condemnation. In other words, they operate alongside individuals enabling them to work through their problems and to challenge boundaries rather than constructing a neo-liberal 'responsibilised subject'. Instead of 'governing from a distance', TCs provoke questions of the self but, in so doing, also provide an 'invitation to change' (Gosling 2015) which involves a safe and supportive environment in which longitudinal support, friendship and recognition of one and others' struggles and needs are embraced in the journey away from substance use and related harms.

To avoid an unintentional or hidden escalation of pain, the TC envisaged as an abolitionist real utopia must have sufficient transparency and procedural rights and must be rooted in the principles of fairness, equality and legal accountability. TCs can minimise harm on an individual and local community level which is something of great significance, but we must recognise that they are unable to combat effectively the hurt, injury and suffering generated by structural inequalities and social injustices.

5. *TCs do not inhibit strategies of social justice*

The vast majority of people who are imprisoned in England and Wales are from socially marginalised and excluded backgrounds (Scott 2008). In the focus groups we undertook with TC practitioners and clients, there was general consensus that TCs can be used in place of a prison sentence for substance users who have committed a non-violent offence.<sup>4</sup> The emphasis here on 'non-violent' offenders is strategic. Focusing on such substance users in the TCs may be a good way to introduce the TC to a sceptical audience, but in the long term we would advocate the importance of challenging violence in all of its manifestations, including interpersonal violence. We do not have space to explore the issue of violence and related issues like 'community safety' in depth, but we recognise that not only may the TC be a non-violent means of responding to interpersonal violence, but that we must also promote policies which look to challenge other forms of violence, most notably 'institutional violence' and 'structural violence' (Scott 2015). Here we understand violence in its broadest sense as harmful outcomes damaging human potential through the organisational structures of an institution such as a prison and the structured inequalities of advanced capitalist societies. We have argued throughout this paper that the TC cannot adequately address such harms and injuries, nor can it sufficiently provide 'community safety'. Community safety and reductions in violence can only be achieved by challenging hierarchies of domination and inequitable structures of power and promoting policies grounded in social justice.

We have noted elsewhere that in the focus groups we found there was often caution surrounding 'how many prisoners' a program could accept before 'they had an impact' on day-to-day therapeutic interventions (Scott and Gosling 2015). Although this provides a stark contrast to the TC ethos we briefly touched upon earlier, it offers a perfect illustration as to how a substance user's involvement with the criminal process simply adds further pressures and strains when it comes to accessing help and support. With this in mind, we suggest that using TCs alongside the criminal process is ineffective as the context of the intervention compounds inequalities that lead people to prison in the first instance: dehumanising rather than humanising people.

More broadly, we need to locate the focus on the TC as a solution within consideration of broader socio-economic and political contexts, shaping both the application of the criminal label and the focus of the criminal process on impoverished and marginalised communities, which may reinforce individual pathological explanations of 'crime'. An over emphasis on TCs as a solution may mystify the structural contexts and so must not be separated from a wider

commitment to promote other radical alternatives and a wider emancipatory changes in how we deal with wrongdoers and social injustice.

## Conclusions

Voluntary engagement in a Therapeutic Communities program remains vital and the need for individuals to in some way choose the TC as an alternative sentence seems crucial. Inevitably, this concern places an increased burden on ensuring that democratic participation is at the heart of TC practices. Fitting together the TC within the sentencing and criminal process can also result in problems of organisations, with tensions around different working credos, orientations and assumptions that may prove difficult to overcome. We also remain concerned that, through individualising problems, attention may be distracted from how the individual troubles and social problems are generated in the first instance. An over-emphasis on TCs as a solution may obscure the material constraints shaping individual choices. We must never lose our focus on challenging economic and social inequalities. As Moloney (2013) argues, if problems:

... are caused by material things happening to material bodies: on one side, traumatic abuse and persecution; and on the other, soul-deadening labour, squalid impoverishment, the boredom of joblessness, the moralising sermons of the privileged ... then it seems sensible ... to change the world [through] a concerted effort to take the plight of the poor and marginalised seriously, to redistribute wealth [and] to give them more say over their own future ... (Moloney 2013: 208)

Yet despite the fear that the TC may only be able to provide a 'plaster for a broken leg', this intervention remains a politically plausible and radical alternative to the prison sentence, albeit one that cannot hope to fully address all of the problems which its clients face in a structurally unequal society.

A TC is something that exists right now and could be implemented immediately *instead* of a prison sentence. The TC is an alternative that should not be automatically ruled out of the debate: it is a radical alternative for substance-use lawbreakers that can compete with the punitive logics of our time. Its logic of support is the antithesis of the punitive trajectory and as long as it is deployed *beyond* the criminal process, should also be able to avoid co-option, although this is something that must be closely monitored, as we highlighted earlier.

There are a number of existing examples from across Europe where TCs are currently being utilised as alternatives to prison, albeit this option is still, in the main, relatively under-used. There is (some) evidence that TCs are more likely to be effective interventions in terms of recidivism for substance-use law breakers but, importantly, the principles and practices of genuine TCs also allow us to focus upon human need and human growth as a rationale for their promotion. The evidence suggests the TC is *better* than the prison and though this may not be the best of all possible solutions – for, as David Small (2011) has argued, we undoubtedly require a political approach challenging existing material power relations rather than therapy – the TC may yet offer a non-penal real utopian alternative to the current incarceration binge (Scott 2013; Scott and Gosling 2015). The TC, when promoted as part of wider strategy to tackle social inequalities and social injustice, may be an intervention that can help ameliorate, rather than exacerbate, some of the worst harms, pains and injuries generated in advanced capitalist societies. On these grounds, TCs can be promoted *before* and *instead of* a prison sentence, and certainly defended as *better than* prison.

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<sup>1</sup> Although little insight is provided into the characteristics of the control group, it is important to recognise that the heterogeneity of the population served by a TC, besides program adaptation and modification, means that establishing a true randomised control group is a complex if not impossible task.

<sup>2</sup> All monetary amounts are in US dollars.

<sup>3</sup> We reiterate the point made above regarding the limitations of evaluations on therapeutic interventions. Critics have identified that evaluative studies of treatment efficacy, such as those regarding people who have sexually offended, have tied themselves in knots by trying to deploy positivistic methodologies (for a critical review of literature on the effectiveness of treatment programs for prisoners from a number of different social backgrounds see Scott and Codd, 2010). Yet we would not wish to be overly pessimistic. We draw attention to voluntary programs in the community that have been adopted throughout Europe for people who sexually offend, such as the interventions by the late Ray Wyre at the Gracewell Clinic in Birmingham in the 1980s; the work of the Lucy Faithful Foundation in UK; and the Prevention Project Dunkelfeld (PPD) in Germany.

<sup>4</sup> Focus group interviews took place between August and November 2014 and were carried out in five residential TCs for substance use in England, France, Denmark, Italy and Australia. Further focus group interviews are planned for 2015 across a number of countries in Europe. The number of participants to date is 60.

## References

- Bale R, Van Stone W, Kuldau J, Engelsing T, Elashoff R and Zarccone V (1980) Therapeutic communities versus methadone maintenance. A prospective controlled study of narcotic addiction treatment: Design and one-year follow-up. *Archives of General Psychiatry* 37(2): 179-193. DOI: 10.1001/archpsyc.1980.01780150069008.
- Barton A (2005) *Fragile Moralities, Dangerous Sexualities*. Aldershot, UK: Ashgate.
- Belenko S, Foltz C, Lang M and Hung-En S (2004) Recidivism among high-risk drug felons: A longitudinal analysis following residential treatment. *Journal of Offender Rehabilitation* 40(1-2): 105-321. DOI: 10.1300/J076v40n01\_06.
- Broekaert E, Vandavelde S, Schuyten, G, Erauw K and Bracke R (2004) Evolution of encounter group methods for substance abusers. *Addictive Behaviours* 29(2): 231-244. DOI: 10.1016/S0306-4603(03)00092-3.
- Broekaert E, Vandavelde S, Soyez V, Yates R and Slater A (2006) The third generation of therapeutic communities: The early development of the TC for addictions in Europe. *European Addiction Research* 12(1): 1-11. DOI: 10.1159/000088577.
- Cohen S (1980) Preface. In Dronfield L (ed.) *Outside Chance*: 2-6. London: Null.
- DeLeon G (2000) *The Therapeutic Community. Theory, Model and Method*. New York: Springer.
- Dynia P and Sung H (2000) The safety and effectiveness of diverting felony drug offenders to residential treatment as measured by recidivism. *Criminal Justice Policy Review* 11(4): 299-311.
- French MT, McCollister KE, Sacks S, McKendrick K, DeLeon G (2002) Benefit-cost analysis of a modified therapeutic community for mentally ill chemical abusers. *Evaluation and Programme Planning* 21(2): 137-198. DOI: 10.1016/S0149-7189(02)00006-X.
- Glaser A (1983) Therapeutic communities and therapeutic communities: A personal perspective. *International Journal of Therapeutic Communities* 4(2): 150-162.



- Goethals I, Soyez V, Melnick G, DeLeon G and Broekaert E (2011) Essential elements of treatment: A comparative study between European and American therapeutic communities for addiction. *Substance Use and Misuse* 46(8): 1023-1031. DOI: 10.3109/10826084.2010.544358.
- Gosling H (2015) An invitation to change? An ethnographic study of a therapeutic community for substance use. PhD Thesis. Liverpool, UK: Liverpool John Moores University.
- Hannah-Moffatt K (2001) *Punishment in Disguise*. Toronto, Canada: University of Toronto Press.
- Farrall A (2000) Testing the effect of therapeutic communities. *Women and Criminal Justice* 11(1): 21-48. DOI: 10.1300/J012v11n01\_02.
- Illich I (1977) *Limits to Medicine: Medical Nemesis – The Expropriation of Health*. Harmondsworth: Penguin Books Ltd.
- Kennard D (1998) *An Introduction to Therapeutic Communities*. London: Jessica Kingsley Publishers.
- Kooyman M (1986) The psychodynamics of therapeutic communities for treatment of heroin addicts. In DeLeon G and Ziegenfuss J (eds) *Therapeutic Communities for Addictions: Readings in Theory, Research and Practice*: 29-41. Springfield, Illinois: Charles C Thomas.
- Kooyman M (1993) *Therapeutic Communities for Addicts: Intimacy, Parent Involvement and Treatment Outcome*. The Netherlands: Swets and Zeitlinger.
- Lamb HR and Goertzel V (1974) Ellsworth House: A community alternative to jail. *American Journal of Psychiatry* 131(1): 64-68. DOI: 10.1176/ajp.131.1.64.
- Lipton D (1998) Therapeutic community treatment programming in correction. *Psychology, Crime and Law* 4(3): 213-263. DOI: 10.1080/10683169808520010.
- Lipton D (2010) A therapeutic distinction with a difference: Comparing American concept-based therapeutic communities and British democratic therapeutic community treatment for prison inmates. In Sullivan E and Shuker R (eds) *Grendon and the Emergence of Forensic Therapeutic Communities: Development in Research and Practice*: 61-77. Chichester: Wiley-Blackwell.
- Mathiesen T (1974) *The Politics of Abolition*. Oxford: Martin Robertson.
- Messina N, Buldon W, Hagopian G and Prendergast M (2000) Predictors of prison-based treatment outcomes: A comparison of men and women participants. *American Journal of Drug and Alcohol Abuse* 32(1): 7-22. DOI: 10.1080/00952990500328463.
- Moloney P (2013) *The Therapy Industry*. London: Pluto Press.
- Nemes S, Wish E and Messina N (1999) Comparing the impact of standard and abbreviated treatment in a therapeutic community: Findings from the District of Columbia Treatment Initiative (DCI) experiment. *Journal of Substance Abuse Treatment* 17(4): 339-347. DOI: 10.1016/S0740-5472(99)00009-4.
- Perfas F (2004) *Therapeutic Community: Social Systems Perspective*. Lincoln: iUniverse Inc.
- Rapley M, Moncrieff J and Dillon J (2011) Carving nature at its joints. In Rapley M, Moncrieff J and Dillon J (eds) *De-Medicalising Misery*: 1-9. London: Palgrave.
- Rawlings B and Yates R (2001) *Therapeutic Communities for the Treatment of Drug Users*. London: Jessica Kingsley.
- Scott D (2008) *Penology*. London: Sage.
- Scott D (2013) Visualising an abolitionist real utopia: Principles, policy and practice. In Malloch M and Munro B (eds) *Crime, Critique and Utopia*: 90-113. London: Palgrave.
- Scott D (2015) Eating your insides out: Interpersonal, cultural and institutionally-structured violence in the prison place. *Prison Service Journal* 221: 58-62.
- Scott D and Codd H (2010) *Controversial Issues in Prison*. Buckingham: Open University Press.

- Scott D and Gosling H (2015) Counterblast: Thinking beyond the punitive rationale: Promoting therapeutic communities as a radical alternative to prison? *The Howard Journal of Criminal Justice* 34(4): 1-6. DOI: 10.1111/hojo.12140.
- Small D (2011) Psychotherapy: Illusion with no future. In Rapley M, Moncrieff J and Dillon J (eds) *De-Medicalising Misery*: 226-238. London: Palgrave.
- Stevens A (2013) *Offender Rehabilitation and Therapeutic Communities: Enabling Change The TC Way*. Abingdon, UK and New York, USA: Routledge.
- Sugarman B (1984) Towards a new, common model of the therapeutic community: Structural components, learning processes and outcomes. *International Journal of Therapeutic Communities* 5(2): 77-98.
- Sugarman B (1986) Structure, variations and context. A sociological view of the therapeutic community. In DeLeon G and Ziegenfuss J (eds) (1986) *Therapeutic Communities for Addictions: Readings in Theory, Research and Practice*: 65-82. Springfield, Illinois: Charles C Thomas.
- Vanderplasschen W, Vandeveldel S and Broekaert E (2014) *Therapeutic Communities for Treating Addictions in Europe: Evidence, Current Practices and Future Challenges*. Lisbon, Portugal: European Monitoring Centre for Drugs and Drug Addictions. Available at [http://www.emcdda.europa.eu/attachements.cfm/att\\_226003\\_EN\\_TDXD14015ENN\\_final.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_226003_EN_TDXD14015ENN_final.pdf) (accessed 10 October 2014).
- Waldorf D (1971) Social control in therapeutic communities for the treatment of drug addicts. *The International Journal of the Addictions* 6(1): 29-43. DOI: 10.3109/10826087109062252.
- White W (1998) *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*. Bloomington, Illinois: Lighthouse Institute.
- Wilson S and Mandelbrote B (1985) Reconviction rates of drug dependent patients treated in a residential therapeutic community: 10 year follow-up. *British Medical Journal* 291: 105.
- Yates R (1981) *Out from the Shadow*. London: National Association of Charitable Recycling Organisations Inc.
- Yates R (2002) *A Brief History of British Drug Policy: 1950–2001*. Scottish Drugs Training Project. Stirling, UK: University of Stirling. Available at <https://dspace.stir.ac.uk/bitstream/1893/1135/1/1950-2001.pdf> (accessed 22 January 2014).
- Yates R (2003) A brief moment of glory: The impact of the therapeutic community movement on the drug treatment systems in the UK. *International Journal of Social Welfare* 12(3): 239-243. DOI: 10.1111/1468-2397.00499.
- Yates R (2012) In it for the long haul: Recovery capital, addiction theory and the inter-generational transmission of addictive behaviour. In Adan A and Vilanou C (eds) *Substance Abuse Treatment: Generalities and Specificities*: 35-51. Barcelona: Marge-Medica Books.
- Zarkin G, Dunlap L, Belenko S and Dynia P (2005) A benefit-cost analysis of the Kings County District Attorney's Office Drug Treatment Alternative to Prison (DTAP) program. *Justice, Research and Policy* 7(1): 1-24. DOI: 10.3818/JRP.7.1.2005.1.