



Behind Bars: Substance Abuse and America's Prison Population

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GLOSSARY

alcohol-involved offender: inmate who was under the influence of alcohol at the time of the offense or was incarcerated only for drunk driving and no other offense, and who never used drugs regularly.

drug experimenter: inmate who used drugs, but never regularly and who was neither a drug law violator nor an alcohol-involved offender.

drug law violation/violator, offense/offender: sale, traffic, distribution, manufacture or possession of illegal drugs. A drug law violator/offender is an arrestee/inmate whose main charge is a drug law violation.

drug sale/dealing: sale, traffic, distribution and/or manufacture of illegal drugs.

DUI: driving while under the influence of an intoxicant.

felony: a crime for which the maximum penalty is a year or more in a prison.

IDU: injection drug use or injection drug user.

misdemeanor: a crime for which the maximum allowable penalty is less than one year in a local jail.

non-drug user: inmate who reports never using any illegal drugs and was neither a drug law violator nor an alcohol-involved offender.

non-using drug law violator: inmate who is convicted of a drug law violation but who has never used drugs regularly and was not under the influence of drugs at the time of the crime.

nonviolent substance abuser: inmate who was not convicted of a violent crime and who regularly used drugs and/or alcohol.

parole: supervision required when a prison inmate is released to the community before serving the full sentence.

probation: sentence imposed by a court that involves supervision in the community by a probation department.

property offense/offender: burglary, larceny/theft, forgery, motor vehicle theft, fraud, selling stolen property or arson. A property offender is an arrestee/inmate whose main charge is for a property offense.

public-order offense/offender: varies by system. State: driving while intoxicated, weapons violations, escape, court offenses, obstruction of justice, commercialized vice, prostitution, morals and decency charges, liquor-law violations. Federal: immigration, weapons, escape, regulatory. Jail: driving while under the influence, public intoxication, disorderly conduct. A public-order offender is an arrestee/inmate whose main charge is for a public-order offense.

recidivism: rearrest, reconviction or reincarceration for a new offense or for a violation of parole or probation.

regular drug use/user: self-reported use of any illegal drug (including marijuana) at least once a week for at least a month. A regular drug users is an arrestee/inmate who reports ever using any illegal drug (including marijuana) at least once a week for at least a month. The majority of regular drug using inmates report using drugs in the month prior to their offense.

substance offense/offender: a drug or alcohol law violation (drug selling, drug possession, DUI or other alcohol offense). A substance offender is an arrestee/inmate whose main charge is for a substance offense.

substance-involved offender: inmate with one or more of the following characteristics: ever used illegal drugs regularly; convicted of a drug law violation; convicted of a DUI; under the influence of drugs and/or alcohol during the crime that led to incarceration; committed offense to get money for drugs; had a history of alcohol abuse (defined as ever in alcohol abuse treatment).

TC/Therapeutic Community: residential substance abuse treatment where inmates are housed in a separate unit within the prison/jail facility, characterized by highly structured treatment involving resocialization, intensive counseling and an increasing level of responsibility as the inmate progresses through the program.

violent offense/offender: murder, manslaughter, rape, robbery, kidnapping, assault. A violent offender is an arrestee/inmate whose main charge is for a violent offense.

Foreword and Accompanying Statement

By Joseph A. Califano, Jr.
Chairman and President

The National Center on Addiction and Substance Abuse At Columbia University

Three years in the making, this CASA report is the most penetrating analysis ever attempted of the relationship of drug and alcohol abuse and addiction to the explosion of America's prison population.

The raw numbers tell an astounding story. Drug and alcohol abuse and addiction are implicated in the crimes and incarceration of 80 percent--some 1.4 million--of the 1.7 million men and women behind bars in America. Those 1.4 million offenders in state and federal prisons and local jails violated drug or alcohol laws, were high at the time they committed their crimes, stole property to buy drugs, or have a history of drug and alcohol abuse and addiction--or share some combination of these characteristics. Among these 1.4 million inmates are parents of 2.4 million children, many of them minors.

Thanks largely to alcohol and drug abuse, the rate of incarceration for American adults was 868 per 100,000 adults in 1996, compared to less than 100 per 100,000 for most European countries and 47 per 100,000 for Japan. The expense of building and operating prisons is the 800 pound gorilla in most state budgets, with spending rising at a breakneck pace--increasing 28 percent in 1996 compared to a 3 percent increase in Medicaid spending.

From 1980 to 1996, the number of people in prison has tripled due overwhelmingly to criminal activity spawned by drug and alcohol abuse. If this rate of increase continues, then one in every 20 Americans born in 1997 will spend some time during their life in prison,

including one in every 11 men and one in every four black men. While the 130,000 female inmates constitute only 7.7 percent of the prison population, their numbers are rising at twice the rate of increase for male inmates and drugs and alcohol lurk in the shadows of incarceration for 80 percent of these women as well.

This study demonstrates that criminal recidivism is very much a function of drug and alcohol abuse. The more often an individual is imprisoned, the likelier that inmate is to be a drug or alcohol addict or abuser. Forty-one percent first-time offenders have a history of regular drug use; the proportion jumps to 81 percent for those with five or more prior convictions. Regardless of the crimes they commit, individuals who test positive for drugs at the time of arrest have longer criminal records and have been imprisoned more often than those who do not test positive.

The most troublesome aspect of these grim statistics is that the nation is doing so little to change them. From 1993 to 1996, as the number of inmates needing substance abuse treatment climbed from 688,000 to 840,000, the number of inmates in treatment hovered around 150,000--and much of the treatment they are receiving is inadequate. From 1995 to 1996, the number of inmates in treatment decreased as the number in need of treatment rose.

Contrary to conventional wisdom and popular myth, alcohol is more tightly linked with more violent crimes than crack, cocaine, heroin or any other illegal drug. In state prisons, 21 percent of inmates in prison for violent crimes were under the influence of alcohol--and no other substance--when they committed their crime; in contrast, at the time of their crimes, only three percent of violent offenders were under the influence of cocaine or crack alone, only one percent under the influence of heroin alone.

If (as federal and state laws and regulations provide) the objective of our criminal justice and prison system is to protect the public safety by incarcerating incorrigible offenders and rehabilitating as many others as possible, the prevailing policy of prison only--with no treatment or preparation for return to the community--is, as Brooklyn District Attorney Charles J. Hynes puts it, "lunacy." For treatable alcohol and drug abusers, mandatory sentences (particularly those which require convicts to serve their entire time in prison with no parole) endanger rather than protect the public safety. Release of untreated drug and alcohol addicted inmates is tantamount to visiting criminals on society. Getting and keeping drug and alcohol abusers and addicts in treatment requires all the carrots and sticks society can muster. The hope of early release can encourage inmates to seek and complete treatment; the threat of return to prison can help keep parolees in treatment and aftercare.

During the last few years the nation has experienced a significant reduction in crime. The data available do not yet permit conclusive determination of the reasons for this decline. However, CASA's exhaustive examination of the character of the prison population in this report suggests that much of the drop may be due to the lower number of drug and alcohol addicts and abusers on the street, an assessment shared by many street ethnographers--the individuals who survey conditions by talking to police, drug dealers and addicts. To some extent, that drop is in turn due to the increased numbers of substance abusers who are behind bars, thanks to stepped up law enforcement and more prison sentences. But (as this report notes) though many more of these abusers and addicts are in prison, they will be coming out on average in 18 months to four years. Thus, a critical component of sustaining this lower rate of crime is to get as many of these incarcerated addicts and abusers as possible

in recovery. Indeed, failure to do so will be the greatest missed opportunity for our nation to enter the new millenium with enhanced public safety.

To date, this failure has hit the nation's minorities with special savagery because of their high proportion of the inmate population. Blacks, 11 percent of the adult population, comprise 46 percent of state, 30 percent of federal and 42 percent of jail inmates. Hispanics, nine percent of the adult population, comprise 16 percent of state, 28 percent of federal and 17 percent of jail inmates. In 1996, 744,678 black non-Hispanics were incarcerated, 289,956 Hispanics and 619,138 white non-Hispanics (who are 76 percent of the adult population, but less than 40 percent of the prison and jail population). The proportion of state inmates who have a history of regular drug use is similar among these groups: 61 percent of black non-Hispanics, 65 percent of Hispanics and 63 percent of white non-Hispanics.

It is time to open a second front in the war on crime. And that front is in American prisons. Many of the individuals incarcerated for drug- or alcohol-related crimes would have committed their offenses even in the absence of substance abuse. But many--hundreds of thousands of the 1.4 million substance-involved inmates--would be law abiding, working, taxpaying citizens and responsible parents, if they lived sober lives.

The good news of this report is that an investment in such rehabilitation holds the potential of enormous returns for taxpayers, the economy and crime reduction. The cost of proven treatment for inmates, accompanied by appropriate education, job training and health care, would average about \$6,500 per year. For each inmate who successfully completes such treatment and becomes a taxpaying, law-abiding citizen, the annual economic benefit to society--in terms of avoided incarceration and health care costs, salary earned, taxes paid and contribution to the economy--is \$68,800, a tenfold return on investment in the first year. If a

year of such comprehensive treatment turns around only ten percent of those who receive it, it will pay for itself within the next year. Even with the difficult inmate population, success rates are likely to reach at least 15 percent of those who receive such treatment and training.

There are 1.2 million inmates who are drug and alcohol abusers and addicts (the other 200,000 of the 1.4 million substance-involved inmates are dealers who do not use drugs). If we successfully treat and train only 10 percent of those inmates--120,000--the economic benefit in the first year of work after release would be \$8.256 billion. That's \$456 million more than the \$7.8 billion cost of providing treatment and training (at a cost of \$6,500 each) for the entire 1.2 million inmates with drug and alcohol problems. Thereafter, the nation would receive an economic benefit of more than \$8 billion for each year those released inmates remain employed and drug- and crime-free. That's the kind of return on investment to capture the imagination of any businessman.

The potential for reduction in crime is also significant. Estimates of property and violent crimes committed by active drug addicts range from 89 to 191 per year. On a conservative assumption of 100 crimes per year, for each 10,000 drug-addicted inmates who after release stay off drugs and crime, the nation will experience a reduction of one million crimes a year.

Failure to use the criminal justice system to get nonviolent drug- and alcohol-abusing offenders into treatment and training is irrational public policy and a profligate use of public funds. Releasing drug- and alcohol-abusing and addicted inmates without treating them is tantamount to visiting criminals on society. Releasing drug-addicted inmates without treatment helps maintain the market for illegal drugs and supports drug dealers.

I regard this report, *Behind Bars: Substance Abuse and America's Prison Population*, as a call to open in the nation's prisons a second front in the war on crime. It is a call for a revolution in how we view those offenders whose core problem is alcohol and drug abuse and addiction--a call to identify them, assess their treatment and training needs, separate them from criminal incorrigibles and give them the hand up they need to become productive citizens and responsible parents. If we answer that call, we will save billions of dollars, reduce crime and reclaim thousands of individuals to lives as responsible parents, hard workers, taxpayers and law-abiding citizens.

To answer that call, this report sets out a plan of action: an end to mandatory sentences which take no account of individual or public safety needs; training in substance abuse and addiction for police, prosecutors, judges, corrections personnel and parole officers; careful assessment of offenders in order to identify those likely to benefit from treatment; complementing drug and alcohol treatment with literacy and job training and health care including HIV prevention (the incidence rate of new AIDS cases among state and federal inmates is more than 17 times higher than in the general population); attending to the special needs of drug- and alcohol-abusing female inmates; for released offenders, treatment, aftercare, counseling and assistance in getting jobs and drug-free living arrangements; use of sanctions and rewards to encourage substance-involved inmates in prison and after release to get and stay sober; diversion of nonviolent drug- and alcohol-abusing arrestees prior to trial.

Judges facing complex anti-trust and environmental cases add economists and environmental experts as clerks; judges with high case loads of offenders with drug and alcohol problems should hire experts in substance abuse assessment, treatment and public health to assist them. Indeed, such experts should be available also to assist police,

prosecutors, prison wardens, and parole and probation officers as they make judgments about individual offenders. It's this kind of a revolution in thought and action about crime, punishment and prisoners that the report recommends.

We must remember that prisons are the end of the road and ideally this nation should invest in children and teenagers before they take their first steps along this road. Millions of American children grow up in families wracked by drug and alcohol abuse and in neighborhoods and schools infested with illegal drugs and drug dealers— situations that General Colin Powell rightly calls "training camps for America's prisons."

Many individuals worked long and hard to produce this report. Our senior research associate and widely respected expert in criminology, Steven Belenko, Ph.D., led the effort with big assists from Jordon Peugh, my special assistant Margaret Usdansky, Barbara Kurzweil, Harry Liu, Ph.D., and Susan Foster, CASA's Vice President for Policy Research and Analysis. As always, CASA librarian, David Man, Ph.D., and assistant librarian Amy Woodside provided invaluable assistance. Jane Carlson handled the administrative chores. Dr. Herbert Kleber, Executive Vice President and Medical Director; William Foster, Ph.D., Vice President and Chief Operating Officer; Mary Nakashian, Vice President for Demonstration Programs; Alyse Booth, Vice President and Director of Communications; and Patrick Johnson, Ph.D., Deputy Medical Director of the Medical Division, reviewed the report.

Let me express our appreciation to the Charles E. Culpeper Foundation and The Robert Wood Johnson Foundation for the generous support that made this three-year effort possible.

Later this year, we will release a technical paper by Steven Belenko, Ph.D. and Jordon Peugh on which this report is based in order to provide for experts and scholars more detailed and extensive data and analysis.

I.

Introduction and Executive Summary

Substance abuse and addiction have fundamentally changed the nature of America's prison population. As America approaches the 21st century, state and federal prisons and local jails are bursting at the bars with alcohol and drug abusers and addicts and those who sell illegal drugs. In America, crime and alcohol and drug abuse are joined at the hip.

At the end of 1996, more than 1.7 million American adults were behind bars: 1,076,625 in state prisons, 105,544 in federal prisons and 518,492 in local jails--more than three times the number incarcerated just 15 years earlier.* Of the 1.7 million inmates, only 130,430 or 7.7 percent are women, but the female prison population is growing at a faster rate than the male population. The surge in the number of Americans behind bars--now a population the size of Houston, Texas, the nation's fourth largest city--and the rapidly escalating costs of building and maintaining prisons are unprecedented. More and more Americans are becoming aware of this situation. What few understand is why.

* State prisons generally hold inmates who have been convicted of felony offenses under state law and sentenced to at least one year of incarceration. Federal prisons hold inmates convicted of violating federal laws. Local jails generally house individuals convicted of misdemeanors and sentenced to less than one year in prison and individuals who are awaiting trial. Most offenses related to illegal drug selling are felonies, while possession of drugs may be either a felony or misdemeanor depending on state law and the amount of drugs. Possession of small amounts of marijuana is typically treated as a misdemeanor or a lesser, non-criminal infraction.

The estimate of 1,700,661 is based on the most recent data available: year-end 1996 for state (1,076,625) and federal prisoners (105,544), mid-year 1996 for jail inmates (518,492). Throughout this report, different years may be cited for different types of data. This is because different data sets and publications are available for various types of criminal justice data, and not all data are available for the same year. The data used are the most recent available. Adults are defined as more than 17 years of age.

For three years, The National Center on Addiction and Substance Abuse at Columbia University (CASA) has been examining and probing all available data on the people in prison, surveying and interviewing state and federal corrections officials, prosecutors and law enforcement officers, testing programs for substance-abusing offenders and reviewing relevant studies and literature in the most penetrating analysis ever attempted of the relationship of alcohol and drug abuse and addiction to the character and size of America's prison population.*

The stunning finding of this analysis is that 80 percent of the men and women behind bars--some 1.4 million individuals--are seriously involved with drug and alcohol abuse and the crimes it spawns. These inmates number more than the individual populations of 12 of the 50 United States.¹ Among these 1.4 million inmates are the parents of 2.4 million children, many of them minors.²

Most Inmates are Seriously Involved with Drugs and Alcohol

CASA's analysis reveals that at least 81 percent of state inmates, 80 percent of federal inmates and 77 percent of local jail inmates have used an illegal drug regularly (at least weekly for a period of at least one month); been incarcerated for drug selling or possession, driving under the influence of alcohol (DUI) or another alcohol abuse violation; were under the influence of alcohol or drugs when they committed their crime; committed their offense to get money for drugs; have a history of alcohol abuse, or share some combination of these characteristics.

* Unless otherwise noted, inmate data presented in this report are derived from CASA's analysis of the U.S. Department of Justice Bureau of Justice Statistics (BJS) 1991 prison inmate self-reported survey data and 1989 jail inmate self-reported survey data. Appendix A summarizes the methodology used in these analyses.

Percent of Inmates Who Are Substance-Involved Offenders			
	State	Federal	Jail
Ever used illegal drugs regularly ^a	64	43	59
Convicted of a drug law violation	19	55	21
Convicted of driving while under the influence	2	0.3	8
Under the influence of drugs and/or alcohol at the time of crime	48	23	55 ^b
Committed crime to get money to buy drugs	17	10	13 ^b
Has a history of alcohol abuse ^c	29	14	15
Substance-Involved Offenders: (Percent who fit into at least one of the above categories) ^d	81	80	77

^a Regular drug use is using a drug at least weekly for a period of at least a month.

^b Convicted jail inmates only.

^c Ever in treatment for alcohol abuse.

^d These percentages cannot be added because of overlap.

Source: CASA analysis of the U.S. Department of Justice Bureau of Justice Statistics (BJS) 1991 prison inmate survey data and 1989 jail inmate survey.

The overwhelming majority of those who have ever used drugs regularly used them in the month immediately before they entered prison--76 percent of state, 69 percent of federal and 70 percent of local jail inmates who have regularly used drugs. Alcohol and drug abuse and addiction are implicated in assaults, rapes and homicides. Thousands of individuals incarcerated for robbery and burglary stole to support drug habits. Thousands more are imprisoned for violations of laws prohibiting selling, trafficking, manufacturing or possessing illegal drugs like heroin and cocaine, driving while intoxicated and disorderly conduct while high or drunk. The bottom line is this: one of every 144 American adults is behind bars for a crime in which drugs and alcohol are involved.

The enormous prison population imposes a hefty financial burden on our nation. In 1996, America had more than 4,700 prisons--1,403 state, 82 federal and 3,304 local--to house an inmate population that is still growing.³ Americans paid \$38 billion in taxes to build and

operate these facilities: \$35 billion for state prisons and local jails and \$3 billion for federal prisons.⁴

This report is an unprecedented effort to assess the relationship between drug and alcohol abuse and addiction and America's prison population and the implications of that relationship for our society--for public safety; state and federal criminal justice, public health and social service policies; taxes that Americans pay and the nation's economy. The first step in formulating sensible prison policies to protect the public safety in a cost effective way is to understand the human, social and economic costs of substance abuse, crime and incarceration, how we got here and what we can do about it. The case for change is urgent and overwhelming: if rates of incarceration continue to rise at their current pace, one out of every 20 Americans born in 1997 will serve time in prison--one out of every 11 men, one of every four black men.⁵

This CASA report targets America's prison and jail population. But prisons are the endgame. Millions of children grow up in families wracked by drug and alcohol abuse and in neighborhoods and schools infested with illegal drugs and drug dealers--situations that General Colin Powell calls "training camps for America's prisons." There are 3.8 million individuals convicted of a crime who are on probation and parole, which brings the total to more than 5.5 million people currently under the supervision of state, federal, and local criminal justice systems.* That is a criminal population larger than the city of Los Angeles, the second largest city in the United States. The states monitor 3,146,062 individuals on probation and 645,576 on parole; the federal government, 34,301 on probation and 59,133 on parole.⁶ For most of these individuals, the road to prison, probation and parole is paved with alcohol and drug abuse.

* Probation refers to a sentence imposed by a court that involves community supervision by a federal, state or local probation department. Parole refers to the community supervision by a federal or state parole agency required when a prison inmate is released before serving the full sentence; parolees usually remain under supervision until the full sentence has expired.

How did America's prisons and jails come to be dominated by alcohol and drug abusers and those who deal drugs? Citizen concerns about crime and violence led federal, state and local officials to step up law enforcement, prosecution and punishment. As a result of such concern and the heroin epidemic of the 1970s and crack cocaine explosion in the 1980s, state and federal legislatures enacted more criminal laws, especially with respect to selling illicit drugs and related activities such as money laundering; agents of the Federal Bureau of Investigation and Drug Enforcement Administration and state and local police made more arrests for all kinds of crime; prosecutors brought more charges and indictments; judges and juries convicted more defendants; and judges imposed more prison sentences authorized or mandated by law.⁷ While in prison, little attempt was made to deal with the underlying inmate drug and alcohol addiction that led to so much criminal activity. Inmates who are alcohol and drug abusers and addicts are the most likely to be reincarcerated--again and again--and sentences usually increase for repeat offenders. The result has been a steady and substantial rise in the nation's prison population over the past generation. Between 1980 and 1996, the number of inmates in state and federal prisons and local jails jumped 239 percent, from 501,886 to 1,700,661: the number of men from 477,706 to 1,570,231, a 229 percent increase; the number of women from 24,180 to 130,430, a 439 percent increase.⁸

The nature of the prison population has changed as dramatically as its size. Popular perceptions of inmates shaped by vivid movie and television images of playful Bonnies and Clydes, mafia Godfathers like Marlon Brando who refuse to deal drugs, or the psychopaths and violent predators of 1930s and 1940s gangster films are ancient history. Sharply different characteristics mark the prisoners of the 1990s. For 80 percent of inmates, substance abuse and addiction has shaped their lives and criminal histories: they have been regular drug users, have a history of

alcohol abuse, committed crimes under the influence of alcohol or drugs, stole to get money to buy drugs, violated drug selling and possession laws, drove drunk, committed assaults, rapes, homicides and disorderly conduct offenses related to alcohol or drugs--or some combination of the above.

Unlike exaggerated Hollywood images of hopelessly criminal psychopaths, many of today's prisoners can be rehabilitated with appropriate treatment for substance abuse and addiction, continuing aftercare once they leave prison, and literacy and job training. Absent such treatment and training, most will commit more crimes, get arrested and go back to prison. The choice is ours as well as theirs.

The Explosion of the Inmate Population is Drug- and Alcohol-Related

Most offenders, whatever their crime, have a drug or alcohol problem. Alcohol and drugs are implicated in the increased rate of arrest, conviction and imprisonment of property, violent and drug law offenders, the three major groups of inmates.

Much of the growth in America's inmate population is due to incarceration of drug law violators.* From 1980 to 1995, drug law violators accounted for 30 percent of the total increase in the state prison population, and the proportion of offenders in state prisons convicted of drug law violations rose from six percent to 23 percent. In federal prisons, drug law violators accounted for 68 percent of the total increase, driving the proportion of drug law violators from 25 percent to 60 percent and making drug law violators by far the largest group of federal inmates. In local jails, drug law violators accounted for 41 percent of the increase in the total population between 1983 and 1989, and the proportion of drug law violators rose from nine percent to 23 percent.⁹ While the percentage of inmates convicted of property and violent crime

* Throughout this report, the term "drug law violators" refers to inmates who are imprisoned on drug sale, trafficking, manufacturing or possession charges. We use the term "substance-involved offenders" to refer to inmates who fall into any of the categories included in the table on page 3.

declined, the number of such inmates increased, largely due to drug- and alcohol-related offenses.

The More Often an Individual is Imprisoned, the More Likely That Individual is a Drug or Alcohol Addict or Abuser

Substance use is tightly associated with recidivism. The more prior convictions an individual has, the more likely that individual is a drug abuser: in state prisons 41 percent of first offenders have used drugs regularly, compared to 63 percent of inmates with two prior convictions and 81 percent of those with five or more convictions. Only four percent of first time offenders have used heroin regularly, compared to 12 percent of those with two prior convictions and 27 percent of those with five or more. Sixteen percent of first offenders have used cocaine regularly, compared to 26 percent of those with two prior convictions and 40 percent of those with five or more convictions. State prison inmates with five or more prior convictions are three times likelier than first-time offenders to be regular crack users.

Only 25 percent of federal inmates with no prior convictions have histories of regular drug use, but 52 percent of those with two prior convictions and 71 percent of those with five or more have histories of regular drug use. Among jail inmates, 39 percent with no prior convictions have histories of regular drug use, but 61 percent with two prior convictions

and 76 percent with five or more convictions regularly used drugs.

Racial and Ethnic Disparity

In 1996, white non-Hispanics comprised 76 percent of the U.S. adult population, but only 35 percent of state, 38 percent of federal and 39 percent of jail inmates. Black non-Hispanics comprised 11 percent of the adult population, and 46 percent of state, 30 percent of federal and 42 percent of jail inmates. Hispanics comprised nine percent of the adult population, and 16 percent of state, 28 percent of federal and 17 percent of jail inmates. In 1996, 744,678 black non-Hispanics were incarcerated, 619,138 white non-Hispanics and 289,956 Hispanics. Similar proportions of each group in state prison are substance-involved: 81 percent of white non-Hispanic, 79 percent of black non-Hispanic and 86 percent of Hispanic inmates.

Half of all inmates in state prison for substance offenses are black; 26 percent are Hispanic. In state and federal prisons, black inmates are most likely to have used crack in the month before their arrest; Hispanics are likelier to have used heroin or cocaine.

Because of their disproportionate representation in the inmate population, black and Hispanics are hardest hit by failure to provide treatment and ancillary services during incarceration.

Alcohol: The First Cousin of Violent Crime

Alcohol is more closely associated with crimes of violence than any other drug. Alcohol is a bigger culprit in connection with murder, rape, assault and child and spouse abuse than any illegal drug.¹⁰ More widely available and abused than illicit drugs like heroin, cocaine or LSD, alcohol is implicated in most homicides arising from disputes or arguments.¹¹

One-fifth (21 percent) of state prison inmates incarcerated for violent crimes were under the influence of alcohol--and no other substance--when they committed their crime. In comparison, only three percent of violent offenders in state prison were under the influence of cocaine or crack alone when they committed their crime, and only one percent were under the influence of heroin alone. Twelve percent of violent offenders in state prison were under the influence of one or more illegal drugs (but not alcohol) at the time of their crime, while 16 percent were under the influence of both alcohol and drugs.

At the federal level, 11 percent of violent inmates were under the influence of alcohol alone at the time of their crime, compared with four percent under the influence of crack or cocaine alone and three percent under the influence of heroin alone. A total of 16 percent of federal violent inmates were high on one or more illegal drugs (but not alcohol) when they committed their crime, while six percent were using alcohol and drugs.

Violent crimes among jail inmates are also more closely linked to alcohol than to any other drug, with 26 percent of convicted violent offenders under the influence of alcohol alone at the time of their crime, versus four percent under the influence of crack or cocaine alone and none under the influence of heroin. Ten percent of convicted violent offenders in jail were high on one or more illegal drugs (but not alcohol) at the time of their crime, while 15 percent were under the influence of alcohol and drugs.

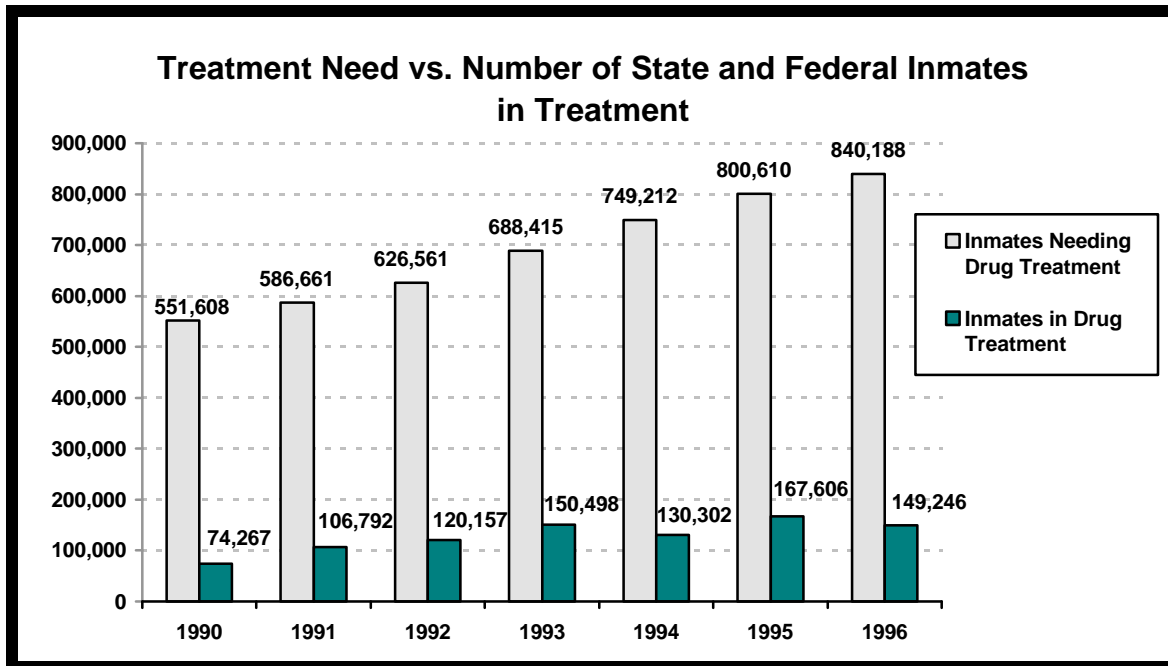
Alcohol abuse and addiction is also linked, though less closely, to property crime and drug law violations. Among state inmates, 21 percent of violent offenders were under the influence of alcohol (and no other substance) at the time of their crime compared with 17 percent of property offenders and 14 percent of substance offenders. Among federal inmates, 11 percent

of violent offenders were under the influence of alcohol only at the time of their crime compared with nine percent of property offenders and five percent of substance offenders.

The Growing Chasm in Substance Abuse Treatment: Increasing Inmate Need and Decreasing Access

In state and federal prisons, the gap between available substance abuse treatment--and inmate participation--and the need for such treatment and participation is enormous and widening.

State officials estimate that 70 to 85 percent of inmates need some level of substance abuse treatment.¹² But in 1996, only 13 percent of state inmates were in any such treatment.¹³ The Federal Bureau of Prisons estimates that 31 percent of their inmates are hooked on drugs, but only 10 percent were in treatment in 1996.¹⁴ The proportion of jail inmates who need treatment has not been estimated, but given the similar alcohol and drug abuse profiles of state prison and local jail inmates, it is likely to mirror the state estimate of 70 to 85 percent. Only eight percent of jail inmates were in treatment in 1992.¹⁵ As the number of inmates in need of treatment has risen in tandem with the prison population, the proportion receiving treatment has declined. Indeed, from 1995 to 1996, the number of inmates in treatment decreased by 18,360 as inmates in need of treatment rose by 39,578.



The number of inmates needing drug treatment is calculated to be 75 percent of the total number of State inmates and 31 percent of the total number of Federal inmates for each year based on estimates by the GAO, CASA and the Federal Bureau of Prisons. The number of inmates in treatment is estimated from data reported in *The Corrections Yearbook* (1990-1996). (See Appendix D.)

Not surprisingly given this lack of treatment, government spending on inmate drug and alcohol treatment is relatively small compared to the costs of imprisoning drug and alcohol addicts and abusers. CASA estimates that on average, states spend five percent of their prison budget on drug and alcohol treatment.¹⁶ In 1997, the Federal Bureau of Prisons spent \$25 million on drug treatment--only 0.9 percent of the federal prison budget.¹⁷

Treatment Effectiveness

Research in recent years indicates that well-designed prison-based treatment can reduce post-release criminality and drug and alcohol relapse, especially when combined with pre-release training and planning and community-based aftercare services, including assistance with housing, education, employment and health care.¹⁸

Evaluations of prison-based treatment have focused on residential treatment programs and suggest that length of stay in treatment and the availability of aftercare following

treatment are important predictors of success. Amity Righturn, a therapeutic community-based program at the R.J. Donovan medium security prison in San Francisco, for example, reduced reincarceration rates within one year of parole to 26 percent for Amity graduates who completed aftercare, compared with 43 percent for Amity graduates who did not participate in aftercare, 50 percent for Amity program dropouts and 63 percent for a matched comparison group.¹⁹

Forever Free, a similar program operated by the California Department of Corrections for female inmates approaching their parole dates, reduced the rate of return to custody to 38 percent for all program graduates, compared with 62 percent for program dropouts. Participation in community-based treatment further increased the likelihood of successful outcomes--reducing the rate of return to custody to 28 percent for program graduates with some community treatment and 10 percent for graduates with at least five months of community treatment.²⁰

The Role of Religion and Spirituality

The relationship of religion and spirituality to effective substance abuse treatment among inmates has received little systematic analysis, but merits further study. Much anecdotal evidence suggests that spirituality and participation in religious groups can play a role in the rehabilitation of many inmates. Inmates and treatment providers often cite spirituality (God or a Higher Power) as a factor in getting and staying sober, coping with prison life, successfully reentering into the community and ending criminal conduct. Alcoholics Anonymous and other 12-step programs that emphasize the role of spirituality in recovery are common in prison facilities.

Religion--notably Christian and Muslim--appears to be an important part in the lives of a substantial number of inmates. A third (32 percent) of state inmates and 38 percent of

federal inmates participate in religious activities, bible clubs or other religious study groups. Several studies suggest a link between religion and reductions in deviant behavior. For example, a study of New York state inmates involved in the Prison Fellowship programs founded by Charles Colson showed that inmates who were very active in Bible studies were significantly less likely to be rearrested during a one-year follow-up period than those who were less active in the program or those in a matched comparison group who did not participate in the program.²¹ Although the inmates who participated in the Bible studies were a self-selected group, this finding highlights the potential of religion as a factor in reducing recidivism.

Beyond Treatment

Substance abuse treatment alone is not enough. Most inmates who are drug and alcohol addicts and abusers also need medical care, psychiatric help, and literacy and job training. Drug- and alcohol-involved inmates tend to have ailments--cirrhosis, diabetes, high blood pressure, malnutrition, sexually transmitted diseases, HIV and AIDS--that require medical care. Some have never worked or worked so sporadically in such low level jobs that they need not only to improve their reading, writing and math skills, but also to acquire levels of socialization that most Americans take for granted. Without help in prison acquiring these skills, once released these inmates have little chance of resisting a return to lives of drug and alcohol abuse and crime.

To appreciate the heavy baggage substance-abusing inmates carry, consider the histories of inmates who were regular drug users:

- 15 percent in state prison, nine percent in federal prison and 20 percent in jail have been physically and/or sexually abused.

- 61 percent in state prison, 44 percent in federal prison and 48 percent in jail did not complete four years of high school.
- 36 percent in state prison, 33 percent in federal prison and 39 percent in jail were unemployed in the month prior to their offense.

Drug-Involved Inmates and AIDS

Thanks largely to intravenous drug use, sharing needles and having sex with infected drug users, HIV infection rates are six times higher among the inmate population than among the general population. The incidence rate of new AIDS cases was 17 to 23 times higher: 518 of every 100,000 state and federal inmates and 706 of every 100,000 jail inmates, compared to 31 of every 100,000 individuals in the general population.²²

Next to homosexual males, injection drug users are the group most at risk for HIV. In 1996, an estimated 250,000 state prison inmates had injected drugs, including 120,000 who shared needles. Some 14,000 federal prison inmates had injected drugs, including 6,000 who shared needles.²³ Prison-based treatment programs that help inmates kick their drug habits can reduce their risk of acquiring AIDS. However, most in-prison HIV/AIDS education and prevention services are inadequate and fail to meet national guidelines for corrections-based HIV/AIDS education.

Drugs, Alcohol and Women in Prison

Although only 130,430--7.7 percent--of inmates are female, incarceration rates for women are growing more rapidly than for men. From 1980 to 1996, the number of women in federal and state prisons jumped 506 percent (from 12,331 to 74,730), almost double the 265

percent increase for men.²⁴ From 1980 to 1996, the number of women in local jails rose 370 percent (from 11,849 to 55,700), more than double the 167 percent increase for men.²⁵

Color these sharp rises for women largely with the brush of drug law violations and drug and alcohol abuse and addiction. Female inmates are more likely than male inmates to be drug law violators and they use drugs at rates comparable to men. Drug- and alcohol-abusing female inmates are much likelier than male inmates to have suffered physical and sexual abuse. More than two-fifths of substance-involved women in state prison and local jail and one-fifth in federal prison have been victims of such abuse. Some of the 104,000 drug- and alcohol-involved female inmates are pregnant; half had minor children living with them before they entered prison.

Substance Abuse-Related Crime: It Runs in the Family

Like substance abuse itself, substance abuse-related crime runs in the family. Children of substance-involved inmates are at high risk of addiction and incarceration. Inmates whose parents abused drugs and alcohol are much more likely to abuse drugs and alcohol themselves. In state and federal prison, regular drug users are twice as likely to have parents who abused drugs and alcohol than inmates who are not regular drug users.

Regular drug users in prison and jail are likelier than the general inmate population to have a family member who served prison time: 42 percent of regular drug users in both state prisons and local jails and 34 percent in federal prison have at least one family member who served time in prison or jail, compared to 37 percent of the general state prison population, 35 percent of the local jail population and 26 percent of the general federal prison population.

Tobacco, Alcohol and Drugs in Prison

Prison policies regarding tobacco, alcohol and drugs set expectations and send important messages to inmates about official attitudes toward substance use. Unfortunately, not all prisons take advantage of this opportunity. While an estimated 29 percent of state and federal prisons are smoke-free, some state prisons provide free cigarettes to indigent inmates; a few provide free cigarettes to all inmates.²⁶

Although systematic evidence is lacking, anecdotal information suggests that drugs and alcohol are available in many prisons and jails. Current surveillance methods which occasionally test for drugs, at times with advance notice, are inadequate to eliminate drug dealing and use in prisons and to support treatment programs. Wider and more frequent random testing can help keep prisons drug-free, identify inmates in need of treatment and monitor those undergoing treatment.

The Cost of Drug- and Alcohol-Involved Inmates

Of the \$38 billion spent on prisons in 1996, more than \$30 billion dollars paid for the incarceration of individuals who had a history of drug and alcohol abuse, were convicted of drug and alcohol violations, were high on drugs and alcohol at the time of their crime, or committed their crime to get money to buy drugs. If current trends continue, by the year 2000, the nation will break the \$100 million-dollar-a-day barrier in spending to incarcerate individuals with serious drug and alcohol problems.²⁷

Inmates who have abused alcohol or drugs often have special health needs that add expense to their incarceration. These include detoxification programs, mental and physical health care, and AIDS treatment. State and federal inmates who regularly used drugs or abused alcohol are, on average, twice as likely as those who didn't to have histories of mental illness.

In addition to incarceration, there are other criminal justice system costs for arresting and prosecuting substance abusers. For example, the bill for arresting and prosecuting the 1,436,000 DUI arrests in 1995 was more than \$5.2 billion, exclusive of the costs of pretrial detention and incarceration.²⁸

Prevention

Prevention is the first line of defense against drug- and alcohol-related crime. The tremendous costs of incarcerating so many drug- and alcohol-abusing inmates underscores the vital importance of developing, implementing and evaluating large-scale prevention efforts that are designed for the populations at risk for substance abuse and criminal activity. Since most addicts begin using drugs while they are teens, efforts to give youngsters the will and skill to say no are critical to keeping them out of the criminal justice system. The difficulties of recovering from drug or alcohol addiction are enormous even for middle- or upper-class addicts. For those

with family histories of substance abuse, living in poverty, with limited educational and vocational skills and health problems, the treatment process can be extraordinarily difficult. Developing effective drug prevention programs for children and teens and making our schools drug-free are key elements in any effort to reduce drug- and alcohol-related crime.

Missed Opportunity: Reducing Crime and Costs to Taxpayers

Preventing drug and alcohol abuse and providing effective treatment for drug- and alcohol-abusing inmates hold the promise of significant savings to taxpayers and reductions in crime.

CASA estimates that it would take approximately \$6,500 per year, in addition to usual incarceration costs, to provide an inmate with a year of residential treatment in prison and ancillary services, such as vocational and educational training, psychological counseling, and aftercare case management.

However, if an addicted offender successfully completes the treatment program and returns to the community as a sober parolee with a job, then the following economic benefits will accrue in the first year after release:

- \$5,000 in reduced crime savings (assuming that drug-using ex-inmates would have committed 100 crimes per year with \$50 in property and victimization costs per crime)
- \$7,300 in reduced arrest and prosecution costs (assuming that they would have been arrested twice during the year)
- \$19,600 in reduced incarceration costs (assuming that one of those re-arrests would have resulted in a one-year prison sentence)
- \$4,800 in health care and substance abuse treatment cost savings, the difference in annual health care costs between substance users and non-users²⁹

- \$32,100 in economic benefits (\$21,400--the average income for an employed high school graduate--multiplied by the standard economic multiplier of 1.5 for estimating the local economic effects of a wage)³⁰

Under these conservative assumptions, the total benefits that would accrue during the first year after release would total \$68,800 for each successful inmate. These estimated benefits do not include reductions in welfare, other state or federal entitlement costs, or foster care for the children of these inmates.

Given these substantial economic benefits, the success rate needed to break even on the \$6,500 per inmate investment in prison treatment is modest. If only 10 percent of the inmates who are given one year of residential treatment stay sober and work during the first year after release, there will be a positive economic return on the treatment investment.

There are 1.2 million inmates who are drug and alcohol abusers and addicts (the other 200,000 of the 1.4 million substance-involved inmates are dealers who do not use drugs). If we successfully treat and train only 10 percent of those inmates--120,000--the economic benefit in the first year of work after release would be \$8.256 billion. That's \$456 million more than the \$7.8 billion cost of providing treatment and training (at a cost of \$6,500 each) for the entire 1.2 million inmates with drug and alcohol problems. Thereafter, the nation would receive an economic benefit of more than \$8 billion for each year they remain employed and drug- and crime-free. That's the kind of return on investment to capture the imagination of any businessman.

The potential for reduction in crime is also significant. Estimates of property and violent crimes committed by active drug addicts range from 89 to 191 per year. On a conservative assumption of 100 crimes per year, for each 10,000 drug-addicted inmates who after release stay off drugs and crime, the nation will experience a reduction of one million crimes a year.

Recent Innovations in Handling Substance-Involved Inmates

As the impact of substance abuse on the nation's prisons and the potential of treatment for reducing crime and costs are recognized, some states and the federal government are rethinking their approach to substance-involved inmates. Among innovations being tried are: programs to divert substance abusers into treatment instead of prison, such as the Treatment Alternative to Street Crime (TASC), 161 drug courts that provide judicially-supervised treatment in the community to nonviolent felony offenders and the Drug Treatment Alternative to Prison (DTAP) program in Kings County (Brooklyn), New York; "coerced abstinence" programs, which use frequent drug testing and close supervision of probationers as an alternative to imprisonment or drug treatment; treatment services for probationers and parolees, including programs that identify future substance-abuse service needs of parolees before they leave prison.

One example of such an effort is CASA's Opportunity to Succeed (OPTS) program. OPTS is a research and demonstration effort aimed at helping ex-offenders stay drug-free and out of prison. The theory behind OPTS is that ex-offenders who receive treatment while incarcerated are more likely to stay off drugs and alcohol if they receive immediate and continuing help once they are released on parole. OPTS participants receive an intensive blend of parole supervision, drug and alcohol treatment, health, education and social services that begins upon release from prison and continues for one to two years. In addition to case management by mentors, participants receive help with housing, training and employment and parenting skills.

These innovations reflect growing understanding that fundamental changes in the characteristics of the nation's prison population call for a fresh look at crime and punishment in America. But they are too few and far between.

The Second Front in the War on Crime

It is time to open a second front in the war on crime and that front should be in our jails and prisons. CASA's three year analysis of the impact of drugs and alcohol on the nation's prisons make two things clear: reducing alcohol and drug abuse and addiction is the key to the next major reduction in crime and the prison population provides an enormous missed opportunity.

Recent declines in crime underscore the importance of aggressive enforcement, but if we are to reduce crime further, we must find additional, cost-effective ways to decrease drug- and alcohol-related crime. That means using punishment and rewards to cut drug and alcohol abuse by exploring less expensive alternatives to incarceration for nonviolent substance abusers and using the power of the criminal justice system to get substance-abusing offenders into treatment in order to break their cycle of crime.

Substance abusers who are convicted of violent offenses--often alcohol-related--or major drug sellers should be incarcerated. But we should also provide these offenders with treatment of their underlying substance problems to reduce the odds that they will continue to commit crimes once they are released from prison. And they will be released from prison: even with tougher sentencing laws, on average, state inmates convicted of robbery are released from prison after 4.3 years; those convicted of drug selling, after less than two years.³¹

A major investment in research to improve prevention and treatment of alcohol and drug abuse is essential. Particular attention should be accorded to designing cost-effective diversion, prison and post-prison treatment and rehabilitation programs.

This second front in the war on crime must be comprehensive, addressing policies and practices from the time of arrest to the months immediately following release from prison.

Here are some recommendations designed to cut taxpayer costs and protect the public safety by reducing recidivism:

Pre-Prison:

- Assess the substance abuse involvement of individuals at the time of arrest, including not only drug testing, but a thorough evaluation of substance abuse history, which can form the basis for decisions about pretrial supervision, sentencing and treatment.
- Encourage the development, implementation and evaluation of treatment alternatives to prison such as diversion and drug courts, and expand diversion programs for nonviolent first offenders who are drug and alcohol abusers and addicts to get them into sober lives.
- Provide police, prosecutors and judges with the training and assistance required to deal with substance-related crime effectively, including counselors and public health experts experienced in evaluating substance abuse and addiction.
- Get rid of mandatory sentences that eliminate the possibilities of alternative sentencing and/or parole. Judges and prosecutors need the flexibility to divert substance-abusing offenders into treatment, drug courts, coerced abstinence or other alternatives to prison when they're appropriate. Corrections officials need every possible carrot and stick to get inmates to seek treatment, including the carrot of reduced prison time for substance-abusing inmates who successfully complete treatment and the stick of getting sent back to jail for parolees who fail to participate in required post-release treatment or aftercare.

(That's why mandatory sentences--with no chance of reductions and no hook of parole after release--are counterproductive. The only mandatory sentence that makes sense for a substance-abusing inmate would condition release from prison upon successfully completing treatment and staying free of alcohol and drugs for six months or a year thereafter.)

Prison:

- Train corrections officers and other personnel in substance abuse and addiction so that they can better prevent the use of alcohol and drugs in prison and better assist inmates in the recovery process.
- Keep jails and prisons tobacco-, alcohol- and drug-free. This means enforcing prohibitions against alcohol and drugs, promoting smoke-free prisons and local jails to enhance the health of inmates, and eliminating free distribution of tobacco products to inmates.
- Expand random testing of prisoners to police and deter drug and alcohol use, refer inmates for substance abuse treatment and monitor their progress.
- Provide treatment in prison for all who need it: every alcohol- or drug-involved offender, including property offenders, violent offenders and drug sellers. Tailor treatment to the special needs of inmates, such as women and children of alcoholics and drug addicts.
- Encourage participation in literacy, education and training programs. Such programs should be widely available and inmates should be encouraged to enroll in them, in order to increase their chances to obtain employment upon release from prison and avoid returning to a life of crime and imprisonment.

- Provide substance-abusing prisoners with a range of support services including the medical care; mental health services; prevention services including confidential HIV testing; counseling, and other services they need.
- Increase the availability of religious and spiritual activity and counseling in prison and provide an environment that encourages such activity.

Post-Prison:

- Provide pre-release planning for treatment and aftercare services for individuals who need them. Help parolees find services they need to remain clean once they leave prison, such as drug-free housing, literacy training, job placement and social services.
- Train parole and probation officers to deal with alcohol and drug abuse and assist parolees and probationers in locating addiction services and staying in treatment.

Putting proposals such as these in place involves a revolution in the way Americans think about prisons, punishment and crime, and requires an initial investment of resources. But the potential rewards are enormous. Many of the individuals incarcerated for drug- or alcohol-related crimes would have committed their offenses even in the absence of substance abuse. But many--hundreds of thousands of the 1.4 million substance-involved inmates--would be law abiding, working, taxpaying citizens and responsible parents if they lived sober lives.

II.

Crime and Drug and Alcohol Abuse: Joined at the Hip

Who's in Prison and Why

Substance abuse and crime are joined at the hip in America. Nowhere is this destructive combination revealed in sharper relief than behind the bars of America's prisons. CASA's three-year analysis reveals that 1.4 million of the 1.7 million adult Americans in prison--some 80 percent--are seriously involved with drugs and alcohol.* Eighty-one percent of state inmates, 80 percent of federal inmates and 77 percent of local jail inmates share one or more of these characteristics: they committed substance offenses such as selling drugs or driving while intoxicated; were under the influence of drugs or alcohol at the time of their crime; committed a crime to get money to buy drugs; or had histories of regular illegal drug use, alcohol abuse or alcoholism.¹

Based on CASA's analysis, the following table summarizes the percentages of inmates in each of these categories. These categories include inmates who committed substance abuse-related violent and property crimes. Since there is substantial overlap, the percentages cannot be added to 100 percent.

* Unless otherwise noted, inmate data presented in this report are derived from CASA's analysis of U.S. Department of Justice Bureau of Justice Statistics (BJS) surveys of federal, state and local inmates. The most recent survey of federal and state prison inmates was conducted in 1991 and of local jail inmates in 1989. Data from a 1995-96 jail inmate survey are currently being analyzed by the Bureau of Justice Statistics and will not be available until 1998. Appendix A summarizes the methodology used in these surveys.

Applying the 80 percent proportion derived from our analysis of 1991 prison and 1989 jail data results in an estimate of at least 1.36 million substance-involved offenders out of the 1.7 million inmates in 1996.

**Percent of Inmates Who Are
Substance-Involved Offenders**

	State	Federal	Jail
Ever used illegal drugs regularly ^a	64	43	59
Convicted of a drug law violation	19	55	21
Convicted of driving while under the influence	2	0.3	8
Under the influence of drugs and/or alcohol at the time of crime	48	23	55 ^b
Committed crime to get money to buy drugs	17	10	13 ^b
Has a history of alcohol abuse ^c	29	14	15
Substance-Involved Offenders: (Percent who fit into at least one of the above categories) ^d	81	80	77 ^e

^a Regular drug use is using a drug at least weekly for a period of at least a month.

^b Convicted jail inmates only.

^c Ever in treatment for alcohol abuse.

^d These percentages cannot be added because of overlap.

^e Jail inmates detained awaiting trial (45 percent of the jail population) were not asked whether they were under the influence of drugs and/or alcohol at the time of their offense, or whether they committed their crime to get money for drugs. Detained inmates who were regular drug users or had a history of alcohol abuse are included as substance-involved offenders. However, those who were not regular drug users nor had a history of alcohol abuse may still have committed their crimes under the influence or to get money to buy drugs, and thus will be missing from the substance-involved offender category. Therefore, the proportion of jail inmates who are substance-involved offenders is likely to be higher than 77 percent.

Most inmates who have ever regularly used drugs also report drug use in the month before their current offense. Among regular drug users, 76 percent in state prison, 69 percent in federal prison and 70 percent in jail had used drugs in the month prior to their arrest.*

* Inmates who have ever regularly used drugs were included as substance-involved offenders due both to the lifelong impact of drug use on an individual's life and to limitations of the data set used in this analysis. While a small percentage of regular drug users do not report drug use in the month before their crime, the fact that they are currently in prison may suggest treatment and other needs related to their drug use histories which have not been addressed. Further, as the survey does not ask inmates about drug use within the year or two prior to their crime, the lifetime use category is the most appropriate for identifying the extent of possible substance-involvement among inmates and the related service needs of these individuals.

Among the general adult population, there has been a decline in past month use of illicit drugs, from 14 percent in 1979 to six percent in 1996.*² However, drug and alcohol abuse is a stubborn and common characteristic of America's criminal justice population. Some one-fifth of the nation's drug addicts are incarcerated, on probation or on parole at any given time.³

Rates of drug use by prison inmates are much greater than in the general population: 79 percent of state inmates, 60 percent of federal inmates and 78 percent of jail inmates have used illicit drugs, compared with 48 percent of the general adult population. Nearly half of state inmates (45 percent) have used cocaine; 20 percent, crack; 23 percent, heroin. By comparison, in the general adult population, 17 percent have used cocaine; three percent, crack; one percent, heroin.⁴

Substance Abuse and Crime

The use of illegal drugs and the abuse of alcohol are part-and-parcel of crime in America. Whatever their offense, most individuals who are arrested, convicted and sentenced to prison are involved with drugs and alcohol. This can be seen clearly when examining the substance use patterns of inmates by offense type and institution.

Alcohol and Drug Law Violations

The number one substance offense in America is drunk driving, accounting for 1.4 million arrests in 1995, nine percent of all arrests. Overall, in 1995 18 percent--more than 2.7 million--of all arrests were made for alcohol-related crimes. In addition to arrests for drunk driving, 708,100 arrests were made for drunkenness and 594,900 for liquor law violations.⁵ Of all

* In this report, adults are individuals over 17 years of age. Drug use among those 17 years of age and younger has risen in recent years.

adults arrested, some 14 percent are addicted to alcohol at some time in their lives; 10 percent at the time of their arrests.⁶

In 1995, more people were arrested for drunk driving than graduated from college.⁷

In 1995, 10 percent of arrests--1,476,100--were for violations of drug laws.⁸ Twenty-five percent of such arrests were for selling (367,549), 75 percent (1,108,551) for possession.⁹ Drug use is common among those arrested for violating laws that prohibit selling or possessing illegal drugs. About 81 percent of adults selling drugs test positive at the time of arrest, including 56 percent for cocaine and 12 percent for opiates like heroin.^{* 10}

Public concern about illegal drugs and the crime they spawn has led to vigorous federal, state and local law enforcement efforts targeted at those who sell, distribute, manufacture or possess illegal drugs like cocaine, heroin and LSD (lysergic acid diethylamide). The success of these efforts to arrest, convict and punish drug law violators and the drug dependence of most such violators has profoundly increased and shaped the character of America's prison population. At the same time, this increased enforcement has played a role in the recent reduction in violent and property crime rates.¹¹

Drug and alcohol law violations represent only one dimension of the much more extensive relationship between substance abuse and crime in America. Drug and alcohol abuse and addiction are implicated in all sorts of criminal activity, including that of most property and violent offenders who fill America's prisons.

Violent Crime[†]

* Arrestees may test positive for more than one drug. Thus, there is overlap and numbers will not add to 100 percent.

† Violent crime is defined here as murder, manslaughter, rape, robbery, kidnapping and aggravated assault.

CASA's analysis reveals that a substantial proportion of inmates incarcerated for violent crimes are substance-involved. Seventy-three percent of state and 65 percent of both federal and jail violent offenders have regularly used drugs or have a history of alcoholism or alcohol abuse, committed their crime to get money for drugs, or were under the influence of drugs at the time of their crime.

Alcohol. Alcohol addiction and abuse is public enemy number one with respect to homicide and other violent crime.¹³ Nine percent (58,262 in 1995) of adults arrested for

Almost all of the sexual assaults at the University of California at Berkeley in 1996 were alcohol-related.

-- Executive Director of University Health Services¹²

violent crimes admit current alcohol addiction; another 13 percent admit having been dependent on alcohol.¹⁴ But these arrestee admissions of alcoholism understate alcohol's connection to violent crime. As much as half of violent crime is connected with concurrent alcohol abuse.¹⁵

Alcohol is a bigger culprit in connection with murder, rape, assault and child and spouse abuse than any illegal drug.¹⁶ Alcohol is implicated in most homicides arising from disputes or arguments.¹⁷ More widely available and abused than illicit drugs, alcohol was a key factor in the rising homicide rates in the United States between 1960 and 1980.¹⁸

Alcohol abuse is often a contributing factor in incest, child molestation, spouse abuse and family violence.¹⁹ Alcohol use by both attacker and victim is common in incidents of rape, assault, robbery with injury and family violence.²⁰

The connection between alcohol and violence is complex.²¹ Alcohol affects individuals differently, based on their physiology, psychology, experience, gender and immediate situations.²² Explanations that have been suggested as reasons for the tight link between alcohol and violent crime include: being drunk may provide a justification--or alibi--for normally

proscribed behaviors; alcohol lowers inhibitions and sharpens aggressive feelings; alcohol leads to misreading signals by both attacker and victim in rape cases or other violent situations; it decreases frontal lobe functioning, affecting one's ability to handle unexpected or threatening situations; it disrupts neurochemical systems that mediate aggressive behavior.²³

Crimes of violence are particularly associated with prison inmates who are alcohol abusers. Those inmates who were alcohol-involved--that is, were not regular drug users and were under the influence of alcohol at the time of their offense or committed a DUI only--are more likely than the general inmate population and regular drug users to be incarcerated for a violent offense. In state prison, three of five (59 percent) alcohol-involved offenders are serving time for a violent crime, compared to less than half (47 percent) of the overall state inmate population and 43 percent of regular drug users. In federal prison, more than three of five (64 percent) alcohol-involved inmates are serving time for a violent crime, compared to 23 percent of all inmates and 29 percent of regular drug users.

Current Offense Type of Inmates By Percentage						
	All Inmates		Regular Drug Users		Alcohol-Involved Offenders	
	State	Federal	State	Federal	State	Federal
Substance ^a	21	55	23	53	12	6
Violence	47	23	43	29	59	64
Property	20	4	22	4	16	5
Other	12	18	12	14	13	25

^a Includes drug law violations and alcohol abuse violations.

Alcohol-involved offenders are less likely to be serving time for a violent crime in local jails than in state and federal prison and than regular drug users who are also incarcerated in jails. While 19 percent of all jail inmates and 20 percent of regular drug users are incarcerated for a violent offense, only 14 percent of alcohol-involved offenders in jail are there for such an offense. This reflects the relatively large proportion of nonviolent DUI or other public-order offenders in local jails, many of whom are alcohol-involved.

In 1991, 25 percent of both state and federal inmates serving time for homicide were under the influence of alcohol and no other substance when they committed murder. Another 17 percent of state and 12 percent of federal inmates incarcerated for homicide were under the influence of both alcohol and drugs at the time of the murder.²⁴

In 1991, 21 percent of state inmates and 11 percent of federal inmates serving time for violent crime admitted being under the influence only of alcohol at the time of their offense. Another 16 percent of state and six percent of federal inmates incarcerated for violent crime committed the crime under the influence of both alcohol and illicit drugs. Comparatively, one percent of state and three percent of federal violent offenders were under the influence of heroin

and no other drugs or alcohol; one percent of both state and federal, crack alone; two percent of state and three percent of federal, other forms of cocaine alone.

State and Federal Inmates Under the Influence of Drugs or Alcohol At the Time of Their Crime By Percentage								
	Drugs Only		Alcohol Only		Both Drugs and Alcohol		Any Substance	
	State	Federal	State	Federal	State	Federal	State	Federal
All Offenses	16	12	19	7	14	4	49	23
Substance	24	12	14	5	10	3	48	20
Violent	12	16	21	11	16	6	49	33
Property	20	18	17	9	14	7	51	34

More than half (51 percent) of jail inmates convicted of violent crimes were under the influence of alcohol, illicit drugs or both at the time of their offense. The strongest link is between alcohol and violence: 26 percent were under the influence only of alcohol; an additional 15 percent of alcohol and drugs; 10 percent only of drugs. By drug type, only four percent of violent inmates were under the influence of crack or other cocaine alone and none were under the influence of heroin alone.

Convicted Jail Inmates Under the Influence of Drugs or Alcohol At the Time of Their Crime By Percentage				
	Drugs Only	Alcohol Only	Both Drugs and Alcohol	Any Substance
All Offenses	16	27	11	54
Substance	19	36	11	66
Violent	10	26	15	51
Property	19	17	11	47

Illegal Drugs. Abuse of illegal drugs like cocaine and crack runs a close second to abuse of alcohol in spawning violent crime. Half (49 percent) of state inmates who committed violent crime were under the influence of drugs, alcohol or both at the time of their offense. More than a third (38 percent) of violent inmates had used cocaine, 13 percent crack, 20 percent heroin. Violent offenders generally have substantial rates of prior drug use, but lower than those of property or substance crime inmates.

In 1991, 28 percent of inmates in state prison for homicide, 23 percent for assault and 38 percent for robbery committed their crime while under the influence of drugs or both drugs and alcohol.²⁵

State Inmates: Drug Use History by Offense Type By Percentage					
	Marijuana	Heroin	Cocaine	Crack	Any Drugs
All Offenses	73	23	45	20	79
Substance	74	26	56	27	84
Violent	71	20	38	13	75
Property	78	28	50	25	84

Federal Inmates: Drug Use History by Offense Type By Percentage					
	Marijuana	Heroin	Cocaine	Crack	Any Drugs
All Offenses	52	13	36	8	60
Substance	51	9	37	7	59
Violent	63	22	32	9	69
Property	55	24	42	12	62

In federal prisons, a third (33 percent) of inmates who committed violent crimes were under the influence of drugs, alcohol or both at the time of their offense. Violent offenders

in federal prison are as likely as property offenders to have used heroin and about as likely as drug law violators to have used cocaine or crack.

In 1993, 60 percent of adults arrested for violent crime tested positive for drugs, 37 percent for cocaine and six percent for heroin and other opiates. Of the 647,351 adults arrested for violent offenses in 1995; 239,520 (37 percent) had tested positive for cocaine; 38,841 (six percent) were currently dependent on crack, two percent on powdered cocaine, two percent on heroin. More than 38,000 were using heroin or other opiates when they were arrested.* One in 11 (nine percent) violent offenders admitted having ever been hooked on crack, five percent on cocaine and four percent on heroin.†²⁶ Heroin is far less likely than alcohol or crack cocaine to be implicated in violent crime.

Drug-related violence falls into three types: systemic, economic-compulsive and psychopharmacological:²⁷

1. *Systemic violence* is intrinsic to the structures or activities of drug dealing, including murders over drug turf, retribution for selling "bad" drugs, violence to enforce rules within drug-dealing organizations and fighting among users over drugs or drug paraphernalia.
2. *Economic-compulsive violence* results from drug users engaging in violent crime, such as robbery, in order to support their addiction.

* Arrestees may test positive for more than one drug. Thus, there is overlap and numbers will not add to 100 percent.

† Arrestees may report being dependent on more than one drug. Thus, there is overlap and numbers will not add to 100 percent.

3. *Psychopharmacological violence* is caused by the short- or long-term use of certain drugs which lead to excitability, irritability and paranoia, that can spark assault, rape or murder, or reduce inhibitions in individuals prone to violent behavior. Individuals high on drugs are also more likely to be victims of violence. Cocaine, crack, methamphetamine, LSD and PCP (phencyclidine) are illegal drugs most likely to be implicated in psychopharmacological violence.

Property Crime*

The majority of inmates serving time for property offenses are involved with drugs and alcohol. CASA's analysis finds that 80 percent of state, 56 percent of federal and 70 percent of jail property offenders have regularly used drugs or have a history of alcoholism or alcohol abuse, committed their crime to get money for drugs, or were under the influence of drugs at the time of their crime.

The overwhelming majority of drug addicts and abusers in prison do not have the money from legal sources to buy drugs. Typically they are unemployed or underemployed and have no savings. Even if working, they don't make enough to support their drug habits. The lifestyle of the chronic illicit drug user is dominated by a perpetual search for drugs and the money to buy drugs, with theft, shoplifting, selling stolen property, forging checks, fraud, burglary of homes and businesses often a part of everyday existence.²⁸

Among adult arrestees charged with property offenses in 1993, 68 percent tested positive for at least one drug (including marijuana), 48 percent for cocaine or crack, 11 percent

* Property crime is defined here as burglary, larceny, theft, forgery, motor vehicle theft, fraud, selling stolen property or arson.

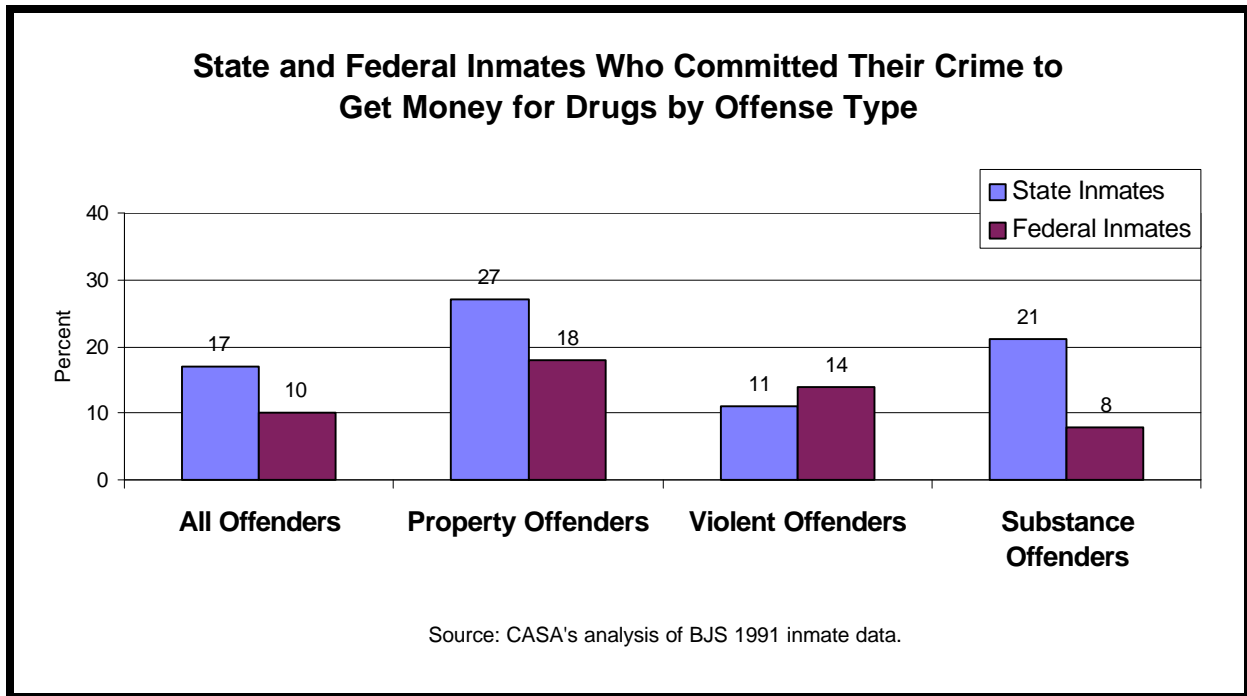
for heroin or other opiates. Sixteen percent had been dependent on crack at some time in their lives, nine percent on cocaine, eight percent on heroin. Some 14 percent admitted having been addicted to alcohol; another nine percent were currently addicted.²⁹

When these data are related to the number of adults arrested for property crime in 1995, the immense involvement of illicit drugs and alcohol becomes clear. Of the 1,389,976 adults arrested for serious property offenses in the United States: 667,188 had recently used cocaine; 222,396 had been dependent on crack; and 194,597 had been dependent on alcohol.³⁰

In state prisons, 17 percent of all inmates committed their crime to get money to buy drugs, including 27 percent of property crime offenders (64,098 sentenced inmates in 1995), 11 percent of violent crime offenders (50,336 inmates) and 21 percent of drug law violators (47,229 inmates).³¹

Fifty-one percent state inmates incarcerated for a property crime were under the influence of drugs, alcohol or both at the time of their offense: 20 percent, drugs; 17 percent, alcohol; 14 percent, drugs and alcohol. Half of property crime inmates had used cocaine; 25 percent, crack; 28 percent, heroin.* Property offenders are as likely as substance offenders to have histories of cocaine, crack or heroin use, but more likely to be under the influence of drugs at the time of their crime or to commit their crime to get money to buy drugs.

* Inmate may have reported use of more than one drug. Thus, percentages will not add to 100.



One of 10 federal inmates committed their crime to get money for drugs, including 18 percent of property offenders, 14 percent of violent offenders and eight percent of substance offenders.

More than a third (34 percent) of federal inmates incarcerated for a property crime were under the influence of drugs, alcohol or both at the time of their offense: 18 percent, drugs only; nine percent, alcohol only; seven percent, drugs and alcohol. Property offenders were more likely than any others to use cocaine, crack and heroin.

In 1989, half (47 percent) of local jail inmates convicted of a property crime were under the influence of drugs, alcohol or both at the time of their offense: 19 percent, drugs; 17 percent, alcohol; and 11 percent, alcohol and drugs. Twenty-four percent committed their property crime to get money to buy drugs.

State Prison Inmates

Most state prison inmates (79 percent) have used drugs during their lives. Some 62 percent regularly used an illicit substance during their lives, including 27 percent, cocaine; 14 percent, heroin; and 13 percent, crack. Of the 1,076,625 inmates in state prisons in 1996, 290,689 had histories of regular cocaine use and 150,728 of regular heroin use.³² Moreover, 45 percent were regular users during the month prior to their arrest. Nearly a third (29 percent) used alcohol daily or almost daily during the year prior to their offense. Many used more than one drug.

Half (49 percent) of state inmates were under the influence of some substance when they committed the crime for which they were incarcerated: 16 percent, drugs only; 19 percent, alcohol only; 14 percent both drugs and alcohol. (See table on page 34.)

Regular Drug and Alcohol Use Among State Inmates By Percentage		
	Have ever used regularly	Used regularly in the month before offense
Any drug	62	45
Marijuana	52	28
Cocaine	27	17
Crack	13	9
Heroin	14	8
Alcohol	60	^a

^a Data on alcohol use in the month prior are not available.

Federal Prison Inmates

Substance abuse is less common among federal inmates, although federal prisons have a much higher percentage of drug law violators than state prisons. In 1991, 60 percent of federal inmates had used drugs sometime in their lives. Forty-two percent regularly used an illicit substance during their lives, including 19 percent, cocaine; eight percent, heroin; five percent, crack.

The proportion of federal inmates who used drugs during the month prior to their arrest (28 percent) is lower than among state prison inmates (45 percent). During the prior month, 28 percent of federal inmates regularly used drugs, including 16 percent, marijuana; 11 percent, cocaine; four percent, heroin.

Regular Drug and Alcohol Use Among Federal Inmates By Percentage		
	Have ever used regularly	Used regularly in the month before offense
Any drug	42	28
Marijuana	32	16
Cocaine	19	11
Crack	5	3
Heroin	8	4
Alcohol	51	^a

^a Data on alcohol use in the month prior are not available.

Many regularly used more than one drug. Seventeen percent of federal prisoners had used alcohol daily or almost daily during the year prior to their offense.

Nearly one-fourth (23 percent) of federal inmates were under the influence of some substance when they committed the crime for which they were incarcerated: 12 percent, only drugs; seven percent, only alcohol; four percent, both drugs and alcohol. (See table on page 34.)

Jail Inmates

As of June 30, 1996, local jails held a total of 518,492 offenders. Half (49 percent) had been convicted and were serving their sentence; the rest were detained pending trial or held for other reasons.³³

More than half (58 percent) of all jail inmates report regular illegal drug use

Regular Drug and Alcohol Use Among Jail Inmates By Percentage		
	Have ever used regularly	Used regularly in the month before offense^a
Any drug	58	39
Cocaine or crack	32	9
Heroin	11	2
Marijuana	48	11
Alcohol ^b	64	^c

^a Data for convicted inmates only.

^b Jail inmates were only asked about past year alcohol use.

^c Past month alcohol use not available

in their lifetime. Thirty-nine percent of convicted jail inmates used one or more drugs regularly during the month before their crime.* Marijuana is the illicit drug most commonly used by jail inmates. Nine percent of convicted jail inmates used crack or other forms of cocaine regularly in the month prior to arrest.

Most convicted jail inmates (54 percent) were under the influence of drugs, alcohol or both at the time of the commission of the offense, including 14 percent, cocaine or crack, and nine percent, marijuana. Applying these proportions to the 1996 jail population: 279,986 jail inmates were under the influence during their crime and 300,725 had histories of regular drug use, including 165,917 who had regularly used cocaine or crack and 57,034 who had regularly used heroin. Inmates convicted of violent offenses are more likely to report being under the influence only of alcohol than only of drugs at the time of their crime. (See table on page 34.)

Alcohol abuse plays a big role in the criminal behavior of jail inmates. One-fifth report that they have been, or are now, alcoholics. Thirty-eight percent of convicted jail inmates report that they were under the influence of alcohol (alone or with drugs) at the time of their offense. Eight percent were incarcerated for driving while intoxicated.

Feeders for Prisons

Inmates come from three sources: arrestees, probationers and parolees.

* Data regarding drug use in the past month, whether the inmate was under the influence when they committed their crime and whether the inmate committed their crime to get drug money, were gathered only for convicted jail inmates.

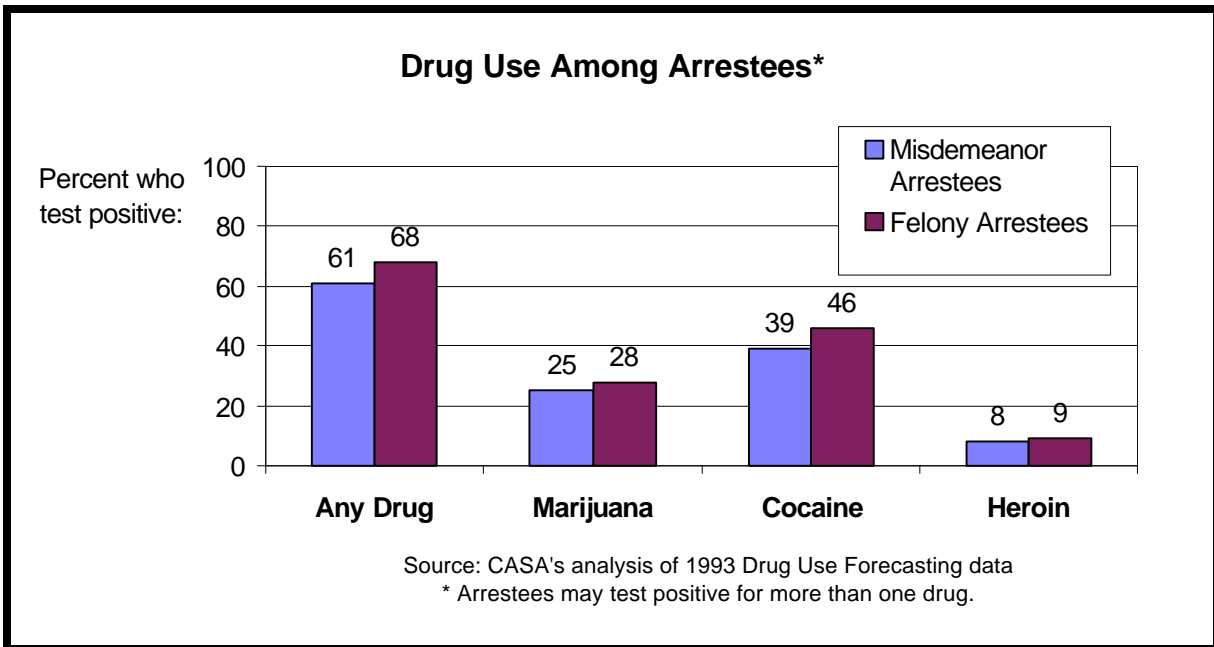
Substance Abuse Among Arrestees

More than 15 million individuals were arrested in the United States in 1995.³⁴ Of them, more than a half million end up in prison and 10 million in jail. Drug and alcohol abusers and addicts are the arrestees likeliest to be incarcerated.

CASA analyzed drug and alcohol use patterns from the 1993 U.S. Department of Justice Drug Use Forecasting System (DUF)--urine tests and interviews of 20,737 adult male arrestees and 8,065 adult female arrestees.³⁵ Overall, 66 percent of adult arrestees tested positive for at least one of 10 drugs.*³⁶ Among men, 43 percent tested positive for cocaine (including crack); among women, 47 percent.³⁷ Marijuana was detected in 26 percent of arrestees.³⁸ The DUF system does not test for alcohol (though it conducts interviews about it).

Drug use is common among arrestees, no matter what the severity of the offense or type of crime. Regardless of the type of crimes they commit, individuals who test positive for drugs at the time of arrest have more extensive prior criminal records and are likelier to be arrested--and imprisoned--more often than those who do not test positive for drugs.³⁹

* Amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates (including heroin), phencyclidine or propoxyphene.



Felony Arrestees. Among adult felony arrestees, the population that feeds state and federal prisons, 68 percent tested positive for any drug, including 46 percent for cocaine; 28 percent for marijuana; nine percent for heroin or other opiates. In interviews, one-quarter admitted drug or alcohol addiction at the time of arrest. A third (34 percent) admitted addiction at some time in their lives, including 13 percent to alcohol; 14 percent to crack, eight percent to cocaine and six percent to heroin.⁴⁰

Thirty-two percent of arrestees admitted needing drug or alcohol treatment (two-thirds of them for cocaine or crack addiction), but only three percent were in treatment at the time of arrest. Only one in four adult felony arrestees (24 percent) had ever received any substance abuse treatment and only three percent were in treatment at the time of arrest.⁴¹

Misdemeanor Arrestees. Of 1993 adult misdemeanor arrestees, the group that primarily feeds local jails with convicted inmates, 61 percent tested positive for drugs. One-third (32 percent) had been addicted to drugs or alcohol, including one-quarter (24 percent) who were addicted at the time of arrest. Twelve percent had been addicted to crack, six percent to cocaine

and five percent to heroin. Only three percent of all adult misdemeanants were receiving treatment at the time of arrest.⁴²

"...putting people with drug problems in jails without proper treatment for a specific time will only get them back out in the streets; then the problem is back again."

--Police Chief, small midwestern city⁴⁶

Substance Abuse Among Probationers and Parolees

Many convicted offenders are sentenced to probation instead of incarceration or are released on parole before their prison sentence terminates. At the end of 1996, nearly 3.9 million adults were on state or federal probation and parole (3,180,363 on probation; 704,709 on parole).⁴³ Substance addiction and abuse are rampant in this population.

Many inmates go to prison for probation or parole violations. In 1995, one-third of inmates committed to state prison and 11 percent of inmates committed to federal prison were parole violators (or violated other conditional release).⁴⁴

Drug use is frequently connected to crimes committed while on probation or parole. Most violators of probation (56 percent) and parole (54 percent) used drugs in the month before committing the new offense for which they are serving time. Forty-one percent of each group were using drugs daily.⁴⁵

Half of probation and parole violators were under the influence of drugs, alcohol or both when they committed their new offense. Most probation violators (53 percent) were under the influence of some substance when they committed their new offense: 19 percent, drugs only; 17 percent, alcohol only; and 17 percent, both drugs and alcohol. Half (49 percent) of parole violators were under the influence of some substance when they committed their new offense: 21 percent, drugs only; 16 percent, alcohol only; 12 percent, both drugs and alcohol. Approximately

one in five of probation and parole violators in state prison admit to committing their crime to get money for drugs.⁴⁷

While under probation or parole supervision, many offenders are required to abstain from using drugs and to submit to periodic drug testing. However, probation and parole officers are rarely given the substance abuse training necessary to recognize and mediate the addiction problems of the offenders under their supervision. Few probationers or parolees are given access to drug treatment and many are sent back to prison for violations involving positive drug tests. Overall, during 1995, 200,972 probationers and 110,802 parolees were incarcerated for violations of their probation or parole conditions--many involving positive drug tests.⁴⁸

In California in 1995, 60 percent of inmates were incarcerated for a violation of their probation, parole or other conditional release.⁴⁹ In two-thirds (64 percent) of these cases, use or possession of drugs was a factor in the return to prison.⁵⁰

In Texas, almost half of probation revocations to prison and more than 80 percent of parole revocations to prison are the result of a conviction for a new offense, most often a drug law violation or a property crime. Of revoked offenders, 51 percent of the drug law violators and 36 percent of violent offenders had used drugs within 24 hours of their crime. Revoked offenders originally convicted of a drug law violation were more than eight times likelier to be incarcerated for a new drug law violation. Revoked offenders originally convicted of DUI were more than 100 times likelier to be incarcerated for a new drunk driving crime.⁵¹ More than 83 percent of revoked drunk driving offenders had their parole or probation revoked for committing a new DUI crime.⁵²

CASA has been testing a demonstration program for recovering ex-offenders upon release from prison in four cities. Called Opportunity To Succeed (OPTS), the program seeks to pull together all services parolees need to become productive, tax-paying citizens: drug and alcohol treatment and aftercare, job training, health and social services, assistance in getting a job and drug-free housing. An early lesson of that test program is the importance of meeting the individual client at the gates of the prison upon release. Many parolees who were not met in that fashion abused alcohol and/or drugs on the day of release.

Marijuana and the Prison Population

Concern is sometimes expressed that state and federal prisons and local jails are overcrowded with many thousands of inmates whose only offense is possession of a small amount of marijuana, and that as a result violent prisoners are released early due to overcrowding and funds are diverted from the treatment and training of inmates addicted to drugs like cocaine and heroin. In preparing this report, CASA has extensively examined what data are available and, though those data are limited, it appears that few inmates could be in prison or jail solely for possession of small amounts of marijuana. Indeed the number is likely so small that it would have little or no impact on overcrowding or the vast gap between the need for treatment and training and available slots.

Possession of small amounts of marijuana for personal use is usually a misdemeanor, and, in some states, it is a non-criminal infraction.⁵³ Accordingly, a simple marijuana possession case, unless the offender had a history of violent or repeated serious convictions or were a dealer, is unlikely to result in a prison sentence. Only 49,308 inmates--2.9 percent of the 1.7 million inmates in state and federal prisons and local jails--are incarcerated for any

kind of drug possession and do not have a history of violent crime, property crime or at least two prior felony convictions (which could be for marijuana or other drug possession--detailed information about prior convictions is not available from the inmate survey). This suggests that the popular conception that large numbers of individuals whose only crime is marijuana possession are incarcerated is probably false.

The inmate survey data of the U.S. Department of Justice Bureau of Justice Statistics do not distinguish between convictions for possession of marijuana and convictions for possession of cocaine, heroin or other harder drugs. However, the most recent state survey, one taken of Massachusetts inmates, found that 99.7 percent of incarcerated drug offenders had been convicted for violations involving cocaine or heroin, not marijuana.⁵⁴ The generalizability of these findings to other states is not yet known.

CASA's analysis of the 1991 state prison survey reveals that only 4.8 percent of all state inmates--51,678 in 1996--claimed that they were in prison only on charges of drug possession. Almost one in five of these inmates--8,682--had at least one prior conviction for a violent offense and an additional 7,907 had at least one prior conviction for a property offense. Another 11,886 of these inmates had at least two prior convictions, mostly for drug law violations. That leaves 2.2 percent of state inmates--23,685 in 1996--who were incarcerated for drug possession and had no prior convictions for violent or property offenses and only one or no prior conviction.

CASA's analysis finds a similar pattern among federal prison and local jail inmates. In 1991, 10.9 percent of federal inmates--11,504 in 1996--said they were behind bars for drug possession. One in twenty of these inmates--610--had a history of violent crime. Another 495 of these inmates had at least one prior conviction for a property offense, and an additional 1,576 had at least two prior convictions (including drug law violations). That means 8.4 percent of federal

inmates--8,866 in 1996--were incarcerated for drug possession and had no prior convictions for violent or property offenses and only one or no prior conviction.

In local jails in 1991, 6.4 percent of inmates--33,183 in 1996--said they were behind bars for drug possession. However, 3,916 had a history of violent crime, another 4,679 had a history of property crime, and an additional 7,831 had at least two prior convictions (mainly for drug law violations). That means only 3.2 percent of all jail inmates--16,757 in 1996--were incarcerated for drug possession and had no prior convictions for violent or property crimes and only one or no prior conviction.

Counting state, federal and local jail inmates, that would mean that 49,308 Americans--2.9 percent of all inmates--were behind bars for drug possession who said they did not have a history of violent crime, property crime or at least two prior convictions. But, as the recent Massachusetts prison survey suggests, the number of these inmates who have been convicted of marijuana possession and have no other criminal history is certain to be considerably lower. First, many of these 49,308 inmates were convicted of possessing a harder drug, such as cocaine or heroin, or large quantities of an illegal drug, not a small amount of marijuana. Since state and federal prisons hold only felons, it is unlikely that they hold prisoners whose only offense was possession of a small amount of marijuana. Second, some of these inmates were originally charged with drug selling or some other crime, but pled down to drug possession in an agreement with prosecutors. Third, more than two-thirds of state and local jail inmates and one-third of federal inmates incarcerated for drug possession acknowledge having previously used heroin, cocaine and other harder illegal drugs. Taking all of this into account, it is likely that very few of the more than 1.7 million state, federal and local jail inmates may be incarcerated solely for possession of small amounts of marijuana. But until future surveys distinguish the type and

quantity of the illegal drug possessed, it is not possible to determine precisely how many inmates are incarcerated for possession of small amounts of marijuana.

The Heaviest Responsibility

There can be little doubt that the prison population of present day America, dominated as it is by alcohol and drug abusers and addicts, bears little relationship to the popular screen and TV images Mafia dons and violent psychopaths. It is substance abuse and addiction--and the associated crime--that bears the heaviest responsibility for tripling the size of America's prison population since 1980.

III.

The Exploding Prison Population

Between 1980 and 1996, the number of inmates in the United States more than tripled from 501,886 to 1,700,661.² The state prison population jumped 264 percent (from 295,819 to 1,076,625); federal, 344 percent (from 23,779 to 105,544); local jail, 184 percent (from 182,288 to 518,492).³

From 1980 to 1996, for state prisons, the cost of construction, maintenance and operation jumped by 472 percent, from \$4.3 billion to \$24.6 billion; for federal prisons, by 649 percent, from \$387 million to \$2.9 billion; for local jails, by 357 percent, from \$2.3 billion to \$10.5 billion.⁴

In 1980, there were 221 state and federal prison and local jail inmates for every 100,000 residents; in 1996, there were 641.^{* 5} Compared to the most recently available international figures, this incarceration rate is the second highest in the world--surpassed only by post-Communist Russia with a rate of 690 per 100,000. Most European nations are well below 200; Japan is at 37 per 100,000.⁶

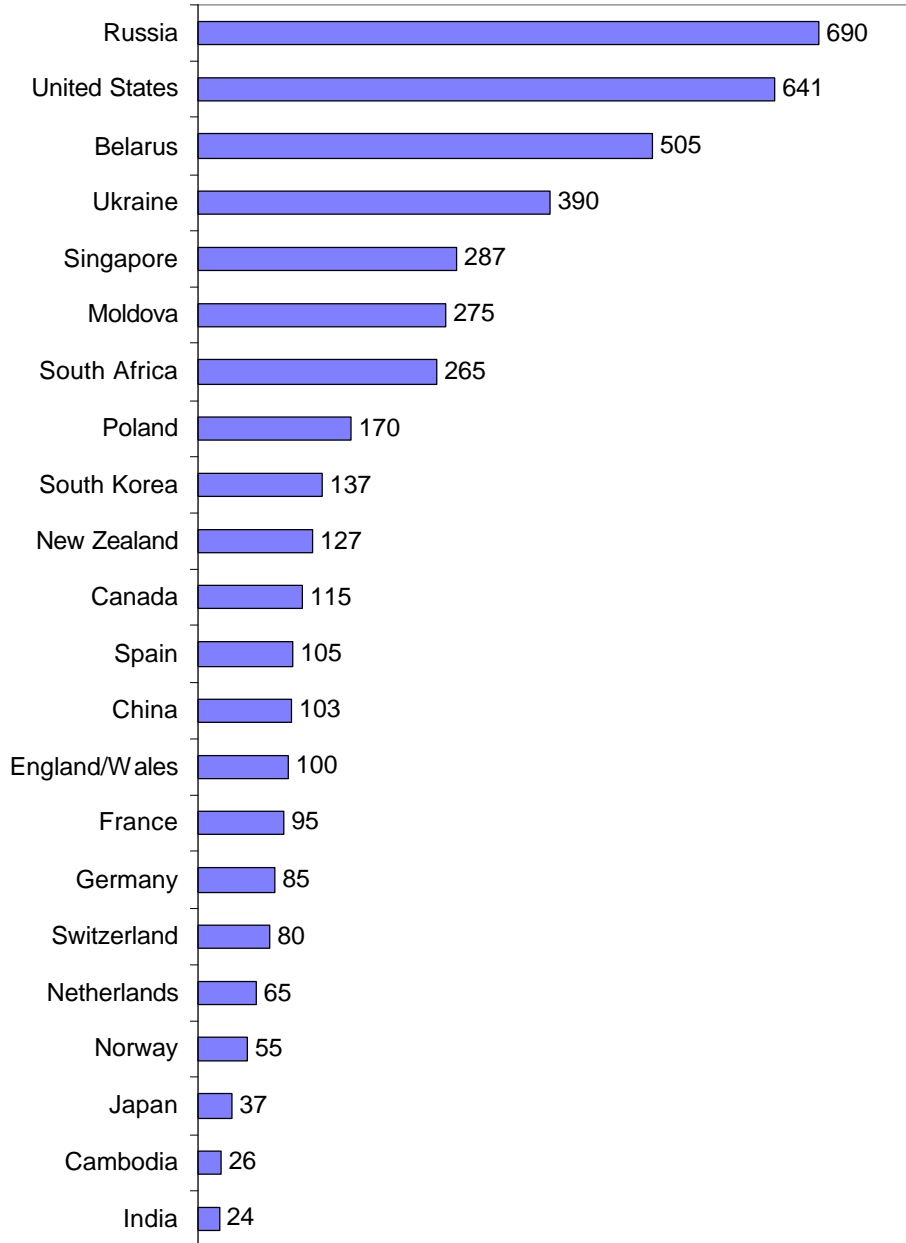
*More than **1,700,600** people are incarcerated in the prisons and jails of the United States.¹*

Population parallels:

*1,700,000...Houston (fourth largest U.S. city)
1,700,000...Graduate students in U.S. universities
1,650,000...Nebraska (37th largest U.S. state)
1,500,000...Active U.S. military personnel
1,500,000...U.S. college graduates per year*

* These rates are based on a resident population in 1980 of 227,225,000 and in 1996 of 265,284,000.

Comparative Rates of Incarceration*



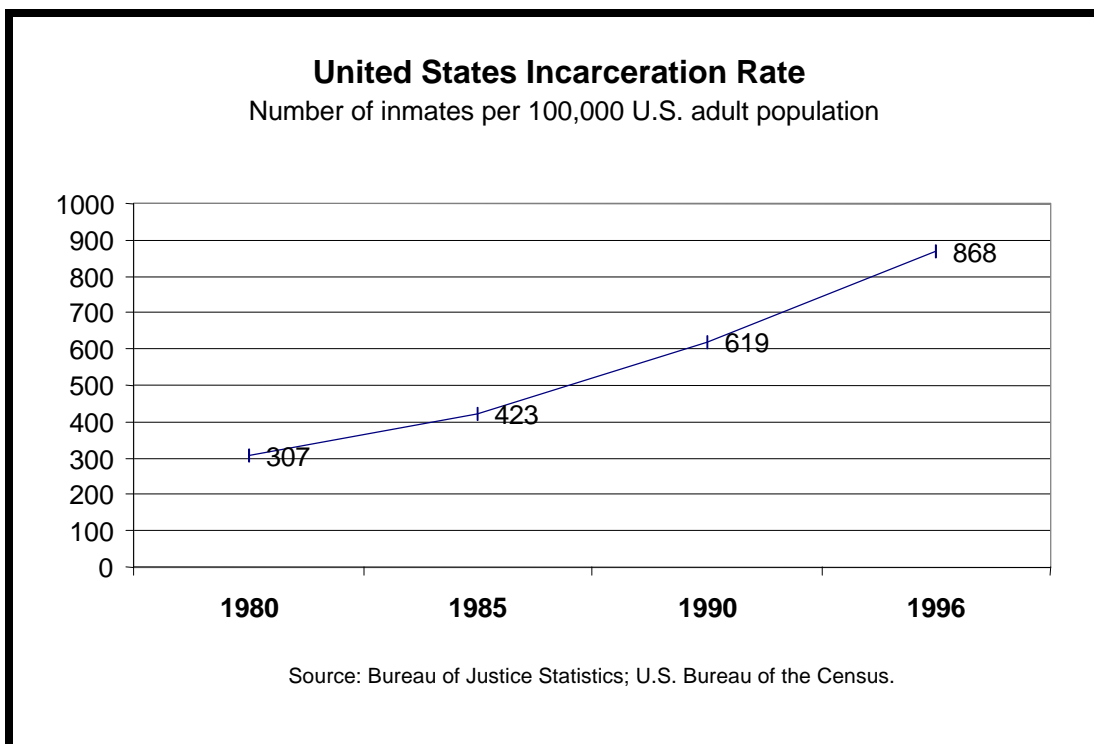
Per 100,000 in the population

* 1995 data for all countries except the United States. 1996 data for the United States.

Sources: The Sentencing Project, 1997; Bureau of Justice Statistics, 1997;

U.S. Bureau of the Census, 1997.

Although jails detain a few younger offenders (less than two percent of jail inmates were under 18), only adults (18 and over) are incarcerated in state and federal prisons.⁷ In direct comparison of the number of adult inmates to the adult population of the United States, there were 868 inmates for each 100,000 adults in 1996, compared to 47 per 100,000 adults in Japan, 99 per 100,000 adults in Switzerland and 104 per 100,000 adults in Germany.^{* 8} At the current rate of increase, the dawn of the new century will find one in every 100 adult Americans behind bars.



Overcrowding is the norm in state and federal institutions. At the end of 1996, state prisons were operating at 16 to 24 percent above capacity and the federal prison system at 25 percent above capacity.⁹ On top of that, because of lack of space, three percent of state prisoners were held in local jails or other facilities, such as hospitals or community half-way

^{*} This rate is based on a population of 195,874,000 in 1996 over age 17 (U.S. Bureau of the Census, 1997).

houses.¹⁰ In 1996 in 21 states, courts had set limits on their prison populations; in 16 states, courts had appointed Special Masters to monitor conditions of confinement.¹¹ In 1995, 16 states released 3,332 prisoners before they completed their sentences because of overcrowding.¹² This overcrowding makes it difficult for many prisons to segregate inmates in treatment from the general population and establish therapeutic communities.

Forces Behind the Rocketing Rate Of Incarceration

Citizen concerns about crime and violence have put significant pressure on federal, state and local office-holders to step up law enforcement, prosecution and punishment. As a result, state and federal legislatures have enacted more criminal laws, especially with respect to illicit drugs; Federal Bureau of Investigation and Drug Enforcement Agency agents and state and local police have made many more arrests for all kinds of

*Texas has:
96 prisons and
40 public four-year colleges*

*Florida has:
94 prisons and
9 public four-year colleges*

*California has:
87 prisons and
31 public four-year colleges*

*New York has:
69 prisons and
42 public four-year colleges¹³*

crime; prosecutors have delivered more charges and indictments; judges and juries have brought more convictions; and judges have imposed more prison sentences authorized or mandated by more criminal laws.¹⁴

Alcohol and drug abusers and addicts and drug law violators are particularly affected by these changes. Public reaction to the heroin epidemic of the 1970s and the crack cocaine explosion in cities in the 1980s, and growing concern about drunk driving, prompted many new criminal laws and stiffer penalties for drug- and alcohol-related crimes. Inmates who

are alcohol and drug abusers and addicts are the most likely to be reincarcerated--again and again--and sentences usually increase for repeat offenders.

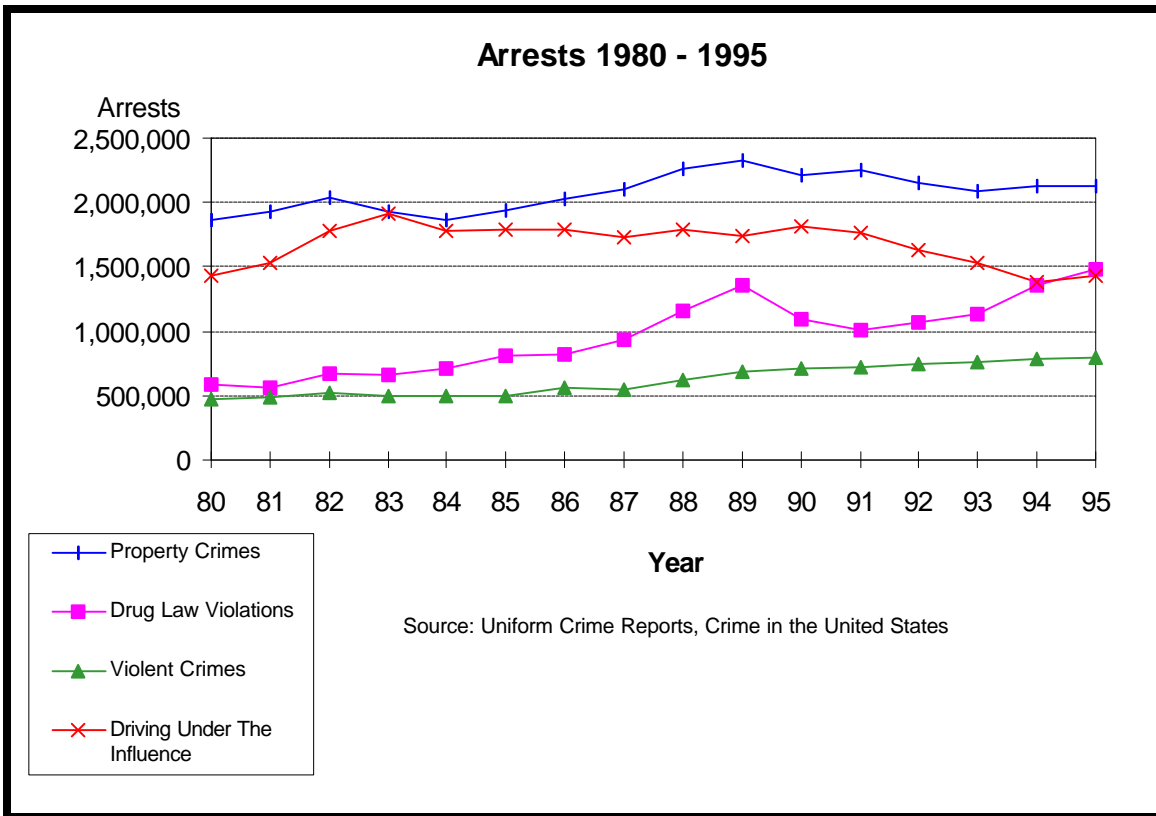
More Arrests*

As police departments have assigned higher priority and more officers to the enforcement of criminal laws--notably drug law violations--between 1980 and 1995, the number of arrests nationwide increased by 45 percent, from 10,441,000 to 15,119,800. One of the largest increases in arrests has been for violation of laws prohibiting drug sales, distribution and possession--up 154 percent during this time period, from 580,900 to 1,476,100. In comparison, the adult population grew by only about 19 percent.¹⁵ Arrests for drug law violations grew at more than 10 times the rate of property crime arrests (up 14 percent) and more than twice the rate of increase for violent felonies (up 68 percent).¹⁶ Increases in felony drug arrests accounted for 19 percent of the growth in all arrests. Assaults (other than aggravated) and offenses against family and children (such as spouse and child abuse)--often alcohol- or drug-related--were the only offense categories with larger increases than drug law violations in arrest rates: together they were up 163 percent, from 544,000 to 1,433,300.^{† 17}

While arrests for driving under the influence (DUI) have not increased much since 1980 (from 1,426,700 to 1,436,000), they are more than the number of drug possession arrests (1,108,551) or drug sale arrests (367,549).¹⁸ That makes DUI arrests second only to arrests for larceny/theft (1.5 million in 1995).¹⁹

* Although recent declines in the number of crimes reported to the police have received considerable publicity, the trend in arrests does not necessarily parallel crime rates. Because many reported crimes do not lead to an arrest, the number of arrests may increase as crime rates decrease due to changes in law enforcement strategies or the number of police officers on the street.

† Arrests for assaults (other than aggravated) were up from 488,600 in 1980 to 1,290,400 in 1995. Arrests for offenses against family and children were up from 55,400 in 1980 to 142,900 in 1995.



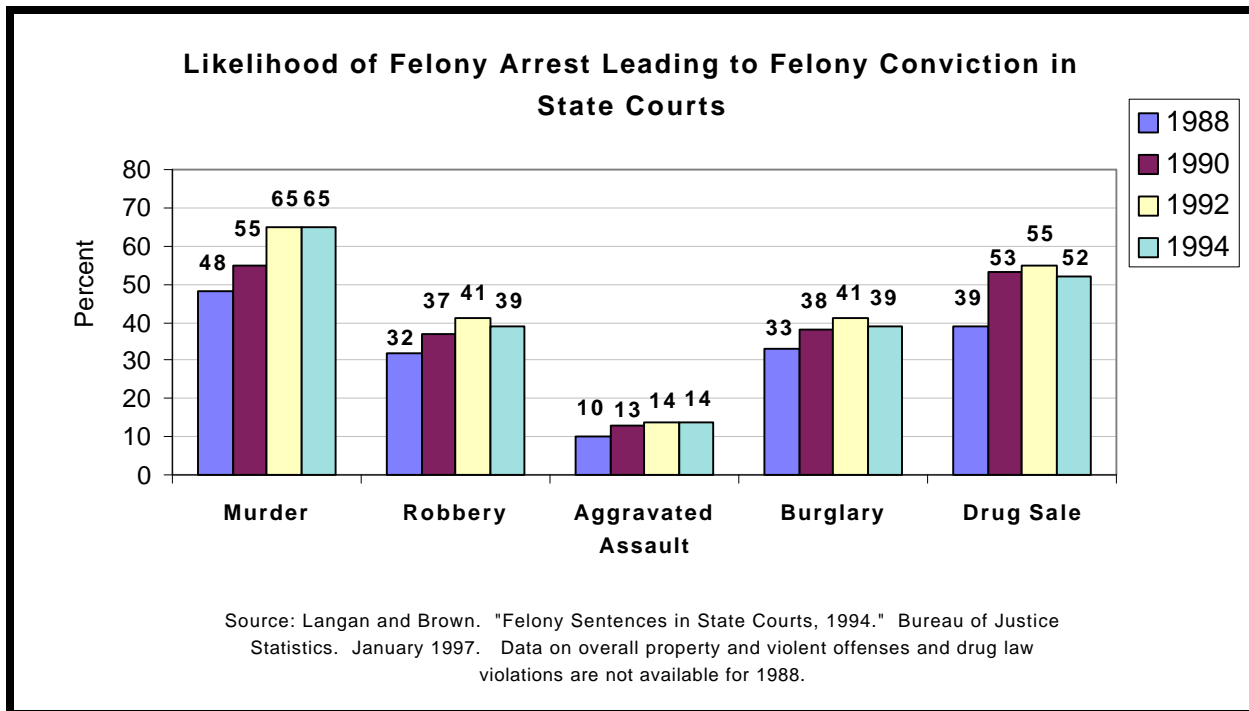
More Convictions

Stepped-up enforcement has been accompanied by tougher prosecutorial policies and plea bargaining restrictions. As a result, arrested drug and other felony offenders are likelier to be convicted and sentenced to prison than they were 10 years ago.

State Courts. Most of the increase in conviction rates for drug law violators occurred in the late 1980s and early 1990s. Adult arrests for drug selling were up 11 percent between 1988 and 1994 (from 287,857 to 318,607), while the number of felony convictions was up 48 percent (from 111,950 to 165,430).²⁰ From 1988 to 1992, the proportion of state adult felony arrests for drug selling resulting in a felony conviction rose from 39 percent to 55 percent and has since remained around that level.* The likelihood of conviction for arrested drug sellers

* The earliest comprehensive data available for conviction rates in state courts are from 1988. Some data were collected in 1986, but the small sample size limits its value for documenting trends in state courts.

is greater than for any other felony except murder and rape.²¹ Conviction rates for other felonies show similar trends to drug selling: from 1988 to 1992, the likelihood of conviction for murder increased from 48 percent to 65 percent; of conviction for robbery, from 32 percent to 41 percent. There was little change from 1992 to 1994.²²



Federal Courts. Conviction rates in the federal courts tend to be much higher than in the state courts, and have over time remained fairly stable for drug and other crimes. About 82 percent of U.S. District Court cases result in a conviction and rates do not vary much by type of crime.²³

However, as increased federal enforcement efforts brought more cases into the federal courts, there has been a surge in the number of convictions. Between 1982 and 1994,

the number of felony convictions increased by 42 percent, from 34,193 to 48,678.²⁴ Among drug law violators, the number of convictions increased by 154 percent, over three times the rate of all federal felony convictions, from 6,979 to 17,722. Virtually all drug law violation convictions in federal courts are for selling (16,414 out of the 17,722 in 1994).²⁵

More Sentences to Prison

Defendants convicted of felony crimes are now more likely to be sentenced to prison. This has been spurred by the enactment of increased penalties and mandatory prison sentences for more felonies. Many laws require that mandatory sentences be served in full with no opportunity for parole.*

The idea of mandatory prison sentences for drug law violators is not new. The first federal law requiring mandatory prison sentences for drug dealers was enacted in 1951. New York State enacted mandatory sentences for drug law violators in 1973. But since the mid-1980s, states have increased the number of offenses requiring mandatory sentences and enhanced penalties for drug law violations. Between 1987 and 1990:

* Often called "Truth in Sentencing," these laws usually require that inmates serve at least 85 percent of the maximum prison term imposed. Most state and the federal prison sentences set a "minimum" and "maximum" term. The offender is required to serve at least the minimum term in prison before becoming eligible for parole. The offender is then under parole supervision until the expiration of the maximum sentence. Generally the minimum is one-third the maximum, unless the offender has a prior felony conviction, in which case the minimum is often one-half the maximum. Inmates often receive credit for time served in pretrial detention or for good behavior while in prison and thus can be eligible for parole before the expiration of the minimum term (absent a legal requirement to serve the minimum). In local jails and a few states, offenders are sentenced to a fixed term, although some can be released early for good behavior or other credits.

- At least 14 states increased penalties for drug possession.
- At least 15 states increased penalties for selling drugs.
- All states except one increased penalties for selling drugs to minors.
- Twenty-three states made it a crime to use minors in drug transactions.
- Twenty-seven states increased penalties for selling drugs near schools.²⁶

By 1996, most states and the federal government had laws mandating prison sentences for drug law violators and other felons who had previous convictions.²⁷ In 1986 and again in 1988, Congress increased the existing penalties for drug law violations under the Anti-Drug Abuse Acts. In 1989, Congress set mandatory minimum prison sentences and substantial penalties for drug selling and possession for the federal judicial system.

MANDATORY SENTENCES

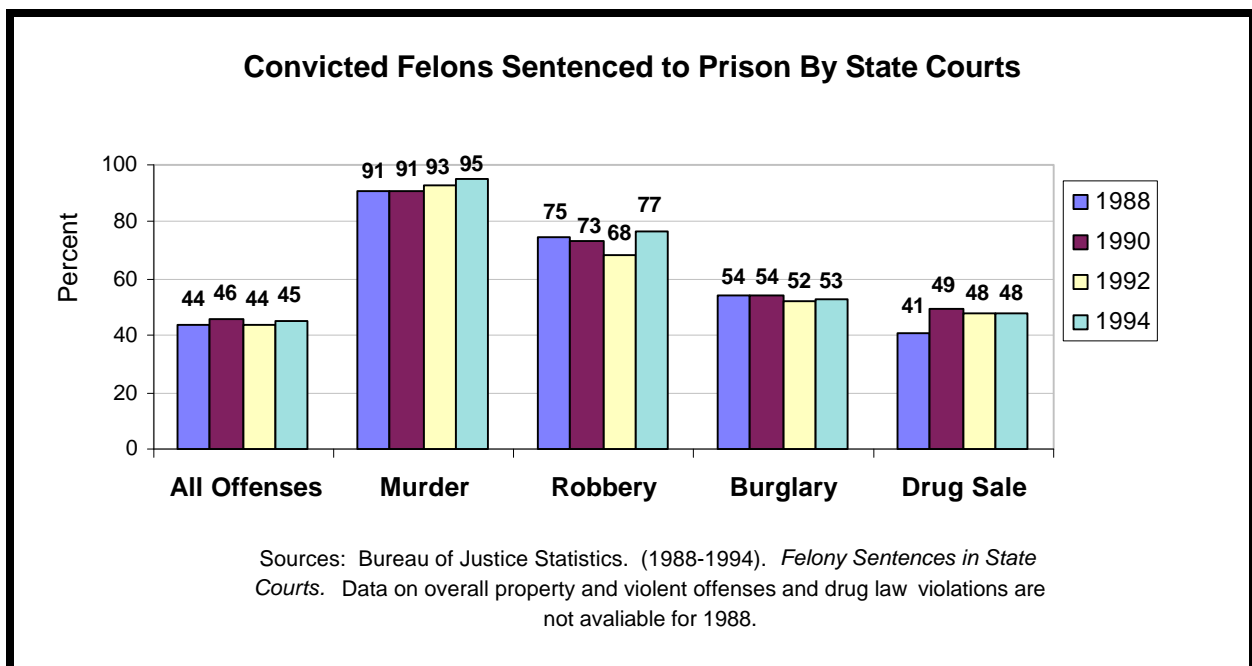
There are several ways in which mandatory sentencing laws can affect the likelihood that a convicted offender is sentenced to prison, and the amount of time that is spent incarcerated.

First, state and federal law often mandate that convictions for certain types of offenses or offenders carry a prison sentence, meaning that a probation or other non-incarcerative sentence is not allowed. The length of the prison sentence may vary, and parole is still allowed. This type of mandatory sentencing law most commonly applies to violent crimes, drug selling, or convicted felony offenders who have one or more previous felony convictions. Such mandatory prison sentences take discretion away from prosecutors and judges to sentence to a treatment alternative in the community.

The second type of mandatory sentencing law requires that a certain proportion of a maximum sentence be served in prison--a primary example is the recently popular "truth-in-sentencing" legislation. In this situation inmates cannot be released on parole after their normal minimum sentence time, but must serve an amount of time closer to the maximum sentence. Such laws thus take discretion away from corrections staff and parole boards, and limit the length of time spent on parole. The inmate's incentive to participate in programs is diminished because there is less difference between the minimum and maximum terms that can be spent in prison.

The third variation on mandatory sentencing reflects a shift toward what is called "determinate" sentencing. Here the length of a prison sentence is fixed--there is no minimum and maximum sentence--and there is no release to parole supervision. This can take away the incentive to participate in treatment while in prison because no early release is possible, and eliminates parole which can be an incentive to continue treatment or aftercare upon release.

State Prison Sentences. More than two of five (42 percent) convicted felony drug law violators in the state courts are sentenced to prison, a rate similar to property offenders. Sixty-two percent of violent felony offenders are sentenced to prison, by far the highest rate.²⁸ From 1988 to 1994, the proportion of convicted drug sellers sentenced to prison in state courts increased from 41 to 48 percent, while the proportions for murder, robbery, burglary or overall offenses remained relatively constant.²⁹

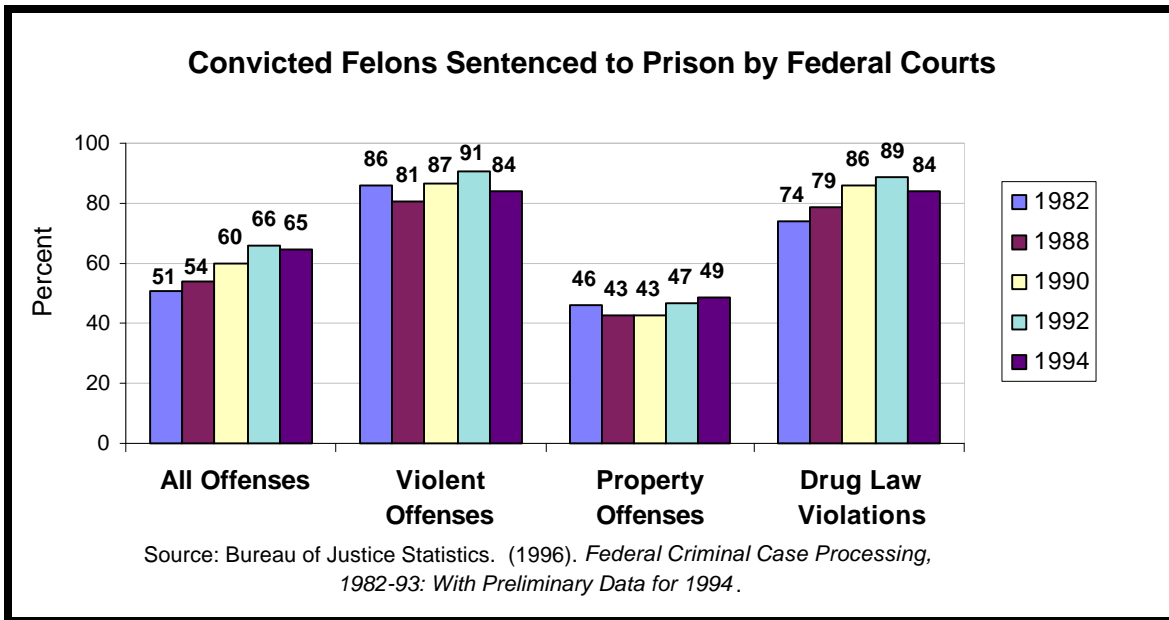


Between 1988 and 1992, sentence length increased for many offenses. The largest increases were for murder and for drug selling offenses. Between 1992 and 1994, for most offenses, the increases in sentence length were retracted. For many offenses they dropped to less than their 1988 length. In state prisons, sentenced drug law violators serve an average of one-third of their maximum terms.³⁰

Sentence Length in State Prison by Offense Type				
	Average number of months sentenced to prison (maximum term):			Percent of maximum sentence served in prison:
	1988	1992	1994	1994
All offenses	76	79	71	38
Violent offenses	^a	125	118	46
Murder	239	251	269	47
Rape	183	164	158	54
Robbery	114	117	116	44
Aggravated assault	90	87	79	46
Property offenses	^a	67	57	36
Burglary	74	76	69	35
Drug law violations	^a	67	61	33
Possession	^a	55	50	34
Selling	66	72	66	32

^a Data unavailable. Source: Bureau of Justice Statistics (1988, 1992, 1994). *Felony sentences in state courts*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Federal Prison Sentences. From 1982 to 1994, the percentage of convicted federal drug law violators sentenced to prison rose from 74 to 84, a slower rate of increase than that for all convicted offenders, (from 51 to 65 percent), but higher than that of property offenders (from 46 to 49 percent) and violent offenders (which dropped from 86 to 84 percent). The proportion of drug law violators sentenced to federal prison is about the same as for those convicted of violent offenses, such as rape and murder, which are often drug- and alcohol-related.³¹



From 1982 to 1994, the average sentence imposed on all federal prisoners increased 27 percent, from 48 months to 61 months. The average sentence for drug law violators increased 45 percent, from 55 months to 80 months; for drug sellers, 41 percent, from 59 to 83 months.³² Over these 12 years, average prison sentences for most other federal prison inmates decreased: for those convicted of violent crimes, decreased from 133 months to 88 months; for property crimes, from 31 months to 25 months. On average, sentenced drug law violators serve 44 percent of their maximum terms in federal prison. Of those drug law violations convicted in federal court in 1994 who were sentenced to prison, 96 percent were drug selling offenses while only four percent were possession offenses.³³

Sentence Length in Federal Prison By Offense Type			
	Average number of months sentenced to prison (maximum term):		Percent of maximum sentence served in prison:
	1982^a	1994	1994^b
All offenses	48	61	36
Violent offenses	133	88	61
Murder	162	117	44
Rape	113	68	^c
Robbery	153	95	59
Property offenses	31	25	60
Burglary	75	60	40
Drug law violations	55	80	44
Possession	26	22	36
Selling	59	83	45

^a Federal criminal case processing data are incomplete prior to 1982; 1994 data are the latest available.

^b Data on time served for 1982 are incomplete.

^c Too few cases to obtain statistically reliable data.

Source: U.S. Bureau of Justice Statistics. (1996). *Federal criminal case processing, 1982-93 with preliminary data for 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Drug Selling vs. Drug Possession. Under state and federal law, sale of any amount of an illegal drug is a felony (except sale of marijuana, which in many states must exceed a certain weight to be a felony). In contrast, a drug possession case can be a felony or misdemeanor depending on the amount of the illicit substance possessed. Depending on the state, possession of marijuana for personal use is usually a misdemeanor or non-criminal infraction like a parking ticket and such cases rarely result in a prison sentence.³⁴

Drug possession cases that do result in felony convictions and prison sentences are typically those where the offender had a large amount of drugs, is charged with possession with intent to sell, has prior felony convictions or is on parole or probation at the time of arrest. Offenders charged with selling drugs are often allowed to plead guilty to drug possession

(sometimes to a misdemeanor), which avoids a trial, may induce cooperation from the offender and allows a lower sentence.

In 1997, CASA conducted a mail survey of district attorneys in the 150 largest counties of the United States to determine prosecutorial policies toward drug law violators. Among the 52 prosecutors who responded, 23 percent reported that more than one-fourth of those convicted of drug possession had plea bargained to that offense, but had originally been charged with other crimes. Another 27 percent reported that 5 to 25 percent of possession convictions were the result of plea bargaining. This questionnaire is included at Appendix B.

In state prisons in 1991, there were 94,700 inmates in custody (13 percent of all inmates) who reported being convicted of drug selling and 36,400 who were convicted of drug possession (five percent of all inmates) without a drug selling charge or other drug offense--only one percent of these inmates were first time offenders.³⁶

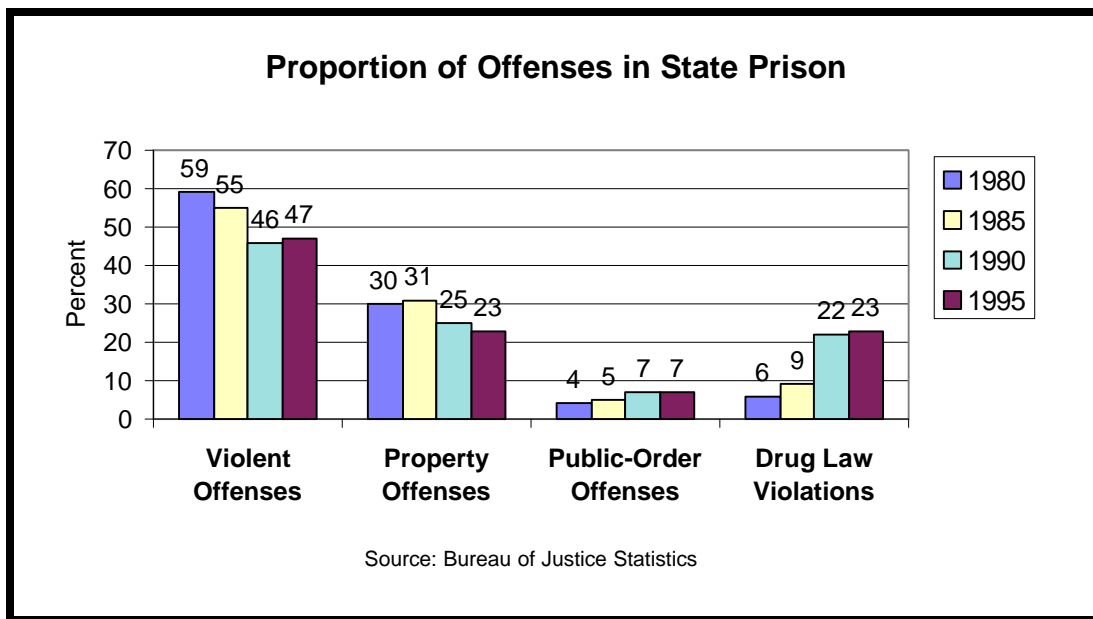
Under Federal Sentencing Guidelines, which aim to reduce disparity, sentences are based on offense seriousness and criminal history. The judge must impose a sentence within the range specified under the guidelines unless there are extenuating circumstances. In 1990 about 80 percent of federal sentences for drug law violations were within the guidelines. A number of drug law violations, such as selling more than five grams of crack or 100 grams of heroin, carry a mandatory minimum sentence of five years for the first conviction.³⁵

In the federal prison system in 1991, with its mandatory minimum sentences for possessing as well as selling drugs, 28,800 inmates (45 percent of all inmates) were convicted of drug selling and 7,000 were convicted of drug possession (11 percent of all inmates) without a drug selling conviction or other drug charge. Of the drug possession cases, only six percent were first time offenders.³⁷

Drug Law Violators: A Greater Proportion of Prisoners

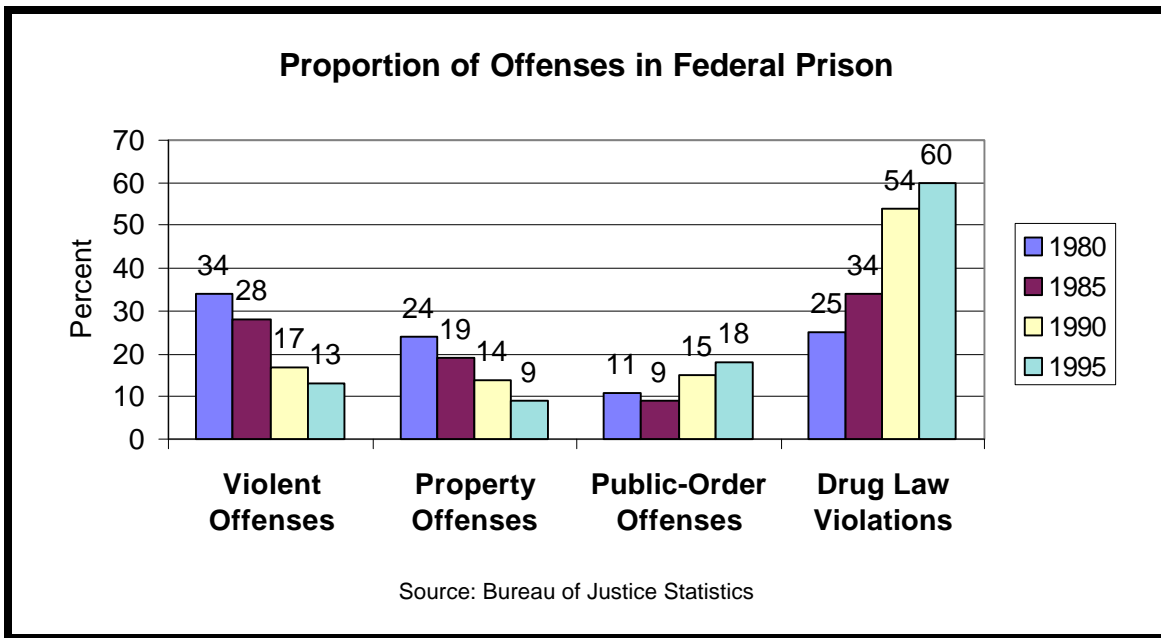
In the last decade, drug law violators have become a larger proportion of the prison inmate population. Largely as a result, the distribution of prisoners convicted of four major offenses--violence, property, drug and public-order--shifted dramatically among the nation's prisons from the 1980s to the 1990s.

State Prison. From 1980 to 1995, the proportion of state prisoners convicted of drug law violations quadrupled, from six percent to 23 percent.³⁸ The proportion incarcerated for public-order offenses (which include public intoxication and disorderly conduct often related to alcohol and drug abuse) rose from four to seven percent. The proportion incarcerated for violent and property crimes declined.³⁹ During this period, drug law violators accounted for 30 percent of the increase in state prison population.



Federal Prison. From 1980 to 1995, the proportion of federal prisoners who were drug law violators jumped from 25 percent to 60 percent.⁴⁰ Drug law violators accounted for 68 percent of the total growth of federal inmates during this time period.⁴¹ As with the state

population, all offenses with the exception of public-order crimes (which are often drug- and alcohol-related), fell as a proportion of the federal inmate population.



The Explosion of the Jail Population

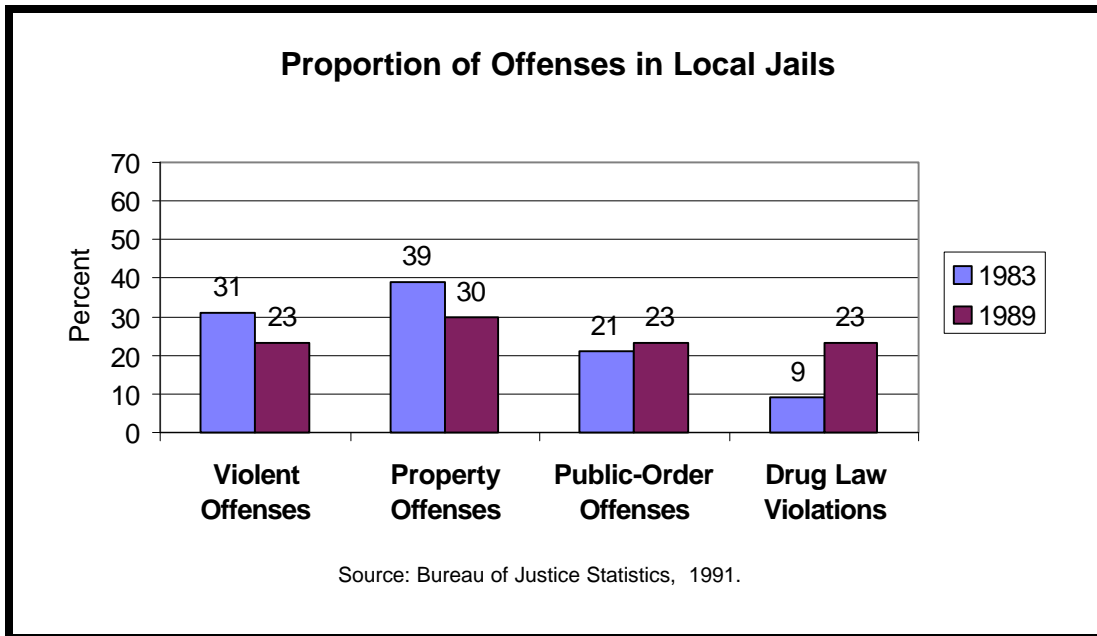
From 1980 to 1996, America’s jail population increased 184 percent, from 182,288 to 518,492. Similar forces prompted its increase: more arrests (particularly for assault, drug law violations and weapons offenses), more convictions, more offenders detained awaiting trial, more felony sentences served in local jails largely to ease overcrowding of state prisons.⁴²

Increased convictions for drug law violations have also fueled the increase in local jail inmates. From 1983 to 1989, drug law violators more than doubled as a proportion of the inmate population, from nine to 23 percent. Violent offenders and property offenders each dropped as a proportion of inmates, while public-order offenders increased two percent. During these

If we can break the cycle of addiction, we can break the cycle of crime.
 --State Senator⁴³

six years, increases in drug law violations accounted for 41 percent of the total increase in the jail population.⁴⁴

In 1993, 12 percent of inmates were in jail due to overcrowding in state and federal prisons, a 212 percent increase since 1983, largely attributable to increases in sentenced drug law violators and other alcohol- and drug-related felonies.⁴⁵



Race and Ethnic Disparity

In 1996, whites comprised 76 percent of the U.S. adult population, 35 percent of state, 38 percent of federal and 39 percent of jail inmates. Blacks comprised 11 percent of the U.S. adult population, 46 percent of state, 30 percent of federal, and 42 percent of jail inmates. Hispanics comprised nine percent of the general adult population, 16 percent of state, 28 percent of federal and 17 percent of jail inmates.⁴⁷ The percentages of white, black and Hispanic inmates who are substance-involved are similar.

There are some 500,000 blacks in state and federal prisons, compared to 100,000 blacks in graduate schools.⁴⁶

In 1996, 744,678 blacks were incarcerated, 619,138 whites and 298,956 Hispanics. One out of every 29 adult blacks and one out of 62 adult Hispanics were incarcerated in the nation's prisons, compared with one out of 238 adult whites. One out of 14 adult black men and one out of adult 34 Hispanic men, compared to one out of 125 adult white men were behind bars.⁴⁸

Since 1980, the rate of arrests for drug offenses among blacks has increased almost three times faster than similar arrests for whites.

Blacks accounted for 24 percent of drug arrests in 1980 and 37 percent in 1995.⁵⁰ Over those years, the number of drug law violation arrests among blacks increased 292 percent compared to a 107 percent increase among whites.^{* 51}

In 1995, one out of every three black men ages 20 to 29 were under the control of the criminal justice system.⁴⁹

Racial and Ethnic Differences Among Substance-Involved Inmates[†]

Substance Offenders. Half of state inmates in prison for a substance offense are black and 26 percent are Hispanic. In federal prisons, 39 percent of substance offenders are Hispanic (representing 78 percent of all Hispanic inmates).

* FBI arrest statistics do not distinguish Hispanic from white or black arrestees and do not report statistics on Hispanics.

† The race/ethnicity data for offense type, drug use, and other characteristics of inmates are calculated as mutually exclusive categories: Black Non-Hispanic, White Non-Hispanic, and Hispanic.

Race/Ethnicity of State and Federal Inmates By Offense Type By Percentage						
	Substance		Violent		Property	
	State	Federal	State	Federal	State	Federal
White Non-Hispanic	23	31	38	43	40	52
Black Non-Hispanic	50	27	45	37	43	36
Hispanic	26	39	13	9	14	9

Race/Ethnicity of Jail Inmates By Offense Type By Percentage			
	Substance	Violent	Property
White Non-Hispanic	36	37	38
Black Non-Hispanic	37	46	46
Hispanic	23	13	14

Drug Use. Drug use patterns differ by race and ethnicity. In state prisons, Hispanic inmates are more likely to have used heroin or cocaine in the month before their arrest (19 and 26 percent respectively) than whites or blacks. However, blacks are likeliest to have used crack (14 percent). Among federal inmates there were no differences in recent use of heroin or cocaine, but blacks were again likeliest to use crack. Although Hispanics comprise a plurality of federal substance offenders (39 percent), they are less likely than black or white inmates to have a history of regular drug use or use in the past month, indicating that many Hispanic federal inmates are non-users incarcerated for drug dealing.

Drug Use History of State and Federal Inmates By Race By Percentage						
	White Non-Hispanic		Black Non-Hispanic		Hispanic	
	State	Federal	State	Federal	State	Federal
Ever regularly used drugs	63	49	61	45	65	29
In the past month, used:						
Any drug	49	38	49	35	53	24
Cocaine	18	14	20	14	26	13
Crack	6	3	14	4	8	1
Heroin	7	4	7	6	19	5

Drug Use History of Jail Inmates By Race By Percentage			
	White Non-Hispanic	Black Non-Hispanic	Hispanic
Ever regularly used drugs	63	56	52
In the past month, used: ^a			
Any drug	43	45	44
Cocaine/Crack	20	29	24
Heroin	5	5	15

^a Asked of convicted inmates only. Cocaine and crack were not distinguished in the 1989 jail inmate survey.

Other Characteristics. Among substance-involved inmates in state prison, 61 percent of blacks, 67 percent of Hispanics and 71 percent of whites were employed in the month before their offense. Only 28 percent of substance-involved Hispanics in state prison had attended at least four years of high school compared to 42 percent of white inmates and 40 percent of blacks.

Why the Racial Disparity?

Over the past 20 years, a considerable body of research has addressed the question of why blacks and Hispanics are disproportionately represented among offenders.⁵² Although there is little evidence of discrimination in the prosecution and sentencing of black and Hispanic offenders, there is a growing sense that race and ethnicity indirectly influence the disposition and sentencing decisions in criminal cases through underlying social and economic factors.⁵³ Criminal case decisions, including sentencing, are based primarily on the type and severity of the crime and the defendant's prior convictions; however, other factors, such as economic status and access to top legal talent, may increase or decrease the likelihood of incarceration.

For example, studies have found that the likelihood of incarceration is greater for unemployed blacks than for employed blacks and unemployed whites.⁵⁴ Blacks have been found likelier to be charged with serious offenses and have more extensive criminal histories, factors that increase the likelihood of a prison sentence.⁵⁵ Whatever the factors--poverty, drug use, sentencing disparity, unemployment, lack of education, more frequent serious criminal activity, lack of access to better lawyers--blacks and Hispanics are disproportionately represented in the prison population.

Crack, Race and Sentencing

The federal Anti-Drug Abuse Act of 1988 established tougher mandatory sentences for crack offenders than for powdered cocaine offenders. Under the Act, a first offender convicted of possessing five grams of crack is subject to a minimum of five years imprisonment. A first-time powdered cocaine possessor would have to possess 500 grams--100 times the amount of crack--to receive such a sentence.

Analysis of federal defendants convicted of selling crack and cocaine reveals that among crack sellers, 88 percent are black while four percent are white; while among powdered-cocaine sellers, 32 percent are white and 27 percent are black.^{* 56}

The U.S. Sentencing Commission and the White House Office of National Drug Control Policy (ONDCP) have recommended that Congress reduce the disparity between crack and cocaine sentences since it does not reflect differences in the effects of the two drugs. One study suggests reducing the 100-to-1 ratio in crack and cocaine sentencing to a 2-to-1 ratio, arguing that crack is only slightly more dangerous than powder cocaine and that may be due to its greater affordability and availability.⁵⁷ Another has found little difference in the physiological and psychoactive effects of crack and powder cocaine, but greater abuse potential and more serious consequences when cocaine is smoked or injected rather than snorted.⁵⁸ Since powder cocaine is readily converted to crack (add baking soda, water and heat in a microwave), the differential marketing strategies help account for the racial disparities. Crack tends to be sold in small quantities (e.g. \$3.00 to \$5.00 per vial)--putting it in reach of the poorest addicts and in open-air markets--while powder is usually sold in larger amounts. This study also concludes that the differential between cocaine and crack in the federal sentencing guidelines should be reduced.

* Among defendants convicted of selling powdered-cocaine, 94 percent were sentenced to prison. Among defendants convicted of selling crack, 98 percent were sentenced to prison.

Drug- and Alcohol-Related Recidivism

High rates of recidivism help fill state and federal prisons and local jails.* Many inmates are repeat offenders and recidivism is common among those who abuse drugs and alcohol or who sell drugs. With the high conviction and incarceration rates for drug law violators, and the existence of mandatory minimum sentencing laws in most states and the federal courts, chronic untreated drug and alcohol abuse that leads to rearrests and reincarceration.

State Prison

Of 108,580 prisoners released in 1983 from prison in 11 states (over half of all state prisoners released that year), 63 percent--67,863 were rearrested within three years. Twenty-three percent--24,648--of these released prisoners were rearrested for committing a violent crime, often drug- or alcohol-related. Drug law violators had a 50 percent rearrest rate within three years of release, a 35 percent reconviction rate and a 30 percent reincarceration rate.⁵⁹

From 1986 to 1989, half (49 percent) of state drug felons on probation were rearrested within three years, most for another drug law violation.⁶⁰ In New York City in 1989, 57 percent of felony drug law violators with one prior nonviolent felony conviction were rearrested within two years of their first arrest; 38 percent of those rearrested were charged with another drug felony.⁶¹

The more prior convictions an individual has, the more likely that individual is a

* Recidivism rates may be calculated in various ways: by rearrest, reconviction or reincarceration--either for a new offense and/or for a violation of parole or probation supervision. This report uses prior convictions and prior incarcerations as measures of recidivism; prior arrest data were not available from the 1991 inmate survey.

drug or alcohol abuser or addict. Four percent of first time offenders in state prison had been regular heroin users, compared to 12 percent of those with two prior convictions and 27 percent of those with five or more. Sixteen percent of first offenders have used cocaine regularly, compared to 40 percent of those with five or more convictions. Inmates with five or more prior convictions are three times as likely to have been regular users of crack than first-time inmates. Overall, 41 percent of first offenders have a history of regular drug use, compared to 81 percent of inmates with five or more convictions.

Regular Alcohol and Drug Use Among State Inmates By Prior Convictions By Percentage						
	Alcohol	Any Drugs	Marijuana	Cocaine	Heroin	Crack
None	51	41	34	16	4	6
One	55	58	48	22	10	11
Two	58	63	52	26	12	14
Three	61	68	56	30	16	14
Four	61	74	62	35	19	17
Five or more	63	81	68	40	27	18

State Inmates With Prior Incarcerations By Current Offense Type and History of Regular Drug Use By Percentage										
	All Inmates		Substance		Violent		Property		Other	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
None	38	58	41	62	41	62	25	43	41	59
One	23	21	25	22	23	19	26	28	21	21
Two or more	39	21	34	16	36	19	49	29	38	20

Regular drug users have much more extensive criminal records than those without drug involvement, no matter what type of crime they committed. A history of regular drug use doubles the likelihood that state inmates will have had at least two prior incarcerations, regardless of the offense for which they are currently incarcerated. Almost two-fifths (39

percent) of regular drug users in state prison have two or more prior incarcerations, compared to one-fifth (21 percent) of state inmates who are not regular drug users. Among substance offenders, one-third (34 percent) of regular users had two or more prior offenses, compared to 16 percent of those who did not regularly use drugs. Among violent offenders, more than one-third (36 percent) of regular users have two or more prior incarcerations, compared to 19 percent of those who did not regularly use drugs.

More than half of the substance offenders in state prisons have two or more prior convictions. Property offenders have the greatest number of prior convictions because they have a high rate of substance involvement and because property offenders usually are not sentenced to prison until they accumulate several convictions, in contrast with those who commit violent crimes or sell drugs.

Prior Convictions By Current Offense Type of State Inmates By Percentage					
	All Inmates	Substance	Violent	Property	Other
First	22	22	29	10	13
One	21	22	21	18	25
Two or more	57	56	50	72	63
Average number:	3.0	2.6	2.4	4.1	3.3

Federal Prison

Although federal inmates are generally less likely to have prior convictions or incarcerations, the same patterns are clear: regular drug users are much likelier to be repeat offenders.

The more prior sentences a federal inmate has, the more likely that inmate is to be a regular drug user. While only 25 percent of federal inmates with no prior convictions have

histories of regular drug use, 52 percent of those with two prior convictions and 71 percent of those with five or more prior convictions had such histories. Only two percent of first offenders used heroin regularly, compared to 30 percent of those with five or more prior convictions; the comparable figures for cocaine are 11 percent and 31 percent; for crack, two percent and nine percent.

Regular Alcohol and Drug Use Among Federal Inmates By Prior Convictions By Percentage						
	Alcohol	Any Drug	Marijuana	Cocaine	Heroin	Crack
None	39	25	19	11	2	2
One	46	44	34	22	6	6
Two	47	52	39	22	9	7
Three	50	64	48	27	21	7
Four	48	64	49	30	16	9
Five or more	49	71	53	31	30	9

As with the state inmates, regular drug users in federal prison have more prior incarcerations than those who are not regular users, no matter what type of crime they committed. Regular drug use more than doubles the likelihood that a federal inmate will have had at least two prior incarcerations, regardless of the offense for which they are imprisoned. A quarter (27 percent) of regular drug users in federal prison have two or more prior incarcerations, compared to only 10 percent of inmates who are not regular drug users. Among substance offenders, 16 percent of regular users have two or more prior offenses, compared to only five percent of those who did not regularly use drugs. Among violent offenders, two-fifths (40

percent) of regular users have two or more prior incarcerations, compared to 18 percent of those who did not regularly use drugs.

Federal Inmates With Prior Incarcerations By Current Offense Type and History of Regular Drug Use By Percentage										
	All Inmates		Substance		Violent		Property		Other	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
None	51	76	63	83	36	60	28	64	46	76
One	22	14	21	12	24	22	27	17	23	13
Two or more	27	10	16	5	40	18	45	19	31	11

Because of mandatory prison sentences for drug law violators, substance offenders in federal prison are more likely to be first offenders than those incarcerated for violent or property offenses.

Prior Convictions by Current Offense Type of Federal Inmates By Percentage					
	All Inmates	Substance	Violent	Property	Other
None	46	55	30	27	42
One	20	20	20	17	22
Two or more	34	25	51	56	36
Average number:	1.6	1.1	2.7	3.0	1.8

Jail

As with state and federal prisoners, local jail inmates who regularly use drugs or abuse alcohol have the highest rates of recidivism.

The more prior sentences a jail inmate has, the likelier that inmate is a regular drug user. While only 39 percent of those jail inmates with no prior convictions have histories of regular drug use, 61 percent of those with two prior convictions and 76 percent of those with five or more prior convictions, have histories of regular drug use.

Regular Alcohol and Drug Use Among Jail Inmates By Prior Convictions By Percentage					
	Alcohol	Any Drug	Marijuana	Cocaine or Crack	Heroin
None	54	39	31	20	5
One	58	57	47	29	9
Two	62	61	51	32	10
Three	65	69	56	37	15
Four priors	66	69	60	37	17
Five or more	67	76	63	44	27

Regular drug users in local jails have been incarcerated more often than those who report no regular drug use, regardless of the type of offense. Thirty percent of regular drug users in jail have two or more prior incarcerations, compared to 15 percent of inmates who are not regular drug users. Jailed substance offenders and violent offenders have the same degree of difference between users and non-users. Among property offenders, 30 percent of regular users have two or more priors, compared to 22 percent of inmates who are not regular drug users.

Jail Inmates With Prior Incarcerations By Current Offense Type and History of Regular Drug Use By Percentage										
	All Inmates		Substance		Violent		Property		Other	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
None	50	67	49	66	48	69	44	59	57	71
One	20	18	21	19	23	17	21	19	16	16
Two or more	30	15	30	15	29	14	30	22	27	13

The bottom line is this: whatever the offense, whether in state, federal or local facilities, recidivism is rampant and is associated with drug and alcohol abuse and addiction.

IV.

Behind the Faces Behind Bars:

Profiles of Substance-Involved Inmates

All substance-involved inmates are not the same and their differences have important implications in assessing ways to reduce the crime spawned by drug and alcohol abuse and addiction. In order to craft effective policies of punishment, rehabilitation and prevention, it is essential to take account of these characteristics.

The potential of substance-abusing offenders for rehabilitation and the services, rewards and sanctions likeliest to tap that potential vary with the circumstances of each offender. Drug sellers who do not use drugs need punitive sanctions, while those who sell drugs in order to feed their addiction need effective treatment to end their crime spree. If the ultimate objective is rehabilitation, the alcoholic or alcohol abuser who drives drunk and commits vehicular manslaughter may require a different mix of carrots and sticks than the alcoholic or alcohol abuser who is imprisoned for rape, child molestation, spousal abuse or aggravated assault of a friend or family member.

As an initial step in identifying these differences, this report classifies inmates into five mutually-exclusive categories. For each of these categories, CASA details characteristics, such as age, education, marital status, gender and family history, which are relevant in any effort to reduce crime by rehabilitating these inmates.

Percent of Inmates in Each Category (Estimated Number in Custody in 1996)			
	State	Federal	Jail^a
Regular Drug Users	64% (689,040)	43% (45,384)	59% (305,910)
Alcohol-Involved Offenders	8 (86,130)	3 (3,166)	15 (77,774)
Non-Using Drug Law Violators	6 (64,598)	34 (35,885)	7 (36,294)
Drug Experimenters	9 (96,896)	5 (5,277)	8 (41,479)
Non-Drug Users	13 (139,961)	15 (15,832)	11 (57,035)

^a While all jail inmates were asked about lifetime drug use and current offense type, only convicted jail inmates were asked if they had used alcohol and drugs in the month before or during their offense. Thus it was not possible to accurately distinguish alcohol-involved offenders from drug experimenter or non-drug users. The percent of the entire jail population in these three categories was therefore estimated from among convicted jail inmates. The estimated number of jail inmates in each category in 1996 is also based on the entire population of jail inmates.

Regular Drug Users are inmates who used any drug at least once a week for at least one month at any point in their lives; most of these inmates were regular drug users in the month prior to their arrest (76 percent of state inmates who were regular drug users; 69 percent, federal; 70 percent, jail).*

Lives of regular drug users tend to be marked by instability, unemployment, drug use and criminality. They are more likely than the general inmate population to have

* The drugs included in the inmate survey are: heroin, other opiates or methadone outside a treatment program, methamphetamine (ice/crank), other amphetamines (speed) without a doctor's prescription, methaqualone (quaaludes), barbiturates (downers) without a doctor's prescription, crack, cocaine other than crack, phencyclidine hydrochloride (PCP), lysergic acid diethylamide (LSD) or other hallucinogens, marijuana or hashish or "any other drug."

lived in a foster home or other institution. Most have friends and family who abused drugs and committed crimes. Regular drug users are the least likely to have been employed in the month before their arrest and the most likely to have acquired illegal income. They comprise a significant proportion of inmate populations: 64 percent of state inmates, 43 percent of federal inmates and 59 percent of jail inmates. The punishment of imprisonment may provide a wake-up call for some of these offenders, but many services, notably including treatment for addiction and training, are needed for any chance of rehabilitation.

Alcohol-Involved Offenders are inmates who have never used drugs regularly and were either under the influence of alcohol at the time of their offense or incarcerated only for drunk driving. Alcohol-involved offenders in state and federal prison are most likely to have committed a violent crime: in state prison, one-third more likely than regular drug users to have committed a violent crime; in federal prison, more than twice as likely. They are less well educated than the general prison population but have higher rates of employment than regular drug users. Their family members and friends are less likely to have committed crimes.

Non-Using Drug Law Violators are inmates convicted of a drug law violation such as drug selling or possession who never used drugs regularly and were not under the influence of drugs when they committed their crime. Non-drug using drug law violators are likelier than drug or alcohol abusing inmates to be married and have children. They are least likely to have friends who committed crimes, a family member who served time in prison or substance abusing parents. They require punishment, but not treatment, and punishment may provide the best hope for rehabilitation and reunification with family.

Drug Experimenters are inmates who say they used drugs, but never regularly, and are neither drug law violators nor alcohol-involved offenders.

Non-Drug Users are inmates who say they never used an illegal drug and are neither drug law violators nor alcohol-involved offenders.

Since these categories are based on an analysis of self-reporting surveys, the number of inmates who claim never to have used drugs or only to have experimented with them are probably smaller than indicated.

Demographic Characteristics

Age

In both state and federal prison, regular drug users are about the same age as the general prison population: an average age of 31 in state prison (32 for all inmates); and an average age of 35 in federal prison (37 for all inmates). Alcohol-involved offenders are older than the general inmate population in both prison systems: in state prison, an average age of 36; in federal prison, an average age of 40. The average age of non-using drug law violators is the same as other inmates: 32 in state prisons and 37 in federal prisons.

In jail, inmates are younger than state and federal prisoners. Jailed regular drug users are about the same age as the total jail population. The average age of regular drug users is 28, the average age of the overall population is 29. As in the prison population, alcohol-involved offenders in jail are older than other inmates: their average age is 35.

Age of State and Federal Inmates By Percentage

Age	All Inmates		Regular Drug Users		Non-Using Drug Law Violators		Alcohol-Involved Offenders	
	State	Federal	State	Federal	State	Federal	State	Federal
Under 21	7	1	6	1	10	1	4	^a
21 – 24	15	8	16	8	18	9	11	9
25 – 29	24	16	27	19	22	17	16	10
30 – 34	22	20	24	23	16	17	18	18
35 – 39	14	18	14	20	12	16	16	9
40 – 44	9	15	8	17	8	14	12	19
45 – 49	4	9	3	7	5	8	10	14
50 – 54	2	6	1	3	4	7	6	11
55 – 59	1	4	1	2	2	4	4	5
60 and over	2	3	^a	^a	3	7	3	5
Average age	31.9	37.0	30.5	34.9	32.3	37.3	36.0	40.3

^a Less than one percent.

Age of Jail Inmates By Percentage

Age	All Inmates	Regular Drug Users	Non-Using Drug Law Violators	Alcohol-Involved Offenders ^a
Under 21	14	13	20	6
21 – 24	20	21	20	11
25 – 29	24	26	22	21
30 – 34	19	18	14	19
35 – 39	12	15	11	12
40 – 44	5	4	5	11
45 – 49	3	2	4	10
50 – 54	1	1	2	2
55 – 59	1	^b	1	2
60 and over	1	^b	^b	6
Average age	29.2	28.3	29.0	35.2

^a Convicted inmates only.

^b Less than one percent.

Gender

Overall, women represent five percent of state inmates and eight percent of federal inmates. They comprise just over half of the general adult U.S. population.

Women comprise six percent of regular drug users in state and federal prison. Women are as likely as men to be regular drug users. Women in prison are less likely to be alcohol-involved offenders, accounting for only three percent of alcohol-involved offenders in both state and federal prison. In state prison, women are seven percent of non-using drug law violators; in federal prison, 10 percent.

Women in jail are 11 percent of the overall population and 10 percent of the regular drug users. They are eight percent of non-using drug law violators and only four percent of alcohol-involved offenders.

Gender of State and Federal Inmates By Percentage								
	All Inmates		Regular Drug Users		Non-Using Drug Law Violators		Alcohol-Involved Offenders	
	State	Federal	State	Federal	State	Federal	State	Federal
Male	95	92	94	94	93	90	97	97
Female	5	8	6	6	7	10	3	3

Gender of Jail Inmates By Percentage				
	All Inmates	Regular Drug Users	Non-Using Drug Law Violators	Alcohol-Involved Offenders^a
Male	89	90	92	96
Female	11	10	8	4

^a Convicted inmates only.

Race

White non-Hispanics, 76 percent of the general adult population, comprise only 35 percent of state, 38 percent of federal and 39 percent of jail inmates. Black non-Hispanics, 11 percent of the adult population, comprise 46 percent of state, 30 percent of federal and 42 percent of jail inmates. Hispanics, nine percent of the adult population, comprise 16 percent of state, 28 percent of federal and 17 percent of jail inmates.* Applying these percentages to the 1996 inmate population, there are 744,678 black non-Hispanics incarcerated, 619,138 white non-Hispanics and 289,956 Hispanics.

In state prison, regular drug users echo the racial distribution for the general inmate population: 35 percent are white non-Hispanic; 45 percent, black non-Hispanic; 17 percent, Hispanic. Alcohol-involved offenders are 48 percent, white non-Hispanic; 31 percent, black non-Hispanic; 16 percent, Hispanic. Native Americans in state prison are four percent of alcohol-involved offenders, but only two percent of all inmates. Non-using drug law violators in state prison are more likely to be black non-Hispanic (61 percent) or Hispanic (26 percent) and less likely to be white non-Hispanic (12 percent).

In federal prison, 45 percent of regular drug users are white non-Hispanic; 33 percent, black non-Hispanic; 19 percent, Hispanic. Forty-three percent of alcohol-involved offenders are white non-Hispanic; 17 percent, black non-Hispanic; 11 percent, Hispanic. Native Americans are 27 percent of alcohol-involved offenders, but only two percent of all

* Hispanics are of all races. We use the mutually exclusive racial categories: "white non-Hispanic," "black non-Hispanic," "Hispanic," "Asian" and "Native American."

federal inmates, due to the high degree of alcohol use and alcoholism among Native Americans and greater law enforcement responsibilities of federal authorities on Indian reservations. Almost half (48 percent) of federal non-using drug law violators are Hispanic; 21 percent, white non-Hispanic; 28 percent, black non-Hispanic.

Racial/Ethnic Distribution of State and Federal Inmates By Percentage									
	General Adult Population ^a	All Inmates		Regular Drug Users		Non-Using Drug Law Violators		Alcohol-Involved Offenders	
		State	Federal	State	Federal	State	Federal	State	Federal
White Non-Hispanic	76	35	38	35	45	12	21	48	43
Black Non-Hispanic	11	46	30	45	33	61	28	31	17
Hispanic	9	16	28	17	19	26	48	16	11
Asian	3	1	2	1	1	^b	2	1	2
Native American	1	2	2	2	2	1	1	4	27

^aAged 18 and over. Source: U.S. Bureau of the Census, 1996.

^bLess than one percent.

In jail, 41 percent of regular drug users are white non-Hispanic; 40 percent, black non-Hispanic; 15 percent, Hispanic. Fifty-four percent of alcohol-involved offenders are white non-Hispanic; 21 percent black non-Hispanic. Fifty-three percent of non-using drug law violators are black non-Hispanic, 31 percent, Hispanic.

Racial/Ethnic Distribution of Jail Inmates By Percentage					
	General Adult Population ^a	All Inmates	Regular Drug Users	Non-Using Drug Law Violators	Alcohol-Involved Offenders ^b
White Non-Hispanic	76	39	41	14	54
Black Non-Hispanic	11	42	40	53	21
Hispanic	9	17	15	31	22
Asian	3	1	1	1	1
Native American	1	2	2	^c	2

^aAged 18 and over. Source: U.S. Bureau of the Census, 1996.

^bConvicted jail inmates only.

^cLess than one percent.

Marital Status

In state prison, 16 percent of regular drug users are married, compared to 18 percent of all state inmates. In federal prison, 28 percent of regular drug users are married, compared to 37 percent of all federal inmates.

In state prison, 26 percent of non-using drug law violators are married. Almost half (48 percent) of federal non-using drug law violators are married. Sixty-one percent of the U.S. adult population are married.

In state prison, 37 percent of alcohol-involved offenders are divorced, separated or widowed. Among federal alcohol-involved offenders, 41 percent are divorced, separated or widowed.

Marital Status of State and Federal Inmates By Percentage									
	General Adult Population^a	All Inmates		Regular Drug Users		Non-Using Drug Law Violators		Alcohol-Involved Offenders	
		State	Federal	State	Federal	State	Federal	State	Federal
Married	61	18	37	16	28	26	48	20	29
Divorced Separated Widowed	16	26	29	25	31	19	24	37	41
Never Married	23	56	34	59	41	55	28	43	30

^aAged 18 and over. Source: U.S. Bureau of the Census, 1991.

There is little difference in the marital status of drug-using jail inmates and the overall jail population. Among regular drug users, more than half (59 percent) have never been married, 17 percent are married and a quarter (24 percent) are divorced, separated or widowed. Non-using drug law violators are more likely to be married (24 percent) than the total jail population and less likely to be divorced, separated and widowed (19 percent). Alcohol-involved

offenders in jail are more likely to be married (27 percent) and to be divorced, separated or widowed (34 percent).

Marital Status of Jail Inmates By Percentage					
	General Adult Population^a	All Inmates	Regular Drug Users	Non-Using Drug Law Violators	Alcohol-Involved Offenders^b
Married	61	19	17	24	27
Divorced/Separated/Widowed	16	24	24	19	34
Never Married	23	56	59	57	38

^aAged 18 and over. Source: U.S. Bureau of the Census, 1991.

^b Convicted jail inmates only.

Education

Regular drug users, like inmates in general, are far less likely than the general adult population to complete high school. Sixty-one percent of regular drug users and 63 percent of alcohol-involved offenders in state prison had less than four years of high school.

More than half (54 percent) of alcohol-involved offenders, 44 percent of regular drug users and 43 percent of non-using drug law violators in federal prison had less than four years of high school.

"School is obviously a critical ingredient. If you fail in school or you drop out, you're not going to get a job except in the drug trade. But the vast majority of kids who exit the juvenile justice system never enter school and certainly never enter school successfully."

--Barry Krisberg, President, National Council on Crime and Delinquency¹

Educational Attainment of State and Federal Inmates By Percentage

	General Adult Population ^a	All Inmates		Regular Drug Users		Non-Using Drug Law Violators		Alcohol-Involved Offenders	
		State	Federal	State	Federal	State	Federal	State	Federal
Less than 4 years of high school	21	59	42	61	44	54	43	63	54
4 years of high school	39	25	27	25	28	28	28	23	20
Some college (1 to 3 years)	20	12	21	12	22	13	19	10	23
Four years of college	12	2	6	2	4	3	6	2	1
Some graduate school	8	1	4	^b	2	^b	4	1	2

^aAged 18 and over. Source: U.S. Bureau of the Census, 1991.

^bLess than one percent.

In jail, half of regular drug users (48 percent) and alcohol-involved offenders (54 percent), and 44 percent of non-using drug law violators did not complete four years of high school.

Educational Attainment of Jail Inmates By Percentage

	General Adult Population ^a	All Inmates	Regular Drug Users	Non-Using Drug Law Violators	Alcohol-Involved Offenders ^b
Less than 4 years of high school	21	48	48	44	54
4 years of high school ^c	39	36	37	38	32
Some college (1 to 3 years)	20	12	12	11	10
Four years of college	12	2	2	3	4
Some graduate school	8	1	1	2	1

^aAged 18 and over. Source: U.S. Bureau of the Census, 1991.

^bConvicted jail inmates only.

^cFor the jail population, the category of 4 years of high school includes those who reported earning their GED.

Employment

Regular drug users are slightly less likely than other inmates to have been employed in the month before their arrest. In state prison, 64 percent of regular drug users were employed. Despite less education, alcohol-involved offenders in state prison were more likely to be employed in the month prior to their arrest than the general state inmate population and regular drug users. In state prison, 75 percent of alcohol-involved offenders were employed. Sixty-nine percent of state non-using drug law violators worked in the month prior to their arrest.

In federal prison, 67 percent of regular drug users were employed in the month prior to their arrest. Federal alcohol-involved offenders were just as likely as the general federal inmate population (74 percent) to work prior to incarceration. Among non-using drug law violators in federal prison, 80 percent were employed prior to their incarceration than the general inmate population.

State and Federal Inmates: Employment Status in the Month Prior to Arrest By Percentage									
	General Adult Population^a	All Inmates		Regular Drug Users		Non-Using Drug Law Violators		Alcohol-Involved Offenders	
		State	Federal	State	Federal	State	Federal	State	Federal
Employed (both full and part time)	93	67	74	64	67	69	80	75	74
Employed part-time	15	12	9	12	10	12	10	11	9

^aAged 18 and over in the labor force. Source: Bureau of Labor Statistics, 1997.

In jail, regular drug users are slightly less likely to be employed in the month prior to their incarceration than the general inmate population (61 percent vs. 64 percent). Jailed alcohol-involved offenders and non-using drug law violators are more likely to be employed.

**Jail Inmates: Employment Status in the
Month Prior to Arrest By Percentage**

	General Adult Population^a	All Inmates	Regular Drug Users	Non-Using Drug Law Violators	Alcohol- Involved Offenders^b
Employed (both full and part time)	93	64	61	69	78
Employed part-time	15	11	11	5	9

^a Aged 18 and over in the labor force. Source: Bureau of Labor Statistics, 1997.

^b Convicted inmates only.

Non-Employment Income

In state prison, 10 percent of regular drug users acquired income through welfare or charity in the year prior to incarceration. Seven percent of alcohol-involved offenders and five percent of non-using drug law violators in state prison received money from welfare or charity. Overall, state inmates were more than twice as likely as federal inmates to have received welfare or charity.

In federal prison, five percent of regular drug users, nine percent of alcohol-involved offenders and three percent of non-using drug law violators received income through welfare or charity in the year prior to incarceration. In jail, 11 percent of regular drug users, six percent of alcohol-involved offenders and seven percent of non-using drug law violators received money from welfare or charity.

Inmates Who Acquired Income Through Welfare/Charity By Percentage				
	All Inmates	Regular Drug Users	Non-Using Drug Law Violators	Alcohol-Involved Offenders
State	9	10	5	7
Federal	4	5	3	9
Jail	9	11	7	6 ^a

^aConvicted inmates only.

Regular drug users are more likely to have acquired income through illegal activity than the general inmate populations. Thirty percent of regular drug users in state prison report that they got money through illegal means in the year prior to incarceration. Only four percent of alcohol-involved offenders acquired illegal income. Nineteen percent of non-using drug law violators admit acquiring income through illegal means. This low percentage reflects under-reporting of illegal income by non-using drug law violators, since about two-thirds are in state prison for drug selling.

In federal prison, 31 percent of regular drug users, compared to 20 percent of all federal inmates, reported acquiring money through illegal means. Six percent of federal alcohol-involved offenders and 12 percent of non-using drug law violators report such income. Again,

there is considerable underreporting by the latter group, given that nearly three-quarters are in federal prison for drug selling.

Inmates Who Acquired Income Through Illegal Activity By Percentage				
	All Inmates	Regular Drug Users	Non-Using Drug Law Violators	Alcohol- Involved Offenders
State	22	30	19	4
Federal	20	31	12	6
Jail	11	16	8	1 ^a

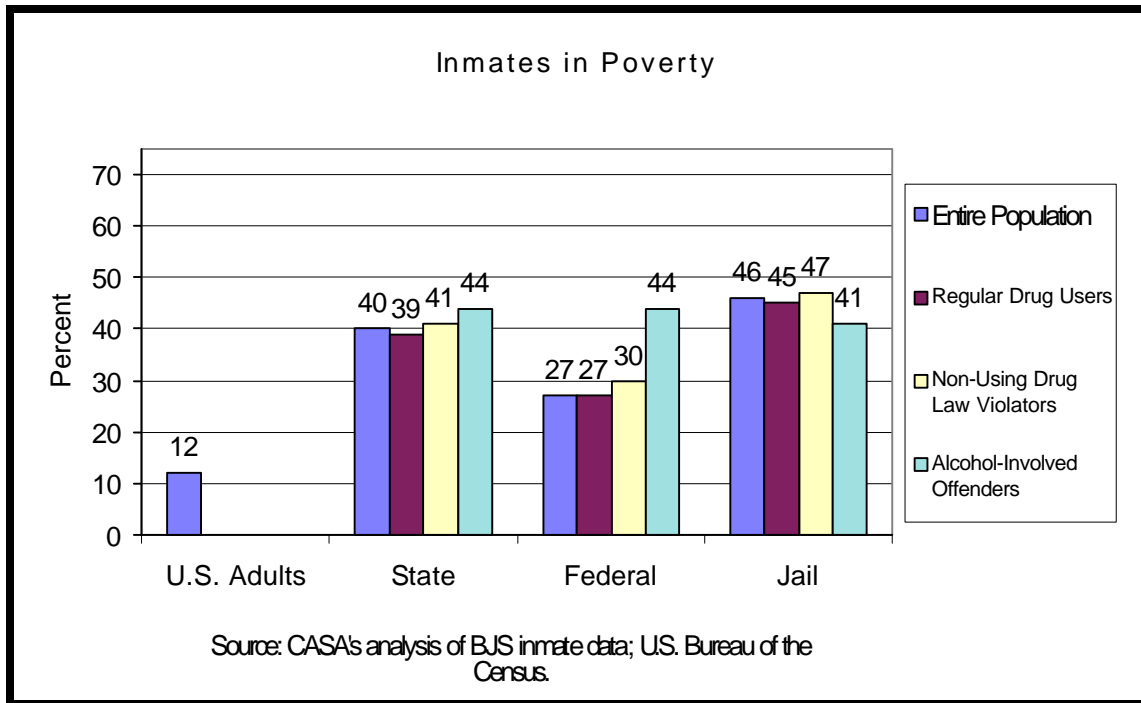
^a Convicted inmates only.

Poverty

In 1991, 12 percent of adult Americans were below the poverty level for an individual under 65, which was \$7,086 a year.² In state prisons, 40 percent of inmates were below this level, including 39 percent of regular drug users. Alcohol-involved offenders are slightly more likely than the general inmate population to be below the poverty level--44 percent. Forty-one percent of non-using drug law violators were below the poverty level.

In federal prison, 27 percent of all inmates and inmates who regularly use drugs, 44 percent of alcohol-involved offenders and 30 percent of non-using drug law violators were below the poverty level.

Inmates incarcerated in local jails are more likely to be below the poverty level (46 percent). Forty-five percent of regular drug users, 41 percent of alcohol-involved offenders and 47 percent of non-using drug law violators had incomes that were below the poverty level.



Family History

Family Structure

In state prison, regular drug users are slightly less likely than the general inmate population to be raised by both parents (40 percent vs. 43 percent), and slightly more likely to be raised by their mother only (41 percent vs. 39 percent) and to have been in foster care or similar places (21 percent vs. 18 percent). About half of alcohol-involved offenders (51 percent) lived with both parents while growing-up. Alcohol-involved offenders in state prison are also less likely than the general inmate population to have been in foster care (13 percent vs. 18 percent). Only six percent of state non-using drug law violators ever spent time in foster care.

Childhood Family Structure of State and Federal Inmates By Percentage

<i>For the majority of their childhood:</i>	All Inmates		Regular Drug Users		Non-Using Drug Law Violators		Alcohol-Involved Offenders	
	State	Federal	State	Federal	State	Federal	State	Federal
Lived with both parents	43	58	40	54	42	60	51	54
Lived with mother only	39	28	41	31	41	27	32	27
Ever spent time in a foster home, agency, or other institution	18	8	21	12	6	4	13	12

In federal prison, regular drug users are slightly less likely to be raised by both parents (54 percent vs. 58 percent), and slightly more likely to be raised by their mother only (31 percent vs. 28 percent) and to have been in foster care (12 percent vs. eight percent). Again, about half (54 percent) of alcohol-involved offenders lived with both parents while growing-up. However, in federal prison, alcohol-involved offenders are more likely than the general federal inmate population to have been in foster care (12 percent vs. eight percent). Only four percent of federal non-using drug law violators ever spent time in foster care.

In jail, regular drug users are less likely than the overall jail population to have been raised by both parents (41 percent vs. 48 percent) and more likely to have spent time in foster care (17 percent vs. 14

"We need to stand back and rethink our approach. The approach should not be based fundamentally on locking people up, but should be based on bringing them up right. It's about making sure people are raised right from the beginning."

--Police Chief, large southern city³

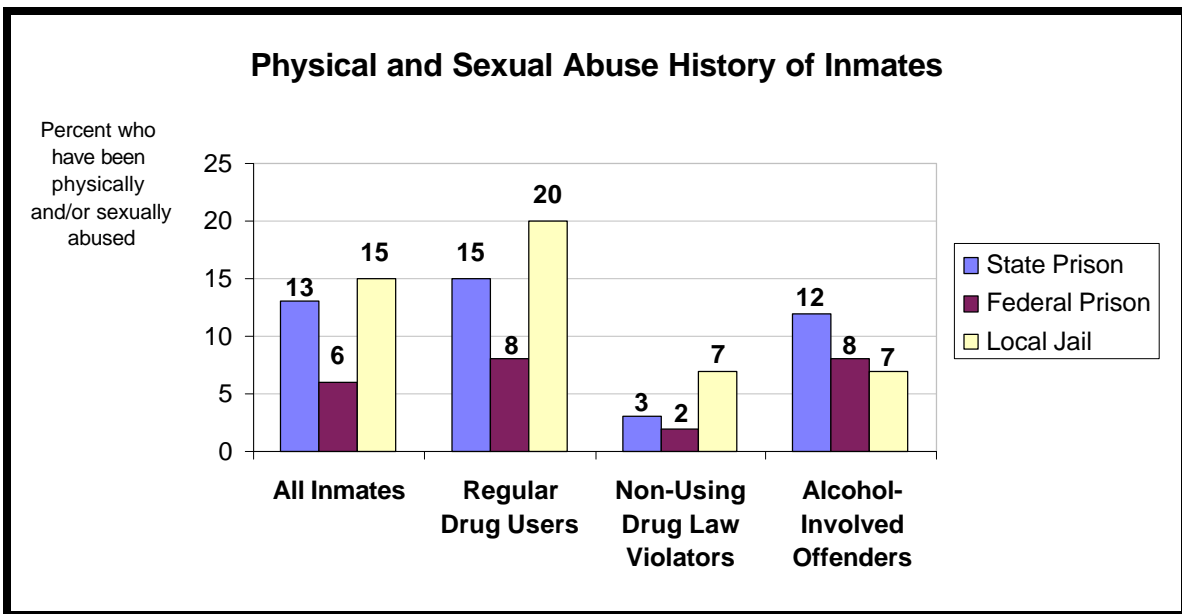
percent). Alcohol-involved offenders are likelier than the general jail population to have been raised by both parents (59 percent) and less likely than the general jail population to have been in

foster care. Non-using drug law violators were slightly less likely to have been raised by both parents (45 percent) and much less likely to have been in foster care (six percent).

Childhood Family Structure of Jail Inmates By Percentage				
<i>For the majority of their childhood:</i>	All Inmates	Regular Drug Users	Non-Using Drug Law Violators	Alcohol Involved Offenders
Lived with both parents	48	41	45	59
Lived with mother only	36	37	35	25
Ever spent time in a foster home, agency or other institution	14	17	6	10

History of Physical and Sexual Abuse

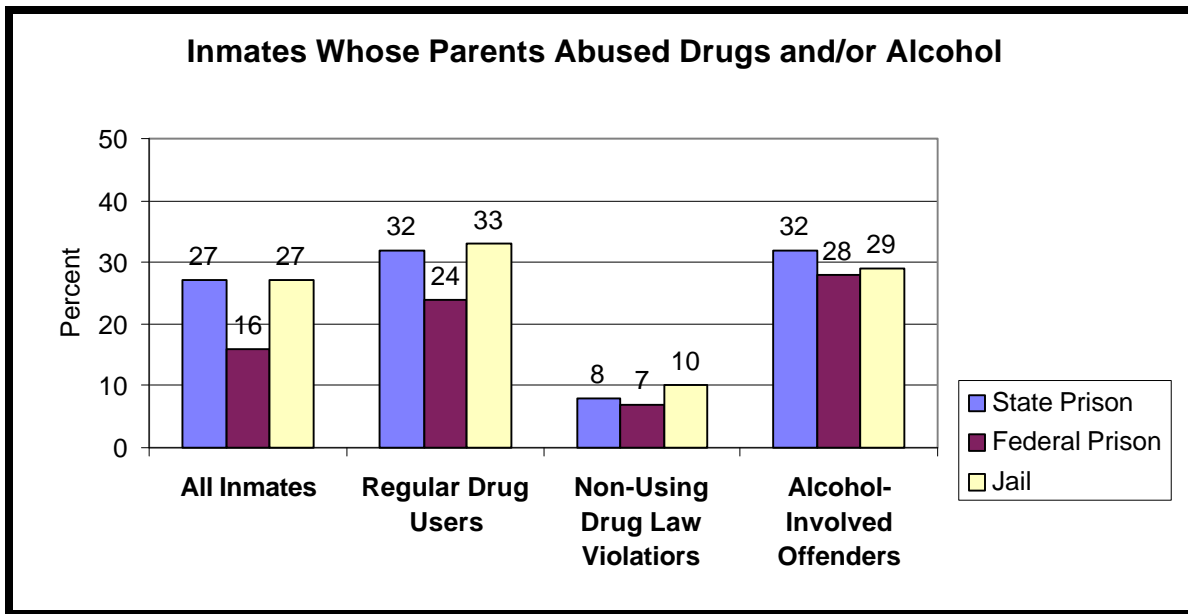
In state prison, 15 percent of regular drug users, 12 percent of alcohol-involved offenders and three percent of non-using drug law violators report histories of physical or sexual abuse. In federal prison, eight percent of regular drug users, eight percent of alcohol-involved offenders and two percent of non-using drug law violators report physical and sexual abuse. In jails, 20 percent of regular drug users and seven percent of both alcohol-involved offenders and non-using drug law violators report physical or sexual abuse.



Parental Substance Abuse

Regular drug users and alcohol-involved offenders are the most likely to report that their parents abused drugs and alcohol. In state prison, 32 percent of both regular drug users and alcohol-involved offenders report that their parents abused substances, compared to eight

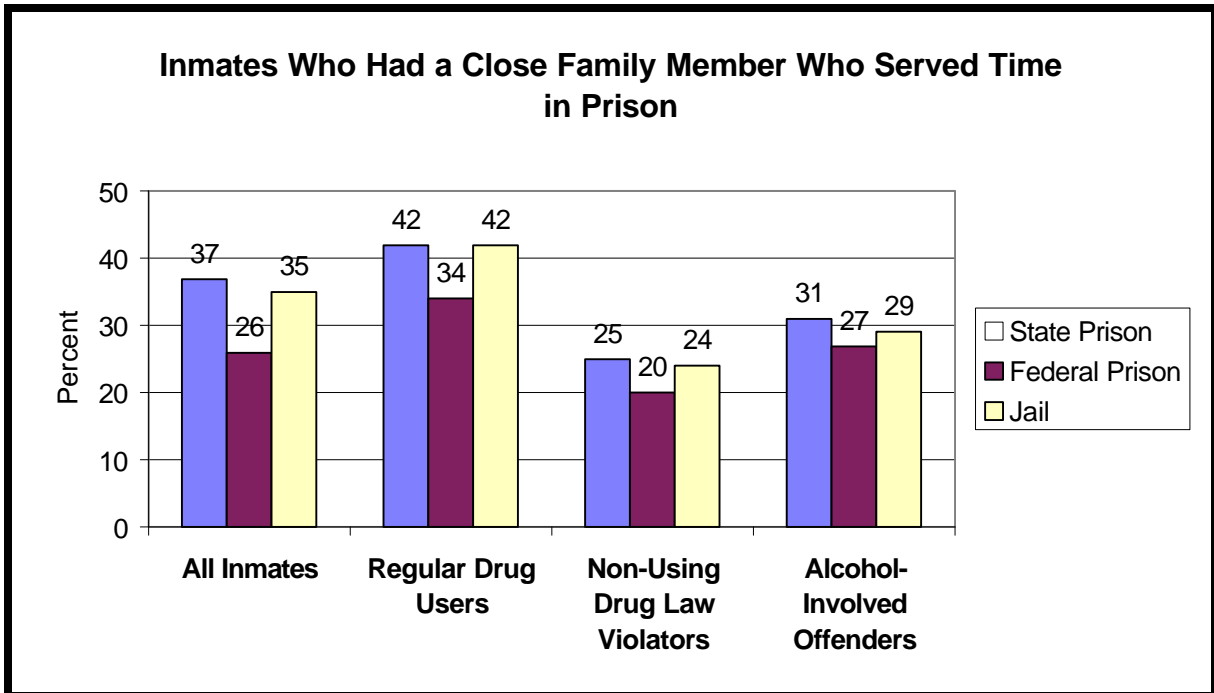
percent of non-using drug law violators. In federal prison, 24 percent of regular drug users and 28 percent of alcohol involved offenders report that their parents abused substances, compared to seven percent of non-using drug law violators. In jail, one third of regular drug users and 29 percent of alcohol-involved offenders report that their parents abused substances, compared to 10 percent of non-using drug law violators.



Family Criminal History

In state prison, 42 percent of regular drug users, 31 percent of state alcohol-involved offenders and 25 percent of non-using drug law violators have a close family member who served time in jail or prison. In federal prison, 34 percent of regular drug users, 27 percent of alcohol-involved offenders and 20 percent of non-using drug law violators have a close family member who had been incarcerated. In jail, 42 percent of regular drug-using inmates, 29 percent of alcohol-involved offenders and 24 percent of non-using drug law violators have had a family member who served time in jail or prison.

These relationships indicate the value of dealing with substance abuse in the entire family in planning a treatment and rehabilitation regimen for the inmate.



Friends*

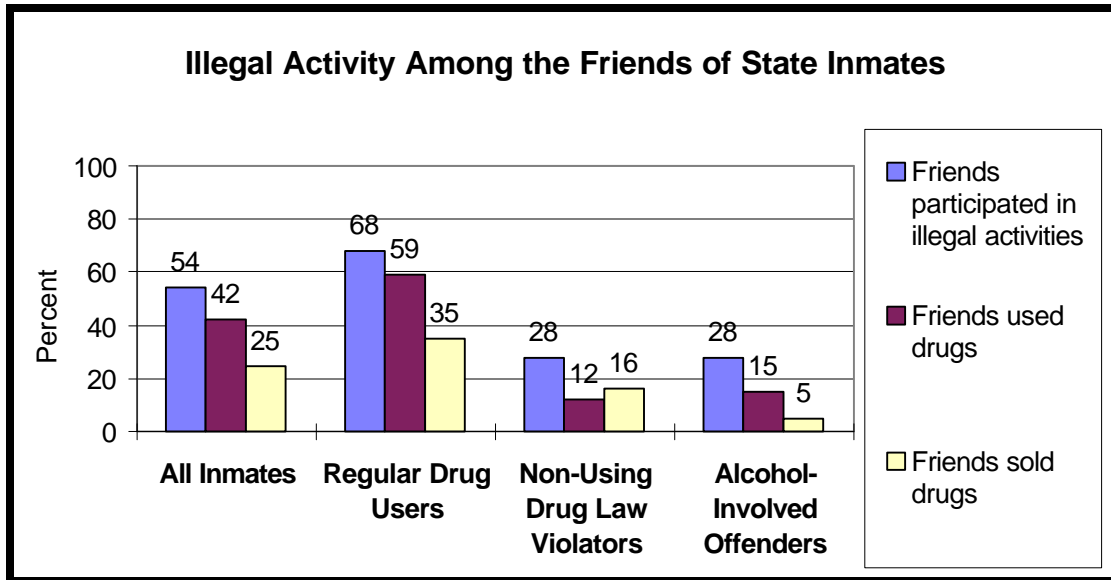
Many state prison inmates have friends with a history of criminal activity. Sixty-eight percent of regular drug users have such friends; 59 percent have friends who used drugs; 35 percent have friends who sold drugs.

Alcohol-involved offenders and non-using drug law violators are less likely to have friends who committed crimes or were involved with drugs. Only 28 percent of state alcohol-involved offenders report such activities among their friends; 15 percent have friends who used drugs and five percent have friends who sold drugs. Among state non-using drug law

* Inmates in federal prison and in jail were not surveyed regarding their friends.

violators, 28 percent say they have friends who participated in illegal activities, 12 percent admit having friends who used drugs and 16 percent admit having friends who sold drugs.

The high concentration of illegal activities among friends of drug-using inmates suggests the difficulty of placing a released inmate into a drug-, alcohol- and crime-free community.



Comparing Regular Drug Users to Non-Users in Prison

Thirteen percent of state prisoners and 15 percent of federal prisoners say they never used drugs, did not commit a drug law violation, were not under the influence of alcohol at the time of their crime and were not incarcerated solely for a DUI offense.

Comparing non-drug users to regular drug users reveals dramatic differences: regular drug users come from backgrounds marked with more instability, substance abuse, physical and sexual abuse, parental substance abuse, criminality and unemployment and less education than those of non-drug using inmates. These differences are summarized in the following table:

**Comparing Regular Drug-Using to Non-Using Inmates
By Percentage**

	State Prison		Federal Prison	
	Users	Non-Users	Users	Non-Users
While growing up, lived with:				
Both parents	40	48	54	65
Mother only	41	33	31	23
Ever spent time in a foster home, agency, or other institution	21	12	12	2
Ever physically and/or sexually abused	15	12	9	5
Parents abused drugs and/or alcohol	32	13	24	10
Had a family member who served time in prison	42	23	34	16
Had friends who:				
Participated in illegal activities	68	19	-	-
Used drugs	59	5	-	-
Sold drugs	35	4	-	-
Shoplifted	27	5	-	-
Stole cars	25	5	-	-
Committed burglary	28	5	-	-
Education:				
Less than four years of high school	61	51	44	31
Four years of high school only	25	27	28	24
Some college (1 to 3 years only)	12	14	22	22
Four years of college only	2	4	4	12
Some graduate school	^a	2	2	11
Employment/Income:				
Was employed in the month prior to offense	64	72	67	80
In the year prior to offense, earned money from:				
Salaries/wages	76	78	76	83
Welfare/charity	10	7	5	2
Illegal activities	29	6	31	8
Drug and Alcohol Use:				
Drank daily in the year prior to offense	36	6	27	8
Drank regularly (at least weekly), ever	68	27	64	33
Had ever been in alcohol abuse treatment	32	12	19	6

^a Less than one percent.

^{*} Not available for federal prisoners.

In both state and federal prison, non-users are more likely to come from a two-parent household and less likely to have spent time in foster care.

In both state and federal prison, regular drug users are more than twice as likely to have parents who abused drugs and alcohol, almost twice as likely to have a family member who served time in prison, and more likely to have been sexually and physically abused.

Regular drug users are much more likely to have friends who participate in illegal activities. In state prison (federal data are unavailable), they are more than three times likelier to have criminal friends and more than five times likelier to have friends who shoplift, steal cars and commit burglaries.

Non-drug users in both state and federal prison are more highly educated. In federal prison, this difference is even more pronounced, as non-users are four times likelier than regular drug users to have completed four years of college.

Non-drug users in both state and federal prison are more likely than regular drug users to have a job in the month before their current incarceration and to have earned money from salaries or wages in the year prior to their incarceration. In state prison, regular drug users are almost five times more likely than non-users to have gotten money through illegal activities; in federal prison, almost four times more likely to have gotten such money.

Regular drug users are more likely to abuse alcohol and twice as likely to drink regularly. In state prison, they were more than twice as likely as non-users to have been in alcohol treatment; in the federal system, three times as likely.

Comparing Regular Drug-Using Inmates to the General Adult Population

Regular drug users behind bars look quite different than the general adult population in several key ways. Compared to the general adult population, in each system, inmates who regularly use drugs--as all inmates--are disproportionately black and Hispanic. Regular drug-using inmates are about twice as likely as the general adult population to have never been married. They are also more likely to be divorced.

Regular drug-using inmates are more than twice as likely to have less than a high school education. The general adult population is six times more likely to have a college education than regular drug users in state prison or jail, and three times more likely than drug-using federal inmates.

Approximately two-thirds of regular drug users in each system were employed prior to their incarceration, compared to an employment rate of 93 percent in the general adult population. According to self-reported income, regular drug-using inmates are much more likely to be in poverty than the general adult population.

While the majority of these inmates were using drugs in the month prior to their offense, only six percent of the general adult population were using drugs in the month prior to being surveyed. It is difficult to compare alcohol use among these two populations, due to non-analogous survey data. While similar percentages of regular drug-using inmates and the general adult population report any alcohol use in the past year, it is impossible to tell the extent of that use.

**Comparing Regular Drug-Using Inmates to the General Populations
By Percentage**

	General Adult Population ^a	<i>Regular Drug Users in</i>		
		State Prison	Federal Prison	Local Jail
Race:				
White non-Hispanic	76	35	45	41
Black non-Hispanic	11	45	33	40
Hispanic	9	17	19	15
Asian	3	1	1	1
Native American	1	2	2	2
Marital Status:				
Married	61	16	28	17
Divorced/separated/widowed	16	25	31	24
Never married	23	59	41	59
Education:				
Less than four years of high school	21	61	44	48
Four years of high school only	39	25	28	37
Some college (1 to 3 years only)	20	12	22	12
Four years of college only	12	2	4	2
Some graduate school	8	^b	2	1
Employment:				
Employed ^c /Employed in month prior to incarceration	93	64	67	61
Poverty:				
At or below the national poverty level	12	39	27	45
Drug and Alcohol Use^d:				
Used alcohol in the past year	76	76	72	79
Used drugs in past month (general population)/month before offense (inmates)	6	76	69	70 ^e

^aAged 18 and over only.

^bLess than one percent.

^cSource: Bureau of Labor Statistics, 1997.

^dSource: U.S. Department of Health and Human Services. (1993). *National household survey on drug abuse: Main findings 1991*.

^eConvicted inmates only.

Comparing Regular Drug-Using Inmates to Non-Using Drug Law Violators

Regular drug users and non-using drug law violators look different in several areas. Non-using drug law violators are more likely than regular drug users to be black or Hispanic in all systems. Particularly in the federal system, non-using drug law violators are disproportionately Hispanic. They are about two-thirds less likely than regular drug users in each system to have ever been in foster care. In state and federal prison non-using drug law violators are almost five times less likely to have been the victims of physical and/or sexual abuse. In jail they are almost three times less likely to have experienced such abuse.

Strikingly, non-using drug law violators are much more likely to come from families free of drug abuse and criminality. They are less likely than regular drug users to have parents who abused drugs or alcohol, to have had a close family member who served time in prison, and to have friends who participated in illegal activities and selling and using drugs.

**Comparing Regular Drug-Using Inmates to Non-Using Drug Law Violators
By Percentage**

	State Prison		Federal Prison		Jail	
	Regular Drug Users	Non-Using Drug Law Violators	Regular Drug Users	Non-Using Drug Law Violators	Regular Drug Users	Non-Using Drug Law Violators
Race:						
White non-Hispanic	35	12	45	21	41	14
Black non-Hispanic	45	61	33	28	40	53
Hispanic	17	26	19	48	15	31
While growing up, lived with:						
Both parents	40	42	54	60	41	45
Mother only	41	41	31	27	37	35
Ever spent time in a foster home, agency, or other institution	21	6	12	4	17	6
Ever physically and/or sexually abused	15	3	9	2	20	7
Parents abused drugs and/or alcohol	32	8	24	7	33	10
Had a family member who served time in prison	42	25	34	20	42	24
Had friends who:						
Participated in illegal activities	68	28	-	-	-	-
Used drugs	59	12	-	-	-	-
Sold drugs	35	16	-	-	-	-
Education:						
Less than four years of high school	61	54	44	43	48	44
Four years of high school only	25	28	28	28	37	38
Some college (1 to 3 years only)	12	13	22	19	12	11
Four years of college only	2	3	4	6	2	3
Some graduate school	^a	^a	2	3	1	2
Employment:						
Was employed in the month prior to offense	64	69	67	80	61	69

^a Less than one percent.

[†] Not available for federal prisoners or jail inmates.

Substance-Abusing Inmates in State and Federal and Jail Systems: Key Differences

State prisons, containing 10 times the population of federal prisons, house a greater number of inmates with significant drug problems. Federal prisons house a greater proportion of drug sellers. Two-thirds (64 percent) of state prisons inmates are regular drug users, while less than half (43 percent) of federal inmates are regular users. Generally, jail inmates look like state inmates, though they are more likely to have been under the influence of drugs and alcohol when committing their crime.

Key Differences Among State, Federal and Jail Inmates By Percentage			
	State	Federal	Jail
Incarcerated for drug law violations	21	55	21
Regular drug users, ever	64	43	59
Regular users of drugs in the month before their offense	45	28	44 ^a
Under the influence of drugs and/or alcohol when they committed their crime	49	23	55 ^a
Trying to get money for drugs when they committed offense	17	10	13
Consumed alcohol daily or almost daily during the year before their most recent incarceration ⁴	29	17	32

^a Convicted jail inmates only.

Conclusion

There are a number of important differences among the various types of substance-involved inmates that have an impact on the effective delivery of treatment and other services and the crafting of policies and programs to reduce recidivism and the impact of substance abuse on prisons and jails. The next two chapters describe the extent and types of treatment and ancillary services available in prisons and jails.

V.

The Treatment Gap: Need vs. Availability and Participation

Unless incarcerated for a serious violent crime or drug dealing, most substance-involved inmates return to communities after relatively short prison stays. The average state prison sentence is six years, of which only about two years are spent in prison and the remaining time on parole.¹ For the substance-involved inmate, what happens in prison in treatment, literacy and job training (and in treatment and aftercare while on parole) is key to reducing dependence on drugs and alcohol and hence reducing recidivism in order to protect public safety.

Without effective treatment, drug and alcohol abusers and addicts--the bulk of America's inmate population in the 1990s--are likely to commit more crimes after release from prison. Yet access to treatment is limited throughout the criminal justice system and only 18 percent of inmates who need treatment receive it.²

The gap between treatment availability and need has been widening. Even when treatment is available, many, perhaps most, inmates who need it do not enter treatment programs. The rise in mandatory sentences and demands that inmates serve their full sentence in prison removes powerful incentives to motivate inmates to seek treatment and aftercare since entering such programs does not offer any

"I entered treatment because I was tired of living, and I knew I needed to change, and I wanted to change--I didn't want to be out there on drugs anymore. And, this being my first time incarcerated, I didn't want to spend the rest of my life in a penitentiary."

"What I liked about the program is if you were really sincere, you could get the help you needed, and people took time to explain things and to work out your problems with you."

"[What I like about the program was that] I knew I wasn't the only sick person, you know, that other people wanted to confront his or her problems."

These quotes are from participants in CASA's Opportunity to Succeed program (OPTS), a demonstration project for parolees. All participants completed some type of prison based treatment prior to their release from prison.

opportunity for earlier release. Placing released inmates on parole provides an important carrot to encourage them to seek treatment or attend aftercare programs, and a potential stick for those who do not stay clean. The lack of literacy, job training and job placement programs contributes to the despair and loss of hope that discourages inmates from seeking treatment.

"They don't treat you like you was in prison even though you was in prison, they treat you like a person, they talk to you like a person."

--Graduate of Prison Treatment Program

"[The most difficult thing about the program for me was] admitting to others that I had a problem. Denial, once again."

--Graduate of Prison Treatment Program

History of Prison-Based Treatment

In 1935, the U.S. Public Health Service Hospital in Lexington, Kentucky, provided the first substance abuse treatment program for federal inmates. Three years later, a second hospital was established in Fort Worth, Texas. These efforts grew out of Congressional concerns about overcrowding in federal prisons caused by incarceration of drug addicts during the 1920s.³ Despite high relapse rates, the two hospitals continued to treat prisoners and voluntarily admitted addicts through the 1960s, until the Federal Bureau of Prisons converted both hospitals to prisons in the early 1970s, when treatment programs began to be developed within individual federal prison facilities.⁴

In 1966, amid growing concerns about drug abuse among inmates and the emergence of more sophisticated drug treatment, Congress enacted the Narcotic Addict Rehabilitation Act (NARA) which authorized sentencing federal offenders to treatment instead of prison if the Attorney General determined that they were drug addicts and likely to be rehabilitated.⁵ NARA set up a civil commitment system for federal offenders before and after sentencing. Federal inmates committed under NARA had to spend at least six months in

treatment at an institution approved by the Attorney General before conditional release to community-based treatment.

In 1976, in the case of *Estelle v. Gamble*, the U.S. Supreme Court found that deliberate indifference to serious medical needs of a prisoner is cruel and unusual punishment in violation of the Eighth Amendment of the U.S. Constitution.⁷ The decision did not deal with drug and alcohol treatment, but it helped open the way for a general improvement in the response to inmates' medical problems, including substance abuse treatment.

In the 1970s, the substance abuse treatment field was in its relative infancy. With the exception of methadone maintenance (largely unavailable to prison inmates), few treatment programs could demonstrate consistent effectiveness among the alcoholics, drug addicts and substance

It was the start of another week of treatment at Donovan, where the drug culture that persists behind bars is so accepted that it goes unremarked upon by prisoners and counselors alike. Russell Power...was leading the group. Like many of the counselors working in the program at Donovan, run by Amity, a private treatment organization also operating in Arizona and Texas, Mr. Power, 38, is a former inmate and recovering drug addict; methamphetamine was his drug of choice, manufacturing it was his crime.

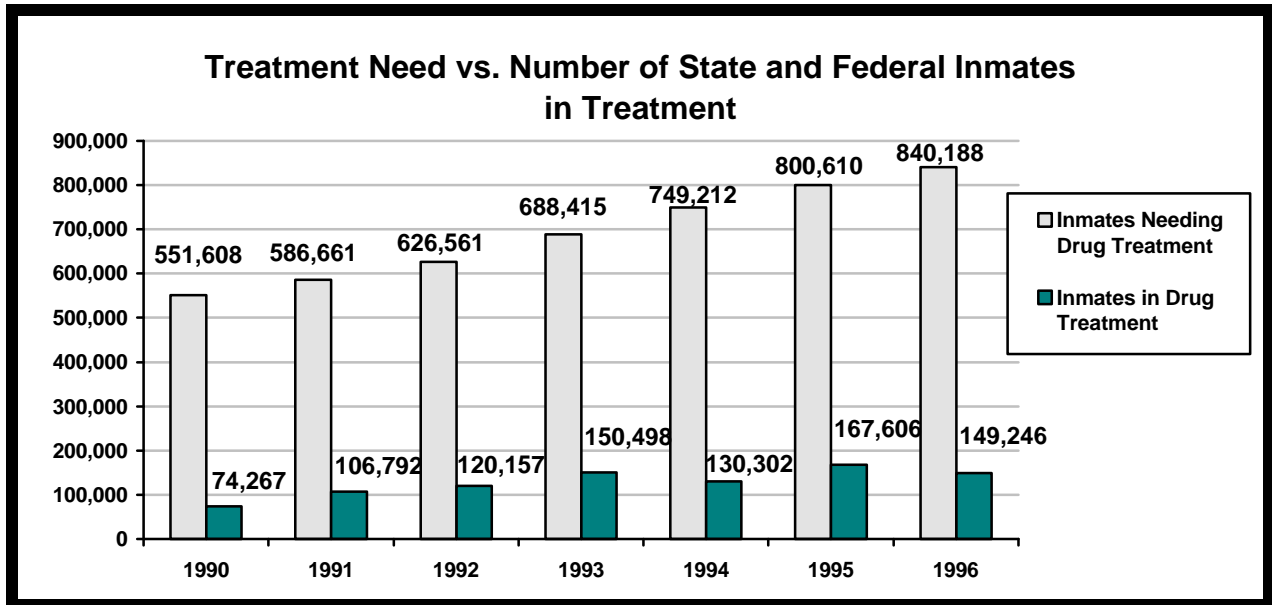
Like most of America's inmates, many of the men came from households and neighborhoods where conversations about ideas, emotions and dreams were rarely held. Thinking broadly and deeply about their lives was not easy for them. And so Mr. Power's objective that morning was simply to get them talking and, in turn, thinking, first steps in recognizing and changing habits that repeatedly landed them in prison.

--New York Times, July 3, 1995⁶

abusers in prison. However, recent advances in the mental health and substance abuse fields have led to more effective treatment interventions and increased knowledge about the biological, psychological and social dimensions of addiction.⁸ This increase in knowledge has not been accompanied by an increase in treatment availability for inmates and parolees.

Treatment in State and Federal Prisons

The number of inmates in need of substance abuse treatment continues to rise, far outpacing the availability of such treatment.⁹ In fact, the number of inmates in treatment has actually declined slightly. Between 1993 and 1996 the number of inmates needing treatment increased by 22 percent from 688,415 to 840,188.¹⁰ In 1993, 22 percent of inmates needing treatment were in treatment; by 1996, only 18 percent of needy inmates were in treatment.



The number of inmates needing drug treatment is calculated to be 75 percent of the total number of state inmates and 31 percent of the total number of federal inmates for each year based on estimates from GAO, CASA and the Federal Bureau of Prisons. The number of inmates in treatment is estimated from data reported in The Corrections Yearbook (1990-1996). (See Appendix D).

In 1996, as part of its continuing study of the impact of substance abuse on the nation's legal and criminal justice systems, CASA conducted a national mail Treatment Survey of Prison Facilities to assess substance abuse problems among inmates and the availability of treatment in every state and federal correctional system. Forty-seven states, the District of Columbia and the Federal Bureau of Prisons responded to the survey. Of the 963 prison facilities which completed surveys, 758 were for men (79 percent), 66 for women (seven percent) and 60 for both men and women (six percent). Eight percent of the facilities did not indicate whether they were for men, women or both. A copy of the questionnaire is attached in Appendix C.

This CASA survey found that three-fourths of state inmates need alcohol and drug treatment. On average, in the 48 state jurisdictions responding, officials estimated that 74 percent of inmates have a substance abuse problem. Federal prison officials estimated that 31 percent of the federal inmates have a substance abuse problem, similar to recent estimates made by the General Accounting Office.¹¹

According to the CASA survey, only one in four state inmates identified with a drug or alcohol problem received any substance abuse treatment over the course of a year. This treatment could be as little as short term drug education, or self help groups, or longer term help. The number receiving treatment is higher than the number of treatment slots because so much prison-based treatment is short-term (and often inadequate), so that a single slot can be used to service several prisoners in a given year.

Residential treatment or long-term counseling is even rarer in prison settings. A 1994 survey of 37 state and federal prison systems by the National Institute of Justice of the U.S. Department of Justice and the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services, found that only five percent of all inmates received either residential substance abuse treatment or ambulatory substance abuse counseling.¹²

In state prisons in 1991, fewer than half (44 percent) of regular drug users had received any kind of drug treatment in prison as of the time they were interviewed. In federal prison in 1991, regular drug users were slightly less likely to receive drug treatment (40 percent).

Drug Treatment History of State and Federal Prisoners by Percentage								
	All Inmates		Regular Drug Users		Non-Using Drug Law Violators		Alcohol-Involved Offenders	
	State	Federal	State	Federal	State	Federal	State	Federal
Received any treatment in prison	32	21	44	40	17	8	15	10

Despite the need and growing interest in treatment interventions for offenders, treatment is limited relative to need, at all stages of the criminal justice process. Very few offenders are in treatment at the time of their arrest and access is limited during the pretrial period for probationers, in prisons, in local jails and for parolees.

Assessment of Treatment Needs

Treatment professionals recognize the importance of comprehensive and clinically-based assessment of substance abusers before they begin treatment.¹³ To determine the most appropriate treatment, it is essential to know the offender's substance use history, emotional and physical health, family life and other indicators that might affect the nature and severity of their substance abuse problems. Such an assessment in and of itself can help initiate the treatment process by engaging the substance abuser in self-analysis.¹⁴ According to the CASA survey: nearly all jurisdictions (90 percent) used more than one method to determine whether an inmate has a substance abuse problem, 83 percent used self-reports (inmate answers to questions at

intake), 82 percent relied on objective screening instruments^{*}, more than two-thirds relied on staff reports; more than half on pre-sentence reports; more than half on urinalysis.

Most systems recognize the need to assess substance abuse problems among their inmates and are utilizing a range of assessment tools. However, it is unclear how many inmates are evaluated through these assessments in order to determine the nature of the problem and decide what type of treatment is most effective.

The next question is whether appropriate prison treatment is available for those in need. Treatment is so loosely defined in the Bureau of Justice Statistics inmate survey that it encompasses anything from a brief drug education class to intensive residential therapy. It is important to distinguish because effectiveness may vary considerably by type of treatment. Many--perhaps most--inmates who say they are "in treatment" do not receive the kind of help they need to overcome their addiction to alcohol or drugs.

Although there is evidence that residential programs may be the most effective substance abuse treatment option for inmates, few in-prison treatment slots are of this type.¹⁶ In Delaware, a 1994 assessment estimated that 56 percent of incoming inmates needed residential

I recommend that drug use and possession remain a criminal offense, but prisoners should have mandatory treatment programs. Treatment while in jail is very important [because] eliminating users by treatment will kill the supply and demand.

--Police Chief, large midwestern city¹⁵

treatment. Yet, out of an estimated need for 2,887 residential treatment slots, only 257 residential slots were available for criminal justice clients in the entire state, filling only about 10 percent of the overall need.¹⁷

Why So Little Prison-Based Treatment?

^{*} Examples include the Sudds/Raate, Addiction Severity Index (ASI) and DSM IV Diagnostic.

Each of the correctional departments in CASA's prison survey reported limitations in their ability to expand treatment services for substance-abusing inmates. In responses to an open-ended question, more than 70 percent blamed budgetary limits, such as salaries for clinically trained addiction counselors, funds for equipment and supplies. More than one-third reported that they have too few counselors. More than half do not have enough space in treatment programs, causing long waiting lists and an inability to keep pace with the increasing numbers of inmates who need help. More than 10 percent of the corrections departments

Limitations to Providing Treatment to Prison Inmates by Percentage	
Reasons cited by responding state and federal prison systems for limited treatment availability:	
Budgetary constraints	71
Space limitations	51
Limited amount of counselors	39
Too few volunteer participants	18
Frequent movement of inmates	12
General correctional problems	8
Problems with aftercare provision	4
Legislative barriers	2

Source: CASA's 1996 Treatment Survey of Prison Facilities.

identified frequent inmate transfers to other facilities or sentences that were too short to allow them to complete a treatment program. Lack of inmate interest in participating was also cited: 18 percent blamed a lack of inmate volunteers as a reason for limited treatment availability.

Treatment in Jails

Access to substance abuse treatment is also limited in local jails. In a 1992 Bureau of Justice Statistics survey of 503 jails in the largest jurisdictions, 55 percent claimed to offer inmates some drug treatment. However, only eight percent of the inmates in these jurisdictions were participating in treatment programs. Fifty-nine percent of jails offered alcohol treatment, serving the needs of nine percent of their inmates.¹⁸ The extent, scope, intensity, and type of

programs could not be determined from this survey. Though the data are sketchy, in smaller jurisdictions, treatment is less available to inmates.¹⁹

The large turnover of offenders and the relatively short stay of jail inmates undermines administrative dedication to provide treatment and impedes the opportunity to effectively treat substance abusers.²⁰ Half of jail inmates (51 percent) are awaiting trial or release on bond.²¹ Many are in jail for less than three months--too short a period to effectively treat cocaine or heroin addicts.²²

Lack of space to provide residential treatment within jails is another major obstacle. Overcrowded jails do not have separate living areas for undisturbed meetings and therapeutic atmospheres needed for such a program.²³

Treatment History of Jail Inmates

Treatment information on jail inmates is dated. The most recent (1989) indicates that a fourth (24 percent) of jail inmates had ever participated in a drug abuse treatment program prior to their current incarceration, a rate similar to prison inmates. Few inmates had been in drug treatment in the month before admission to jail.

When inmates recover from an addiction, they stop hurting people and they stop going to jail.

--Treatment counselor for ex-offenders²⁴

History of Drug and Alcohol Treatment Jail Inmates By Percentage		
	All Inmates	Inmates who had ever used drugs
Ever participated in drug abuse treatment program	24	31
Were in treatment:		
Once	15	19
Twice	5	6
3-5 times	4	5
6 or more times	1	1
Were in a drug abuse program in the month before admission	5	6
Ever participated in an alcohol abuse treatment program	15	--

Source: Beck, A. J. (1991). *Profile of Jail Inmates, 1989*. Washington, DC: U.S. Department of Justice, Office of Justice Statistics, Bureau of Justice Statistics.

Eight percent of regular users were receiving drug treatment in prison when interviewed in 1989. This number is low since every person in this category has at some point been a daily or weekly user of an illicit substance and 46 percent admit that they have been hooked on drugs.

Only 15 percent of all inmates having ever participated in an alcohol abuse treatment program. However, 20 percent of jail inmates say that they have ever been an alcoholic, including 24 percent of regular drug users, 37 percent of convicted alcohol-involved offenders and three percent of drug law violators.*

* The 1989 survey of jail inmates asks if the inmate has "ever been an alcoholic." The 1991 survey of prison inmates does not include this question.

Prison and Jail Treatment Programs

Prisons and jails provide a variety of substance abuse treatment services, although the opportunities for intensive, long-term treatment are limited.²⁵ The most common types of addiction treatment available to criminal populations are self-help groups, individual and group counseling, therapeutic communities and methadone maintenance.

The types of programs are determined by available budget, length of incarceration for inmates in treatment, assessment of treatment needs, experience and training of corrections staff, available space, and treatment modalities used by community substance abuse providers.²⁶

Detoxification

More medical procedure than treatment, detoxification is a necessary first step in treating many substance-abusing inmates. Detoxification provides physical, mental, and emotional stability to the inmate suffering withdrawal symptoms. Observation and, when necessary, medical treatment are the main components of detoxification. Detoxification from alcohol can have serious medical consequences and should be monitored closely. Most larger jails have detox facilities; nonviolent inmates are sometimes referred to community agencies for detoxification.²⁷

Most inmates enter prison directly from a local jail facility, so many drug- and alcohol-addicted inmates are detoxified before admitted to prison. However, some addicted prison inmates may need to undergo detoxification upon prison admission. In a 1990 survey, the 741 reporting state facilities (confinement only) had 5,197 spaces available for detoxification, which were running at 55 percent capacity; the 61 reporting federal facilities had 152 spaces available for detoxification, running at only 14 percent capacity.²⁸

Education

Although many inmates are knowledgeable about all aspects of drug use, drug education can help them recognize the consequences of such use and may motivate them to seek further treatment.²⁹

The 1996 CASA prison survey indicates that 69 percent of prison facilities offer drug education programs. Two-thirds are led by trained substance abuse counselors; nearly half by mental health professionals. More than one-third are led by trained corrections personnel and one-fifth by inmates. Jails are less likely to offer drug education programs: a nationwide survey found that only 14 percent provided drug education.³⁰

Psychoeducational Programs

Psychoeducational treatment approaches often target inmates serving relatively short sentences. Group and individual counseling are used to facilitate self-awareness of personal and social factors which contribute to the inmate's drug problems. Psychoeducational approaches include: development of motivation for treatment; improvement of practical life, communication and relapse prevention skills; and creation of an aftercare plan incorporating community resources.

Psychoeducational treatment programs often attempt to address educational and vocational deficiencies, family counseling needs and mental health problems of the drug user.³¹

Self-Help Groups

Self-help groups like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are found in nearly all state and federal prison facilities.³² These groups are generally run by persons in recovery, including other inmates. They use a "12-steps to recovery" model, developed in the late 1930s for the treatment of alcoholism and incorporated into self-help groups for drug addiction.³³ Working through the steps is meant to provide a spiritual and moral awakening for the addict--calling on help from a Higher Power. The steps include recognizing that one is an addict, acknowledging that one is powerless over the addiction and needs the help of a Higher Power, and confronting the harm that one has caused.³⁴ The programs insist on sobriety, promote sharing of experiences and problems related to addiction, and teach the recovering addict how to handle triggers and relapses. Twelve-step programs offer positive alternatives to drug- and alcohol-involved lifestyles by providing a social network of support once outside of the institution.³⁵

According to the CASA survey, 74 percent of prison facilities have self-help programs: among these facilities, 95 percent have AA programs; 79 percent, NA programs; 14 percent have Rational Recovery programs.* Nearly two-thirds of these programs are led by peers; more than

Treatment Services Available to Inmates in Prison by Percentage	
Treatment programs available in responding state and federal prison facilities:	
Self-help	74
Drug education	69
Counseling (individual and group)	65
Intensive outpatient/residential program (other than therapeutic community)	21
Mixed with prison population (6.5%) Housed in separate living quarters (14.7%)	
Therapeutic community	12
Mixed with prison population (1.6%) Housed in separate living quarters (10.7%)	

Source: CASA's 1996 Treatment Survey of Prison Facilities.

* Rational Recovery is a secular program which focuses on self-motivated recovery.

half by volunteers; fewer than half by trained substance abuse counselors and trained prison personnel; fewer than a fifth by mental health professionals. Some 17 percent of state prison inmates and nine percent of federal inmates attend self-help or peer-support groups while in prison.

Most local jails offer inmates short-term chemical dependency programs that emphasize a self-help component like that found in AA and NA and modeled on the 12-step program. Chemical dependency treatment programs tend to be highly structured with inmates receiving psychiatric and psychosocial assessment followed by drug education. The primary objective is to help the inmate achieve abstinence, to recognize the ongoing nature of addiction and importance of continued involvement in self-help groups.³⁶

Group and Individual Counseling

Group counseling is the most common intensive treatment method in prisons. Usually a trained professional leads a group of eight to 10 participants in sessions several times a week. As with individual counseling, group counseling seeks to explore and modify underlying psychological and behavioral problems which contribute to the addiction. Group counseling requires active participation and commitment on the part of the group members and a supportive environment. A quarter (24 percent) of state inmates and 16 percent of federal inmates are involved in some group counseling.

Individual counseling is usually led by a psychologist, social worker or (less often) psychiatrist. The goal of individual counseling is to develop the inmate's self-image and sense of personal responsibility, as well as learning coping skills to deal with personal problems. Only six

percent of state and four percent of federal inmates report attending individual counseling sessions for substance abuse problems while in prison.

CASA's prison survey found that most prisons (65 percent) offer some substance abuse counseling. Among these, nearly all (98 percent) offer group counseling and 84 percent offer individual counseling. Three-fourths of the counseling programs are led by trained substance abuse counselors, more than half by mental health professionals, more than one-third by trained prison personnel, and more than one-fourth by peers (other inmates).

Milieu Therapy

Milieu therapy is more intensive than group counseling, but less so than therapeutic communities. Such treatment is carried out in an isolated, drug-free living area within the prison. Milieu therapy incorporates group and individual counseling, and often uses confrontational group sessions and peer interaction. Due largely to the separate living requirements, milieu therapy is more expensive and according to one report appears best suited for chronic users of more than one drug who have suffered addiction problems for less than five years.³⁷ Milieu therapy is led by trained correctional officers rather than ex-addicts or peers. Milieu therapy provides fewer rewards and responsibilities for good conduct and less extensive community interaction than therapeutic communities.³⁸

Therapeutic Communities

Therapeutic

Communities (TCs) are residential drug treatment programs where inmates usually are housed in a separate unit in the facility. The first TC was established in 1962 in the Nevada State

The therapeutic community is a school about life. It's teaching how to live a life that is crime free and drug-free, and providing the tools to accomplish that.

--Ronald Williams

Former heroin addict and armed robber.
Currently runs New York Therapeutic Communities, which operates in-prison treatment programs in New York and Texas.³⁹

Prison.⁴⁰ The TC model views drug abuse as a disorder of the whole person, reflecting problems in conduct, attitudes, values, moods and emotional management. The specific goal of treatment is the development of a lifestyle marked by abstinence and the elimination of antisocial behaviors and attitudes. TCs identify right and wrong actions--right is rewarded, wrong is punished. Values such as truth and honesty, hard work, accountability, self-reliance, responsible concern for others and community involvement are stressed.

TC participants stay in the program for about nine to 12 months. They are then phased into independent living environments in the community with continued contact with TC staff and other professionals. TCs provide a highly structured environment where patients participate in resocialization, intensive therapy and behavior modification and are given increasing responsibilities as they progress through the program. TCs are designed for individuals with serious drug problems and some evaluations have concluded that these programs reduce recidivism.⁴¹

The 1996 CASA survey found that 12 percent of prison facilities have TCs. Of these, nearly 89 percent have separate living quarters for participants; 13 percent house the participants with the general prison population.

Only a small percentage of inmates participate in TC programs. Although specific data on TC enrollment are difficult to obtain, the 1991 inmate survey data indicated that only seven percent of state and four percent of federal inmates

A recent evaluation of the Kyle, Texas in-prison TC treatment program, which began in 1992, found that participation in the TC reduced drug use and criminal behavior 12 months after release, compared to a group of parolees who were eligible for the treatment program but were not selected for treatment.⁴²

had participated in inpatient treatment or treatment in a special facility (TCs would be included in these types of programs). TCs are rarely used in jail settings due to the long-term treatment requirements.⁴³

Twenty-one percent of the facilities offer other types of intensive programs than TCs. Seventy-one percent of these have separate living quarters for their participants.

Transition to Community Treatment Services

Prisons and jails can assist inmates and help reduce crime by getting released inmates to participate in community-based treatment services. In the absence of such support, released inmates find themselves in the same environment of drug use and criminal behavior which landed them in jail. Without follow-up treatment in the community, the benefits of prison services, such as drug and alcohol treatment, educational and vocational training, and psychological and medical care given to the inmate, will be undermined. Aftercare and transition services to motivate inmates into community treatment, residential treatment services,

intermediate care, halfway houses or work release programs are essential components of an effective jail-based treatment program.⁴⁴

Aftercare

Community aftercare services are crucial to helping drug- and alcohol-involved inmates avoid relapse after release from prison. Aftercare can assist inmates' positive reentry into the community and support and strengthen coping skills learned in prison treatment.⁴⁵ Some TCs have an aftercare component.

CASA's Opportunity to Succeed program (OPTS) is an example of a comprehensive aftercare program for substance-involved parolees. The experience with OPTS has shown that inmates need immediate support and supervision when they leave prison in order to reduce the risk of relapse.

Methadone Maintenance

Methadone maintenance can be used to treat addiction to heroin.⁴⁶ Methadone can block the euphoric effects of heroin (if its dose is large enough) and prevent withdrawal symptoms and craving. Methadone is administered orally each day and the amount is usually increased over a period of several weeks to six months before a stabilized dosage is reached. In general, methadone programs either aim for a goal of abstinence from heroin in a six to 12 month period ("methadone-to-abstinence" programs) or to provide long-term maintenance. Federal guidelines require that an individual be dependent on heroin for over a year in order to be treated with methadone and that drug testing and counseling accompany treatment.⁴⁷

Methadone has long been a controversial treatment due to concerns that the patient is merely swapping one addiction for another, will trade methadone for heroin on the

street, will receive few other services, and will need to be maintained on methadone for many years.⁴⁸ However, methadone maintenance has been found to reduce heroin use, improve health, decrease risk of contracting HIV and decrease criminal behavior.⁴⁹

Methadone maintenance programs are rare in prisons and jails, and their use in these settings much more controversial than in the community. Few corrections officials are willing to make a narcotic drug available to inmates. In addition, the medical supervision necessary to administer a methadone program makes it more expensive. Some jails do operate maintenance programs for heroin addicts who had been on methadone prior to incarceration. Some states, such as New York, maintain prison inmates on methadone when they had been receiving methadone at a local jail.

Do Prison-Based Treatment Programs Work?

The results of prison-based drug and alcohol treatment research suggest that well-designed programs of sufficient length and linked to aftercare services in the community can reduce post-release criminal activity, relapse and recidivism.⁵⁰ However, evaluations have focused largely on residential treatment programs and more research is needed on all types of interventions. The more effective programs share certain characteristics such as behavioral contracts and counseling, role playing and modeling, and vocational and social skills training.⁵¹

Recidivism Rates for New York’s Stay’n Out TC Program (Percent rearrested)		
	Male Group	Female Group
Stay’n Out	27	18
Milieu therapy	35	N/A
Counseling	40	29
No treatment	40	24

Source: Lipton, D.S., & National Institute of Justice. (1995). *The effectiveness of treatment for drug abusers under criminal justice supervision*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Evaluations of several prison-based TCs have shown that such interventions can reduce post-release recidivism. The oldest of these programs is the Stay'n Out program in New York State, established in 1977.⁵² Replications of this program have been established in several states under a federally-funded initiative called Project Reform.⁵³ Inmates are eligible within six to 12 months of their first parole release hearing. Minimum treatment length is between six and nine months. Half the graduates move on to community-based residential treatment after release. The staff of Stay'n Out is mostly composed of recovering addicts and ex-offenders.⁵⁴

Stay'n Out has been found to reduce recidivism.⁵⁵ Twenty-seven percent of male Stay'n Out group were rearrested after parole, compared with 35 percent of those in milieu therapy and 40 percent of those in counseling-only or no-treatment groups. Rearrest rates for women were generally lower than for men.

New York State also operates a Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program. CASAT uses three phases of treatment including a post-release aftercare phase under parole supervision. Among male participants, the return-to-prison rate for those in aftercare was eight percent after 12 months and 21 percent after 24 months, compared to 15 percent after 12 months and 34 percent after 24 months for all inmates released. For CASAT Phase I or Phase II dropouts, recidivism rates were about 19 percent after 12 months and 40 percent after 24 months.⁵⁶

The benefits of prison-based treatment are greater when released inmates participate in aftercare programs. The Amity Rightturn program at the R.J. Donovan medium security prison in San Diego, begun in 1989, features three phases of treatment: assessment and orientation (three months), individual and group counseling (five to six months), and community reentry (three months).⁵⁷ The Donovan Amity program has 200 beds in a separate housing unit

within a larger institutional setting of about 4,000 men. Participants must have a clean prison record, have no history of serious mental illness or child molestation and be within nine to 15 months of parole. Amity Rightturn offers a community aftercare component called Vista.⁵⁸

After six months, one-third of those in the Amity program were still enrolled and in good standing, half had completed the program and 17 percent had dropped out.⁵⁹ One in five graduates had volunteered to participate in Amity's Vista community aftercare program. Among those in Amity who completed treatment and also participated in aftercare, only 26 percent were reincarcerated with a year, compared to 43 percent of the treatment completers, 50 percent of the dropouts and 63 percent of a matched comparison group.⁶⁰

Recidivism Rates for Participants of California's Amity Rightturn TC and Vista Aftercare	
	Percent reincarcerated within one year of their parole:
No treatment group	63
Amity program dropouts	50
Amity program graduates	43
Amity graduates who completed Vista aftercare program	26

Source: Lipton, D.S., & National Institute of Justice. (1995). *The effectiveness of treatment for drug abusers under criminal justice supervision*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Forever Free, a similar effort of the California Department of Corrections for female inmates, is an intensive four- to six-month program begun in 1991 at the California Institution for Women in Frontera servicing 320 female inmates annually.⁶¹ Inmates with records of recent prison violence are excluded from the program.⁶² There are six main components: drug education, relapse prevention, aggression replacement training, women's workshops, 12-step groups and case management. Random urine tests are given each week to five to 10 percent of the participants and to any one believed to be drunk or high. A positive test results in dismissal from the program. Inmates paroled to Los Angeles, Orange, Riverside or San Bernardino counties receive community-based treatment services for six months after parole. The rate of

return to custody was lower for program completers and decreased with length of time in community-based treatment.⁶³ Two-thirds (62 percent) of the program dropouts were returned to custody, compared with 38 percent of program graduates. Only 28 percent of those with some community treatment and 10 percent of those with five or more months of such treatment, were returned to custody within six to 14 months.⁶⁴

Recidivism Rates of California's Forever Free TC for Women	
	Percent returned to custody within 6 to 14 months of parole:
Program dropouts	62
Program graduates (with and without community treatment)	38
Program graduates with some community treatment	28
Program graduates with 5 or more months of community treatment	10

Source: California Department of Corrections, Office of Substance Abuse Programs. (1995). *California Department of Corrections overview of substance abuse programs*. Sacramento, CA: California Department of Corrections, Office of Substance Abuse programs.

The Key-Crest program in Delaware has three-stages: an in-prison treatment program (Key), transitional treatment through a residential work release center, and aftercare for parolees (Crest).⁶⁵ A recent evaluation compared participants in only the Key portion, only the Crest portion and those who had been in the combined programs with inmates who received no other intervention besides HIV prevention education. After 18 months, only 28 percent of Key-Crest graduates had been rearrested, compared to 64 percent of the HIV education comparison

group; 25 percent of the Key-Crest graduates were using drugs, compared to 83 percent of the comparison group.

Outcomes for Participants in Delaware's Key-Crest Program				
After 6 months, percent who were:	Key-Crest	Crest Only	Key Only	HIV-Education
Using drugs	6	16	46	62
Rearrested	8	15	18	38
After 18 months, percent who were:				
Using drugs	25	54	66	83
Rearrested	28	40	54	64

Source: Lipton, D.S., & National Institute of Justice. (1995). *The effectiveness of treatment for drug abusers under criminal justice supervision*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Jail-Based Therapeutic Community

The Jail Addiction Services (JAS) project in Montgomery County Maryland offers a therapeutic community. Inmates live in a separate area and participate in a 40 hour-a-week program lasting eight to 10 weeks. Treatment is offered in a modular fashion, allowing participants to build skills as they progress through the program, an attempt to compensate for the high turnover rate of jail inmates.

Most JAS participants do not complete treatment due to early

Recidivism Rates for Maryland Jail Addiction Services (JAS) Demonstration Project		
	JAS participants	Comparison Group
Percent rearrested within 24 months of release from jail	38%	48%
Average number of days until rearrest	255 days	213 days

Source: Taxman, F., & Spinner, D. (1997). *Jail addiction services (JAS) demonstration project in Montgomery County, Maryland: Jail and community based substance abuse treatment program model: Final report*. Unpublished report: U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, Maryland Governor's Commission on Drugs and Alcohol Abuse, Montgomery County Government.

release.⁶⁶

Graduates of the JAS program who have time left in their jail sentence remain in the TC in an aftercare program.⁶⁷ For released participants, the JAS program provides case management services in order to facilitate their transition into community-based treatment services.⁶⁸

In its early stages, the JAS program operated in an outpatient framework rather than as a modified TC. After almost two years, the program was revamped into a modified TC structure. In this structure, JAS program participants experienced lower rates of rearrest.⁶⁹

A Word of Caution

Although the evaluations described above sketch a hopeful picture of the efficacy of prison-based treatment, a word of caution is in order. First, some of the studies compare program graduates with a comparison group. This biases the outcomes in favor of the treatment programs, since dropouts are not included in the outcome measures. Second, few studies incorporate an experimental design in which program-eligible inmates are randomly assigned to a treatment program or no intervention. Inmates who volunteer to participate in programs may differ from those who do not go into treatment. This self-selection may evidence a stronger motivation to recover. On the other hand, inmates who are more impaired may enter treatment because they are more likely to be encouraged to do so by counselors or supervisory staff. Third,

Post-Release Recidivism Rates for Early Treatment Program Vs. Later Modified TC Program, Jail Addiction Services (JAS)	
Percent rearrested:	
Participants in the early stage of JAS (out-patient model)	54
Participants in the later stage JAS (modified TC program)	33

Source: Taxman, F., & Spinner, D. (1997). *Jail addiction services (JAS) demonstration project in Montgomery County, Maryland: Jail and community based substance abuse treatment program model: Final report*. Unpublished report: U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, Maryland Governor's Commission on Drugs and Alcohol Abuse, Montgomery County Government.

these studies use different follow-up periods and there are a wide range of recidivism outcomes. It is difficult to provide an "average" recidivism rate for treatment participants or comparison groups. Programs and clients also vary so that the impacts on recidivism may vary as well. Finally, evaluation studies have generally not incorporated multivariate analyses with which the independent effects of the program intervention could be isolated from other inmate or environmental factors that could affect outcomes. The U.S. Department of Justice has sponsored a new national evaluation initiative of prison-based residential treatment programs which may yield important new data on the effectiveness of these programs.

Still, the research findings suggest that treatment, particularly longer term intensive treatment with aftercare, can reduce recidivism and relapse to drugs. More research is needed to determine the specific program and inmate factors that increase the chance of successful treatment outcomes, and to assess what level and type of treatment is most effective for different types of substance-abusing inmates.

Lack of Trained Personnel

Comprehensive treatment programs require correctional officers trained in substance abuse. In most systems, correctional officers receive no education about the impact of substance abuse on inmate populations and they receive little or no training on how to recognize or work with substance abusers and addicts. Correctional officers who are a part of the treatment team will support the goals of treatment and help change a culture of resistance to treatment.⁷⁰

VI.

Critical Companions to Treatment

Even for alcoholics and drug abusers not in prison, overcoming an addiction to drugs is a grueling experience, often requiring several tries to succeed with the possibility of relapse a palpable threat. For the addicted prisoner, there is the advantage of isolation from the temptations of the outside world. But there are also the high hurdles of poverty, separation from family and loved ones, the availability of illicit drugs in some prisons, the trauma of imprisonment, and often serious mental illness. For the imprisoned, substance abuse treatment and aftercare, standing alone, are not enough to reduce the odds of recidivism and increase the chance of rehabilitation.

It is essential to shape the prison environment in ways most conducive to managing addiction to alcohol and drugs. The first step is to provide a substance-free environment. The drug-free, alcohol-free and smoke-free prison is the best prison for the offender who wants to overcome his addiction.

But that's only the beginning. A key ingredient in providing inmates hope for a better future and the opportunities to achieve it is effective treatment. This includes health care, since regular drug and alcohol users and addicts are likely to have a host of related health problems, ranging from malnutrition and hepatitis to diabetes, cardiovascular disease, cancer, sexually transmitted diseases, and HIV/AIDS. It also includes psychiatric and psychological counseling. Many prisoners have less than a high school education, so education, including classes in basic literacy and job training is also crucial. For many, development of an active religious and spiritual life may be critical to recovery from addiction and pursuit of a satisfying,

crime-, alcohol- and drug-free life. These ingredients are essential to take advantage of the opportunity that prison presents to society to convert the drug- or alcohol-addicted criminal into a productive, tax-paying citizen.

Drug-, Alcohol- and Smoke-Free Prisons

The first step in helping inmates successfully complete treatment is to provide a drug- and alcohol-free environment. Providing a smoke-free environment contributes to maintaining a safe and healthier environment for staff as well as inmates and sets a tone for a substance-free life.

Keeping Drugs Out of Prison: Surveillance Methods

To keep drugs and other contraband out, most prisons pat down inmates (78 percent, state; 88 percent, federal), require them to exchange clothes upon admission (59 percent, state; 88 percent, federal), search belongings (87 percent, state; 93 percent, federal), and question visitors (79 percent, state; 98 percent, federal). Forty-five percent of the state facilities and 61 percent of the federal facilities conduct body cavity searches on entering inmates as well as those returning from temporary release.¹

Drug Testing

All 52 state and federal correctional systems (including the District of Columbia) conducted drug testing on inmates at some point in 1995.³ Most (46 states and

"Before [I was incarcerated] my drug of choice was Budweiser....When I got to prison...I started doing marijuana and mushrooms and speed and stuff like that"

-- Prison inmate²

the federal system) of these systems conducted some random testing. Tests are also conducted when drug or alcohol use is suspected.

Drug testing provides information to supplement and substantiate reported inmate drug use and to monitor compliance with treatment protocols. Indeed, drug testing deters drug use among some inmates.⁴ Drug tests cost about seven dollars each.⁵

Drug Use

Despite the drug surveillance outlined above, the conventional wisdom is that drug use in prison is widespread.⁶ While anecdotal information suggests ready access to drugs and alcohol in some state and federal prisons and local jails, in fact there has been little systematic study of the availability and use of such substances in prison.⁷

The results of prison drug tests contradict the conventional wisdom. Positive urine tests in prisons, especially for drugs other than marijuana, are relatively rare. In 1995, among the 1.6 million drug tests conducted in state or federal prisons, only 8.9 percent were positive.⁹ Prison drug tests conducted between July 1, 1989 and June 30, 1990 reveal: 3.6 percent of state tests and 0.4 percent of federal tests were positive for cocaine; 1.3 percent (state) and 0.4 percent (federal) were positive for heroin; 6.3 percent (state) and 1.1 percent (federal) were positive for marijuana.¹⁰

No one suggests that drugs are as easy to find in prison as they are on the street, and availability varies widely from prison to prison. The price of drugs in prisons' barter economy is usually the equivalent of three to 10 times their street price, reflecting a smaller supply. Many corrections officials play down the availability of drugs and say inmates are exaggerating.

--New York Times, July 2, 1995⁸

In interviews of a non-random sample of 46 inmates enrolled in treatment in Delaware prisons, 60 percent said that they had used drugs while in prison, most commonly marijuana, but also cocaine and alcohol.¹² They said drugs were brought into the prisons by correctional officers or visitors, through means such as concealment in clothing; in cellophane, a balloon or a condom in the visitors' mouth; or filling a pen with cocaine. Despite the inmates' claim that drug use was common in the Delaware prisons, random mass drug screening conducted in a two-month period in 1991 yielded only 1.3 percent positive urine tests, nearly all of them for marijuana. One explanation for this disparity is that the inmates knew when tests were to be performed and abstained before testing.¹³

Speaking by telephone from the Federal Penitentiary at Leavenworth, Kan., Mark Young, a convicted marijuana trafficker, said drugs were easy to come by. "Right now, I'm in a sea of heroin, and anybody who wants it can get it," he said.

Marijuana cigarettes, which he prefers, cost him about \$12 in postage stamps, he said, adding, "I don't think I'd ever pass up the divine opportunity to smoke a joint."

--New York Times, July 2, 1995¹¹

Advance knowledge of even random tests may explain the relatively low rates of positive outcomes found in prison systems generally, even those that conduct random urine screening. But more study is needed about the prevalence of drug use in prisons and the most effective ways to keep drugs out.

Alcohol Use

Anecdotal reports also suggest that many inmates have access to alcohol, including commercial alcohol products smuggled into the prison and homemade alcoholic beverages surreptitiously prepared. Again, no scientific studies have been conducted to determine the validity of such reports.

Non-Smoking Prisons

Smoking is more common among prison inmates than among the general population. In 1993, correctional administrators of state prisons estimated that 62 percent of inmates and 43 percent of staff smoked.¹⁴ In contrast, about a third of the adult population reported smoking.¹⁵ Some policies within prisons encourage smoking. The vast majority of state systems (88 percent) sell tobacco products in their commissaries. In 1993, a quarter (26 percent) of state correctional administrators reported providing free cigarettes and tobacco products to indigent inmates; eight percent provided them to all inmates.¹⁶

Over the last few years, many state corrections departments have made some facilities smoke-free or have restricted inmate smoking in order to create a healthier, cleaner and safer environment for inmates and staff, as well as in response to litigation concerning the health of incarcerated non-smokers exposed to second-hand smoke.¹⁷ In addition, the trend toward making the prison experience more punitive and eliminating frills have led some prison administrators to ban smoking.

By 1996, at least 10 state correctional systems banned smoking in all prison facilities and most others placed some restrictions on smoking.¹⁸ Most states that ban smoking in their prisons allow inmates to purchase cigarettes and smoke in designated open-air spaces. Texas is one of the few states where inmates are not allowed to use any tobacco products anywhere.¹⁹ In response to CASA's 1996 prison survey, 29 percent of the nation's prison facilities claimed they were smoke-free.

*States which ban smoking by
inmates and staff:*

*Arizona
California
Delaware
District of Columbia
Georgia
Kansas
Maryland
Oregon
Texas
Utah*

Most prisons that have banned smoking implemented the policy gradually-- reducing the amount of cigarettes available, giving inmates a grace period to finish stocked cigarettes and offering smoking cessation programs, as well as individual and group counseling to overcome nicotine addiction.²⁰ Some facilities have offered nicotine medication (such as skin patches and gum).²¹ Others have given inmates extra candy-bar allowances, distributed carrots and celery, and scheduled more movies and gym time.²² At least one facility offered inmates acupuncture programs to ease withdrawal.²³

A ban on smoking creates a healthier environment for inmates and staff by cutting down on smokers' tobacco intake and eliminating exposure of non-smokers to environmental tobacco smoke. Such a policy also reduces chances of fire, promotes a more sanitary environment, reduces smoke and burn damage to furniture and walls, and allows for greater ease in the detection of marijuana smoke and other contraband.²⁴ A ban on smoking can reduce prisoner medical costs since the cost of medical care for a smoker has been found to be higher than that of a non-smoker.²⁵ Such a ban can help create a substance-free environment for those seeking to shake alcohol and drug addiction.

Health Care

Drug and alcohol abusers and addicts in prison often require greater health care services than do other inmates.²⁶ Such services include all sorts of medical and mental health attention.²⁷ A substantial proportion of drug- or alcohol-abusing offenders enter prison with dental problems, various infections, nutritional deficiencies, liver problems, sexually transmitted diseases, HIV/AIDS, violence-related injuries, and other physical and mental ailments.²⁸ For

drug-using female prisoners, sexually transmitted disease treatment services, and pre-and post-natal care are often crucial to an effective regimen of rehabilitation.

Substance abuse problems and mental disorders often go hand-in-hand, particularly among correctional populations.²⁹ It is estimated that 13 percent of the prison population and 5 percent of the jail population have both a substance abuse and a mental health problem.³⁰

A key factor in many mental health problems, childhood physical or sexual abuse is a common experience for inmates, especially among regular drug users. Among inmates who regularly use drugs, in state prison, 45 percent of women and 13 percent of men were physically and/or sexually abused; in federal prison, 33 percent of women and seven percent of men; in jails, 50 percent of such women and 16 percent of such men. Among alcohol-involved inmates, in state prison, 49 percent of women and 10 percent of men were physically and/or sexually abused; in federal prison, 33 percent of women and eight percent of men; in jail, 31 percent of women and six percent of men.

Drug- and alcohol-involved inmates are more likely to have received psychological treatment for mental health problems or have taken medication for a psychiatric problem. Among state inmates, 17 percent of regular drug users and 20 percent of alcohol-involved inmates compared to five percent of drug law violators and 14 percent of non-users had such histories of treatment for psychological problems; among federal inmates, 11 percent of regular drug users and 17 percent of alcohol-involved inmates had such histories compared to four percent of drug law violators and seven percent of non-users. Among jail inmates, 10 percent of regular drug users had been in treatment for psychological problems, compared with four percent each for drug law violators and alcohol-involved offenders.

While prevalence rates of mental health problems among drug- and alcohol-involved inmates are high, in 1996, only three percent of state and federal inmates were receiving treatment for psychological problems.³¹ Alaska had the highest proportion of inmates in mental health programs (12 percent) while Rhode Island had the lowest (0.04 percent).³² Though data regarding the substance use histories of the inmates in these programs are unavailable, the high proportion of substance-involved offenders in prison suggests that most inmates in mental health programs also have a drug or alcohol problem.

Literacy, Educational and Vocational Training

Some substance abusers need rehabilitation, others need "habilitation," including addressing their literacy, educational and vocational deficiencies.³³ Drug- and alcohol-involved inmates frequently have limited educational backgrounds and sporadic work histories. Among regular drug users, 61 percent in state prison and almost half in federal (44 percent) and local jail (48 percent) had less than four years of high school. Approximately a third of regular drug users were unemployed in the month before they were incarcerated (36 percent in state, 33 percent in federal and 39 percent in jail).

Despite the inmate need of educational and vocational training and evidence that inmates who receive such training are less likely to recidivate, at least half (25 out of 44) state prison systems responding to a 1993 survey had reduced such programs since 1989. Twelve states cut Adult Basic Education classes and 10 states cut General Education Development programs (GED or high school diploma equivalency). More than one-third of reporting systems (16 states) cut vocational programs--in areas such as auto body repair, machine tooling, welding,

X-ray technology and telemarketing.³⁴ Because of limited capacity, most state systems surveyed (37 of 44) and the federal system had waiting lists for educational and vocational classes.³⁵

While overall correctional budgets have grown rapidly in recent years, the average educational/vocational program budget dropped slightly in responding prison systems (from an average of \$9.3 million in 1992/93 to \$9.1 million in 1994/95). On average, educational/vocational program budgets were only two percent of state correctional budgets in 1994.³⁶

According to the 1993 educational and vocational training survey, states spent a yearly average of \$2,141 per inmate participant on educational and vocational services.³⁷ Excluding those five states whose survey data indicated they spent more than \$5,000 per inmate, the average was \$1,574. These data are consistent with the estimate by the Correctional Education Association that state prison system budgets allow an average of \$1,830 in annual expenditures per inmate for education and vocational services.³⁸ These expenditures also do not include job placement or other related services that many inmates will require after they are released; such services would add to the overall cost per inmate.

Budget cuts are not the only factor influencing changes in educational and vocational programming for inmates. At least one state (Kansas) reported that its reduction in two-year college degree programs was based on a lack of inmate demand.³⁹ Most prison systems (42 of 44 states and the federal system) provide incentives, such as monetary awards, wages, good time credits or extra privileges to participate in such classes. The extent to which these incentives motivate inmates into training programs is not known.⁴⁰

Substance abuse, poor education and low vocational skills feed on each other and on the inmate.⁴¹ Once released, an inmate with few marketable skills and limited employment

opportunities is susceptible to relapse into drug and alcohol abuse and addiction--and related criminal activity. Without literacy and job training, such inmates have little chance of sustaining a drug-, alcohol- and crime-free life.

The elements of an effective treatment program should be not only to reduce substance abuse, but also to enable inmates to meet family and financial responsibilities, to find and keep gainful employment and to become productive members of society.⁴² Regular employment helps reintegrate the individual into the community, removes the former addict from a substance-using subculture, provides a reliable, legal source of income and enhances self-esteem.⁴³ Programs which assist in acquiring basic literacy skills, GED certification, vocational training and life skills to improve employability enhance the opportunities available to an inmate.⁴⁴

Although most prison systems do offer some form of vocational training and educational programming in addition to the regular prison work assignments, both participation of substance-abusing inmates and capacity are modest. Less than half (47 percent) of state inmates who regularly use drugs receive some education within prison and 33 percent receive vocational training. Twenty-nine percent participate in high school level educational programs. Alcohol-involved offenders in state prison participate in educational and vocational training at similar, but slightly lower rates than regular drug users.

More than half (57 percent) of federal inmates who regularly use drugs received some academic education within prison. One fourth (28 percent) of such inmates participated in high school level educational programs; a fifth in college level courses; a third in vocational training. Alcohol-involved offenders in federal prison participate in basic education and vocational training at slightly higher rates.

Participation does not vary by race, ethnicity, offense or gender.

Educational and Vocational Training Among Prisoners By Percentage								
	All Inmates		Regular Drug Users		Non-Using Drug Law Violators		Alcohol-Involved Offenders	
	State	Federal	State	Federal	State	Federal	State	Federal
Educational training:	45	58	47	57	38	65	44	54
Basic classes up to the 9th grade	5	10	5	9	5	14	8	10
High school classes	27	27	29	28	24	31	26	34
College level classes	14	19	15	20	7	17	11	17
Vocational training:	31	29	33	32	25	28	24	35

For inmates who had been in a prison drug treatment program, 57 percent of state and 63 percent of federal inmates had educational training. Forty-two percent of state and 36 percent of federal inmates also had vocational training, somewhat higher participation rates than for those who did not receive drug treatment.

Educational and Vocational Training of Prisoners Who Received Drug Treatment By Percentage			
Educational Training		Vocational Training	
State	Federal	State	Federal
57	63	42	36

In jails, with inmates incarcerated for relatively short periods, extensive educational and vocational training may be impractical. However, even a brief training program that prepares the drug- and alcohol-involved inmate to access such activities after release could enhance employability, thus helping the inmate to stay drug- and crime-free. According to a 1992

survey of large jurisdictions, 69 percent of jails offered some educational programs, serving only nine percent of all inmates.⁴⁵

Religion and Spirituality

The role of religion and spirituality in helping inmates shake substance abuse and addiction has received little systematic analysis. However, much anecdotal evidence suggests that for many inmates, spirituality and participation in religious groups play key roles in rehabilitation and dealing with alcohol and drug problems. Inmates and treatment providers often cite religion as a factor in getting sober, coping with prison life, successfully reentering into the community and reforming criminal habits. Alcoholics Anonymous and other 12-step programs that emphasize the role of spirituality in recovery are common in all prison facilities and have helped thousands of prisoners.

My faith has made me excited about when I go home. This person has never been on the streets before... Religion is a guide how not to get out of hand: it gives you a straight path.

--Prison inmate⁴⁶

Religion can help the inmate to find meaning behind the experiences of incarceration and assist in coping with and adjusting to the prison environment.⁴⁷ Inmates say that religion helps them deal with guilt, develop a sense of peace, and find a new way of life.⁴⁸ Religion in prison can temper the harsh environment by providing a safe haven for members as well as a basis for social events and networks.⁴⁹

Religion appears to be an important part in the lives of a substantial number of inmates. A third (32 percent) of state inmates and 38 percent of federal inmates participate in religious activities (notably Christian and Muslim), bible clubs or other religious study groups. More inmates participated in religious activities and services than in any others such as self-

improvement, arts and crafts or racial/ethnic groups. About one-third of regular drug users, non-using drug law violators and alcohol-involved offenders in state prison participate in religious activities and groups while incarcerated.

Participation in Prison Organizations/Groups/Activities By Percentage								
Type of organization, group, or activity:	All Inmates		Regular Drug Users		Non-using Drug Law Violators		Alcohol- Involved Offenders	
	State	Federal	State	Federal	State	Federal	State	Federal
Religious activities, study groups, bible clubs	32	38	31	35	32	45	33	39
AA, Al-Anon, or other alcohol-related group	14	5	14	6	11	4	27	28
Life skills	10	6	11	7	8	5	10	9
Other self-help/personal improvement groups	10	13	10	12	7	12	11	11
Drug awareness/ dependency group	8	6	10	9	9	5	5	8
Pre-release programs	8	7	8	8	8	4	7	15
Arts and crafts classes	7	13	8	12	4	16	7	12
Prisoner assistance groups	4	3	4	3	2	3	4	5
Outside community activities	3	3	3	3	3	3	2	6
Parenting/childrearing	3	4	3	4	2	5	2	3
Ethnic/racial organization	2	6	3	6	2	6	2	12

Several studies suggest a link between religion and reductions in deviant behavior.

In some, religious inmates have been found less likely to be involved in prison infractions.⁵⁰

Inmates classified as "maladjusted" are likelier than others to report no or little religious identification and participation.⁵¹ A study of New York State inmates participating in the Prison Fellowship programs founded by Charles Colson, found that inmates who were very active in Bible studies were significantly less likely to be rearrested during a one-year follow-up period than inmates who were less active in the program or those who were in a matched comparison group.⁵²

Further, religion has been found to have a positive influence on mental and physical health, areas of particular importance to correctional populations and administrators.⁵³

Some studies suggest that in-depth, frequent, and continuous participation in religious activities--particularly church attendance--can help a former inmate to live a crime-free life.⁵⁵

Within a prison environment, religion offers resistance to the culture of negativity and delinquency.⁵⁶ But, religious or spiritual experiences in prison are not likely to have lasting affects on the individual's behavior if, upon leaving prison, the inmate returns to an environment of substance abuse and criminality.⁵⁷

The importance of a support network may help to explain the success of Islam-based religions within correctional settings. Muslims have been able to establish strong subcultures of black prisoners in which religion is a constant and daily factor in their lives.⁵⁸ Additionally,

Muslims have made efforts at placing inmates within Muslim communities upon release from prison.⁵⁹ Finally, the Muslim religion proscribes the use of alcohol and other drugs, providing additional support for those in recovery.

Religion and spirituality are critical to many participants in CASA's OPTS program for recovering released offenders. They are key elements of AA and NA and many other recovery programs. This suggests that for many drug- and alcohol-addicted inmates, religion and spirituality

According to a ranking prison employee in the Georgia prison system, guards would abuse inmates. He said that some guards would step on inmates' heads after they had already been restrained. Another corrections officer described how she had seen a guard shove an inmate's face into a concrete wall.

--New York Times, July 1, 1997⁵⁴

I am a hard core drug addict who has had a spiritual awakening and on the road to a productive life.

--Anna
Former offender and client of
CASA's OPTS program in
St. Louis, MO

can be a significant factor in increasing the likelihood of rehabilitation. The role of religion in rehabilitation of alcohol- and drug-abusing inmates deserves further study. CASA's surveys of teens and their parents indicates that a key characteristic of teens least likely to use drugs is an active religious life.⁶⁰

The Consequences of Incarceration

When offenders are convicted and sentenced to prison, the consequences go beyond the temporary loss of liberty. Although conditions of confinement have improved in response to prisoners' law suits and federal court guardianship, prisons and jails can be violent, harsh and psychologically damaging environments. Ex-prisoners--especially substance abusers--carry heavy baggage as they seek jobs and reintegration with society.

In addition to citizenship rights which might be lost upon conviction of a felony--such as the right to vote, serve on a jury, hold public office, obtain certain occupational or professional licenses, and own firearms--drug law violators may lose additional rights.* Many state and federal laws deny rights and benefits to convicted drug law violators even after release from prison. Under the 1988 Anti-Drug Abuse Act, among the benefits that can be lost by those convicted of drug law violation in federal or state courts are student loans, small business loans, various occupational licenses and federally-subsidized public housing.⁶¹

* In 47 of the states, convicted felons are denied the right to vote, although in many states voting rights are automatically restored upon release, completion of sentence or the passage of a time period. Some states permanently deny the right to hold office for certain types of offenses. Certain occupational and professional licenses may be revoked, denied or restricted permanently for some offenders; e.g. denial of a teaching certificate for sex offenders or drug law violators. (Love, M.C., Kuzma, S.M., & Office of the Pardon Attorney. (1996). *Civil disabilities of convicted felons: A state-by-state survey*. Washington DC: U.S. Department of Justice, Office of the Pardon Attorney).

Many states have enacted laws that revoke state benefits for convicted drug law violators. At the end of 1990, 27 states allowed or required driver's licenses to be suspended for a drug law violation conviction, 19 states allowed or required the suspension of occupational licenses and seven states mandated eviction from public housing.⁶² More recently, much of the federal and state welfare reform legislation has moved toward denying welfare benefits and limiting access to publicly funded treatment for drug law violators.⁶³

VII.

The Missed Opportunity in the War on Crime

The failure to rehabilitate substance-abusing inmates may be the greatest missed opportunity in the war on crime and a multi-billion dollar loss of economic benefits to the nation.

For the past four years, the United States has experienced a steady drop in victimization rates for property and violent crime.* From 1995 to 1996, such rates dropped by nine percent and ten percent: for property crime, from 291 to 266 victims per 1,000 adults; for violent crime, from 49 to 44 victims per 1,000 adults.¹ Expanding access to treatment, training and aftercare, and improving the effectiveness of such interventions, can drive the crime victimization rate down even further.

For example, in 1995 440,763 inmates were released to the community from state prisons.² Although without any interventions a number of those released will not commit new crimes, a substantial proportion will resume drug use and related criminal activity after release. Estimates of property and violent crimes committed by active drug addicts range from 89 to 191 per year.³ On a conservative assumption of 100 crimes per year, for each 10,000 drug-addicted inmates who after release stay off drugs and crime, the nation will experience a reduction of one million crimes a year.

The high crime rates of chronic drug and alcohol abusers means that even modestly successful treatment, training and aftercare interventions can deliver significant reductions in crime. Despite recent declines, crime rates remain substantially higher than such

* Victimization rates are based on the U.S. Bureau of the Census National Crime Victimization Survey. These surveys count the number of personal and household crimes (victimizations) experienced by a representative household sample of residents over age 11. Because the crimes counted also include those not reported to the police, they may more accurately measure crime rates than surveys, such as the FBI Uniform Crime Reports, which measure numbers of arrests or crimes reported to the police.

rates in other nations.⁴ Moreover, some criminologists believe that as the number of young males increases over the coming decade, crime rates will resume an upward trend.⁵ These considerations underscore the importance of opening a second front in the war on crime in American prisons and jails.

Costs

Incarceration

From 1980 to 1996, the costs of building and operating state and federal prisons and local jails have soared 443 percent, from \$7 billion to \$38 billion, an amount larger than the national budgets of Switzerland and Taiwan.⁶

Eighty percent of these taxpayer dollars--\$30.4 billion (more than \$83 million a day)--was spent to incarcerate individuals convicted of drug and alcohol offenses, those high on drugs or alcohol at the time of their offense, those who stole to get money to buy drugs, and drug and alcohol addicts and abusers who committed crimes or were in jail awaiting trial.

America's State and Federal Prisons

At the beginning of 1996, there were 1,485 prisons in the country, including 1,403 in the 50 states and the District of Columbia and 82 federal facilities.

Prisons are generally of five types:

- *Intake facilities serve as processing centers where incoming inmates receive orientation, medical examination and psychological assessments and are classified according to level of security risk. After a short stay at the intake facility, prisoners are sent to one of the following types of facilities.*
- *Community facilities vary by system but generally include halfway houses, work farms, pre-release centers, transitional living facilities, or similar low-security programs for nonviolent inmates allowed to serve time in community-based settings.*
- *Minimum Security prisons house those inmates classified at the lowest risk levels, generally those incarcerated for nonviolent crimes, who have no history of violence and who are serving shorter sentences. These facilities have fewer restrictions on inmate activities, may have dormitory-style living arrangements and allow more freedom of movement within the prison. Inmates at these facilities tend to have more access to rehabilitative and other programs, such as work release.*
- *Medium Security prisons house inmates classified as higher security risks, such as those with some history of violence or a relatively long prison sentence. Inmate activity is more restricted and access to rehabilitative programs is more limited than at minimum security facilities.*
- *Maximum Security prisons house the most violent inmates and the highest security risks. These facilities are the most secure and have the most restrictions on inmate activities and movement.*
- *Multi-Use facilities contain inmates of different security classifications, usually in separate units. States with smaller prison populations are most likely to have these facilities.*

Number of Prison and Jail Facilities*

	Intake/ Communit y	Minimum	Medium	Maximum	Multi-Use	Total
State	311	357	298	161	276	1,403
Federal	18	14	26	9	15	82
Jail	--	--	--	--	--	3,304

America's Local Jails

Jails hold:

- *Individuals awaiting arraignment, trial, conviction, and sentencing.*
- *Individuals who violated probation or parole and bail-bond absconders.*
- *Juveniles pending transfer to juvenile authorities.*
- *Mentally ill individuals pending transfer to appropriate health facilities.*
- *Individuals being held for the military, protective custody and the courts.*
- *Inmates held for federal, state or other authorities because of overcrowding.*
- *Inmates with short sentences (generally under one year).*

Sources: Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute; Gilliard, D. K., Beck, A. J., & U.S. Bureau of Justice Statistics. (1996). *Prison and jail inmates, 1995*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Perkins, C. A., Stephan, J. J., Beck, A. J., & U.S. Bureau of Justice Statistics. (1995). *Jails and jail inmates, 1993-94*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

* 1996 data for state and federal prisons. 1993 data for local jails.

State Prison

From 1980 to 1996, the number of state prisons (including the District of Columbia) housing adult inmates increased from 480 to 1,403 and spending on state prisons rose from \$4.3 billion to \$24.6 billion (\$2.3 billion capital costs and \$22.3 billion operating costs).⁷ In 1996, state corrections departments employed 357,180 people, up from 163,670 in 1980--an increase of 118 percent.⁸ In 1996, for the first time the monthly payroll for full-time corrections employees topped one billion dollars, more than triple what it was in 1980.⁹

For most states, spending on prisons is the most rapidly rising part of the budget, jumping 28 percent from 1995 to 1996.¹⁰ Medicaid, often cited as a heavy burden to states, increased by less than 3.5 percent over that period.¹¹

For most states, the \$24.6 billion includes construction and operation, including health care, treatment and rehabilitation programs. However, state budgets are complex and individualized and included costs will vary.¹² Using the total budget figure, nearly \$20 billion in 1996 was spent to imprison the 81 percent of the 1,076,625 state inmates who were substance-involved.¹³ The annual cost of incarcerating a state prison inmate varies widely, ranging from \$9,162 in Alabama to \$38,774 in Alaska, but averaged \$19,590 in 1996.¹⁴ (State governments spend an average of \$5,300 per pupil per year to support students in higher education.¹⁵)

In 1995, 44,886 drug sellers were newly committed to state prison--32,767 of whom (73 percent) were regular drug users or were selling to get money to buy drugs. These drug sellers were sentenced to an average of 66 months in state prison, of which they will serve an average of 22 months.¹⁶ Applying the average annual cost of incarceration, taxpayers paid more than \$1.1 billion to incarcerate these drug-abusing and addicted drug sellers in state prisons for 22 months.¹⁷ If treatment and rehabilitation programs reduce the number of these inmates by 10 percent states would save more than \$116 million in incarceration costs.¹⁸

State inmates incarcerated for nonviolent offenses who have histories of drug and alcohol abuse and addiction also offer savings opportunities to governors and state legislators. In 1995, 91,798 new court commitments to state prison (27 percent) convicted of a nonviolent offense (excluding drug selling) had histories of regular drug use. And 8,100 new court commitments (two percent) sentenced to state prison for nonviolent offenses (excluding drug selling) had histories of alcoholism or alcohol abuse.¹⁹ These inmates were sentenced to an average of 47 months (the average of sentence lengths imposed for property crime, drug possession, and other nonviolent offenses in state courts) of which they will serve an average of 16 months.²⁰ Applying the average annual cost of incarceration, taxpayers paid more than \$2.4 billion to incarcerate the nonviolent drug abusers and \$209 million for the nonviolent alcoholics and alcohol abusers sentenced to state prison during 1995.²¹ A 10 percent reduction in these incarcerated substance abusers as a result of treatment interventions would save \$257 million in state incarceration costs.²²

Federal Prison

From 1980 to 1996, the number of federal prisons increased from 76 to 82; beds increased from 24,094 to 76,442.²³ The number of employees rose from 9,636 to 28,777, a 199 percent increase; the monthly payroll from \$16 million to more than \$90 million dollars, up over 400 percent.²⁴

In 1996, the federal government spent \$2.9 billion on its prison system (almost \$400 million for capital costs and \$2.5 billion for operations, including treatment and healthcare).²⁵ At least \$2.3 billion went to cover the costs of imprisoning substance abusers and those convicted of alcohol- and drug-related crimes, 80 percent of the 105,544 inmates in federal prisons at the end of 1996.²⁶ On average, it costs \$22,922 per year to incarcerate a federal inmate, 17 percent higher than the average cost to incarcerate a state prison inmate.²⁷

In 1995, 10,787 drug sellers--of whom 4,854 (45 percent) were regular drug users or were selling to get money to buy drugs--were sentenced to federal prison for an average of 83 months, of which they will serve an average of 35 months.²⁸ Applying the annual cost of incarceration, taxpayers paid over \$320 million to imprison these drug-abusing and addicted drug sellers sentenced to federal imprisonment.²⁹ A 10 percent reduction in the number of these drug-involved incarcerated drug sellers would save more than \$32 million in total incarceration costs.³⁰

In 1991 there were 2,997 new court commitments to federal prison (13 percent) who were convicted of a nonviolent offense (excluding drug selling) and who had histories of regular drug use. There were 180 additional new court commitments (just under one percent) sentenced to federal prison for nonviolent offenses (excluding drug selling) who had histories of alcoholism or alcohol abuse.

These two groups of inmates were sentenced to prison for an average of 31 months (the average of sentence lengths imposed for property, drug possession, and other nonviolent offenses) and served an average of 12 months.³¹ Assuming the proportions of new court commitments in these two categories sentenced in 1995 were the same as among inmates in 1991, taxpayers paid more than \$67 million to incarcerate these nonviolent drug abusers and \$4.1 million for these nonviolent alcohol abusers sentenced to federal prison.³² A 10 percent reduction in the number of these inmates would save almost \$7.2 million in federal prison costs.³³

Medical Costs of Substance-Abusing Inmates

In 1996, prison systems reported an average medical cost per inmate of \$2,383 per year per inmate, up 40 percent since 1990.³⁴ The large number of inmates with histories of drug, alcohol, and cigarette use has contributed to this rise in health care costs. In 1996 state and federal prison systems spent more than \$2.6 billion on inmate medical care--an average of 9.4 percent of total corrections budgets.³⁵ A reduction in the number of offenders with drug and alcohol addictions will lower the amount of money spent on medical services for inmates.

In order to estimate the incremental health care costs for inmates as a result of substance abuse, CASA did an analysis of the National Medical Expenditure Survey of 1987, the best data available. That survey estimated total medical expenditures including substance abuse treatment at \$10,377 in 1996 for drug- or alcohol-involved recipients of Supplemental Security Income and \$5,545 in medical expenditures for SSI recipients who did not have drug or alcohol involvement. The difference of \$4,832 is the estimated additional cost due to substance abuse.³⁶

Given the high rates of HIV infection and AIDS among inmates, current and future medical costs associated with this disease are substantial. These costs vary depending on

the stage of the disease. During the first seven years of HIV infection (Phase I), annual medical costs have been estimated at \$2,364 per patient. By Phase III of the disease (after about 10 years and just prior to the development of AIDS), such costs average \$10,532.³⁷

Other Criminal Justice System Costs

Effective treatment and training of inmates that curbs recidivism not only reduces prison costs. It also cuts the cost of arresting, prosecuting, defending and supervising on probation or parole drug- and alcohol-abusing offenders. These costs must also be considered in estimating the economic impact of drug- and alcohol-involved offenders on criminal justice systems, and the potential economic benefits that can be achieved by reducing their recidivism.

State and local governments spent \$51,197,419,000 on such costs in 1992.*³⁸ Dividing these expenses by the number of arrests yields a total of \$3,638 in non-correctional expenditures per arrest.³⁹

Applying these averages to the number of arrests in 1995, we estimate that the more than 5.9 million arrests which were either for a DUI or other alcohol abuse violation (2,739,000), a drug law violation (1,476,100), a property offender who tested positive for drugs (1,298,446), or violent offender who tested positive for drugs (429,975) cost \$21,622,529,398 in police, judicial and legal expenses.⁴⁰

To arrest and prosecute the 1,436,000 DUI arrests alone in 1995 cost \$3,532,560,000 for police, \$1,691,608,000 judicial--a total of \$5,224,168,000.

* \$34,623,531,000 for police, and \$16,573,888,000 in judicial and legal expenses.

Other Costs of Incarcerating Substance-Involved Inmates

Treating and training drug- and alcohol-involved inmates can greatly increase their employability and earning power once they are released from prison. With the average annual earnings of a high school graduate \$21,400 in 1997, the potential earnings increase is substantial for substance-involved inmates who are able to earn a high school equivalency degree and get a job after release.⁴¹

A number of substance-involved inmates had been working just before they entered prison, but because many never finished high school, their earnings were much lower than the average wage of a high school graduate.⁴² But projecting forward, we can estimate their earnings if they had a high school degree. If they had the treatment and training to gain a GED and hold a job, their potential earnings would have been \$6.8 billion during the time that they were incarcerated.⁴³ Federal tax receipts alone from this income would have been about \$525,803,954 (assuming the 15 percent federal tax rate applied to all income less than \$25,000 and assuming standard deductions). State and local taxes could easily bring the total taxes lost at every level to three-quarters of a billion dollars.

Costs of Prison Treatment

Total spending for prison substance abuse treatment is difficult to estimate. Some state correctional budgets include treatment costs as a specific budget item under a general medical or health cost category and other states pay for prison treatment out of noncorrectional budgets or contract with private agencies to provide treatment and other health services.

In a fiscal year 1994-5 survey, 35 state systems and the District of Columbia provided data on their budgets for treatment programs. The total spent on treatment for these 36 systems was reported as \$871,663,574--an average of \$24,212,877 per system. Projected to all

51 state correctional systems, an estimated \$1,234,856,739 was spent on treatment programs for inmates in fiscal year 1994-5.⁴⁴

In that 1994-5 survey, treatment budgets in the responding systems ranged from 0.5 percent of the entire correctional budget (North Carolina) to 22 percent of the entire budget (Arkansas). However, correctional budgets are complex and individualized, making it difficult to know what services each state considers to be "treatment."⁴⁵

The Federal Bureau of Prisons budget for substance abuse treatment was \$25 million in fiscal year 1997.⁴⁶ This represents less than one percent of the annual federal prison budget. The Bureau's strategy for treating drug abuse includes drug abuse education, residential and nonresidential drug abuse counseling services and programs, and community-transitional services programming.⁴⁷

Several other estimates have been made of the cost of providing substance abuse treatment in prisons. For example, the California Department of Corrections annual budget for the Amity Rightturn project was \$940,000 in 1994, with an estimated annual cost of \$2,800 per inmate, in addition to incarceration costs. California's women's program, Forever Free, had an annual budget of \$1,264,000, a cost of \$2,900 per inmate per year.⁴⁸ This compares with a cost of \$22,400 per year for community-based residential treatment.⁴⁹ Adjusted for inflation to 1997 costs, the California data suggest an annual treatment cost of \$3,100 per year. In a national review of TC treatment in prisons in 1992, it was estimated that TCs cost between \$3,000 to \$4,000 more than standard incarceration per inmate per year.⁵⁰

*Alabama, Arizona, Colorado, Delaware, Idaho, Indiana, Kentucky, Maryland, Minnesota, Nevada, New Mexico, Ohio, Oklahoma, Vermont and Wisconsin did not provide treatment budgets for this survey. The average derived from the 36 systems which did respond was used as an estimate for the treatment budgets in these 15 states.

Based on these available data, CASA estimates that the cost of providing residential treatment in prison for a year for an inmate who is a regular drug and/or alcohol abuser is \$3,500 per year, in addition to incarceration costs. To provide the majority who are not high school graduates (61 percent of state inmates with histories of regular drug use) with education to obtain a GED and to provide vocational training and aftercare for all treatment participants would add another \$3,000, for an estimated total of \$6,500 per inmate for a comprehensive treatment and training program.*

Prison Treatment Pays Off

However, for each inmate who successfully completes a treatment program and returns to the community as a sober parolee with a job, the following economic benefits will accrue just in the first year of release:

- \$5,000 in reduced crime savings, conservatively assuming that drug-using ex-inmates would have committed 100 crimes per year with \$50 in property and victimization costs per crime.⁵¹
- \$7,300 in reduced arrest and prosecution costs (assuming that they would have been arrested twice per year).⁵²
- \$19,600 in reduced incarceration costs (assuming that one of those rearrests would have resulted in a one year prison sentence).
- \$4,800 in health care and substance abuse treatment cost savings, the difference in annual health care costs between substance users and non-users.⁵³

* See Chapter VI for a discussion of education and training costs.

- \$32,100 in economic benefits (\$21,400--the average income for an employed high school graduate--multiplied by the standard economic multiplier of 1.5 for estimating the local economic effects of a wage).⁵⁴

Under these conservative assumptions, the total benefits that would accrue during the first year after release would be \$68,800 for each successful inmate. The estimated benefits do not include reductions in welfare, other state or federal entitlement costs or foster care.

Given these substantial economic benefits, the success rate needed to break even on the \$6,500 per inmate investment in prison treatment is modest: if 10 percent of the inmates who are given one year of residential treatment stay sober and work during the first year after release, the treatment investment is more than returned in economic benefits. Even with this difficult inmate population, a 15 percent success rate should be achievable with a full-scale residential treatment program accompanied by appropriate health care and educational and job training services.

There are 1.2 million inmates who are drug and alcohol abusers; the other 200,000 of the 1.4 substance-involved inmates are drug dealers who do not use drugs. If we successfully treat and train only 10 percent of those inmates--120,000--the economic benefit in the first year of work after release would be \$8.256 billion.⁵⁵ That's \$456 million more than the \$7.8 billion cost of providing treatment and training (at a cost of \$6,500 each) for the entire 1.2 million inmates with drug and alcohol problems. Thereafter, the nation would receive an economic benefit of more than \$8 billion for each year they remain sober and employed. That's the kind of return on investment to capture the imagination of any business person.⁵⁶

VIII.

Women Behind Bars

In *Substance Abuse and The American Woman*, CASA detailed the enormous, often hidden impact of drug and alcohol abuse on the lives of many women. CASA found that women have been abusing drugs and alcohol at increasingly high rates and at younger ages. Consequences of this increased drug use can be seen in our nation's prisons and jails.

Female drug law violators are the fastest growing segment of the prison population.² Most of this growth is due to drug crime and to drug use. Like men, 80 percent of female inmates are involved with drugs or alcohol.

Profile of the Woman Inmate

The typical female state prison inmate is black, more than 30-years-old and a high school graduate. She is an unmarried mother of children under the age of 18. She is likely to have had a family member who served time in prison and to have experienced physical or sexual abuse. She has a history of drug use.¹

Substance abusing-women in our prisons and jails have special needs related to mental and physical health, family issues and treatment.

More Women Behind Bars

From 1980 to 1996, the number of women incarcerated in prison and jails increased by 439 percent (from 24,180 to 130,430), while the number of men increased by 229 percent (from 477,706 to 1,570,231). Women accounted for 7.7 percent of all inmates in 1996.³

In state and federal prison between 1980 and 1996, the number of women increased by 506 percent (from 12,331 to 74,730), while the number of men increased by 265 percent (from 303,643 to 1,107,439). At year-end 1996, women accounted for six percent of state and federal inmates.⁴

In local jails, between 1980 and 1996, the number of women jumped by 370 percent (from 11,849 to 55,700), while the number of male jail inmates increased by 167 percent (from 170,439 to 454,700).⁶ At mid-year 1996, women represented 11 percent of the jail population.⁷

Oklahoma has the highest percentage of female prisoners: 9.9 percent of the state's inmate population or 1,904 women....the Oklahoma Department of Corrections says most women are in prison because of drug law violations.

The average sentence in Oklahoma for women is more than nine years, excluding those serving prison terms without possibility of parole and those on death row.

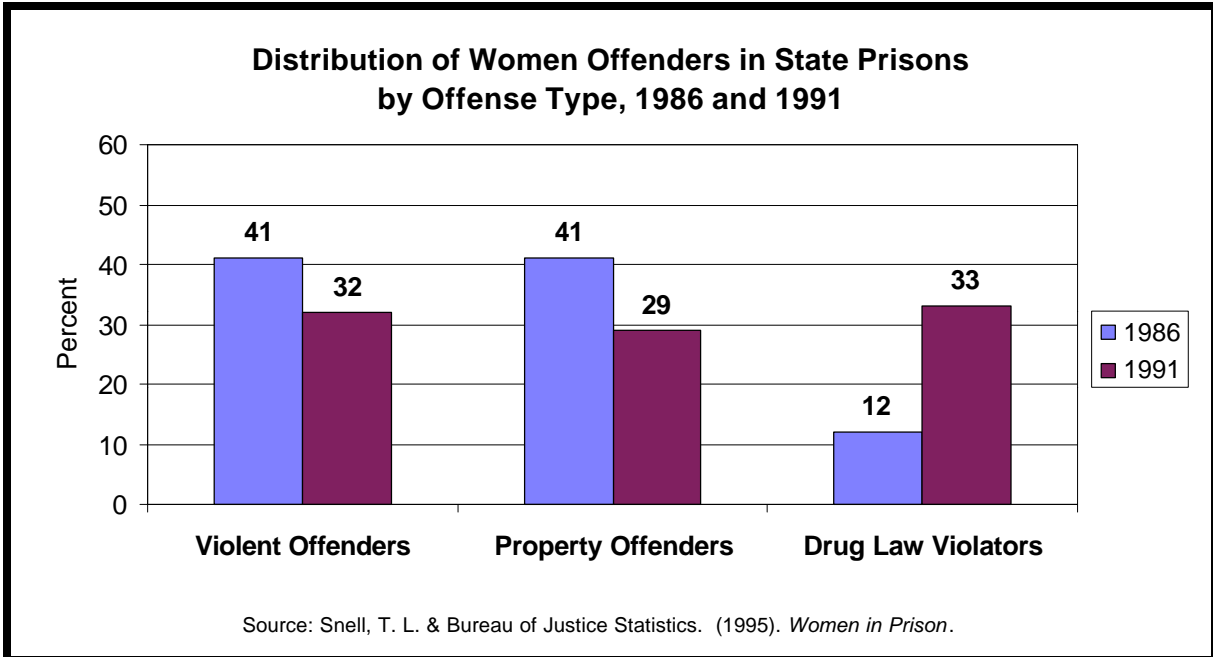
--USA Today, July 21, 1997⁵

Black and Hispanic women have the highest rates of incarceration. In 1995, the ratio of female inmates per 100,000 adult females was 127; for black non-Hispanic, 484; for Hispanics, 228; for white non-Hispanic, 60.⁸

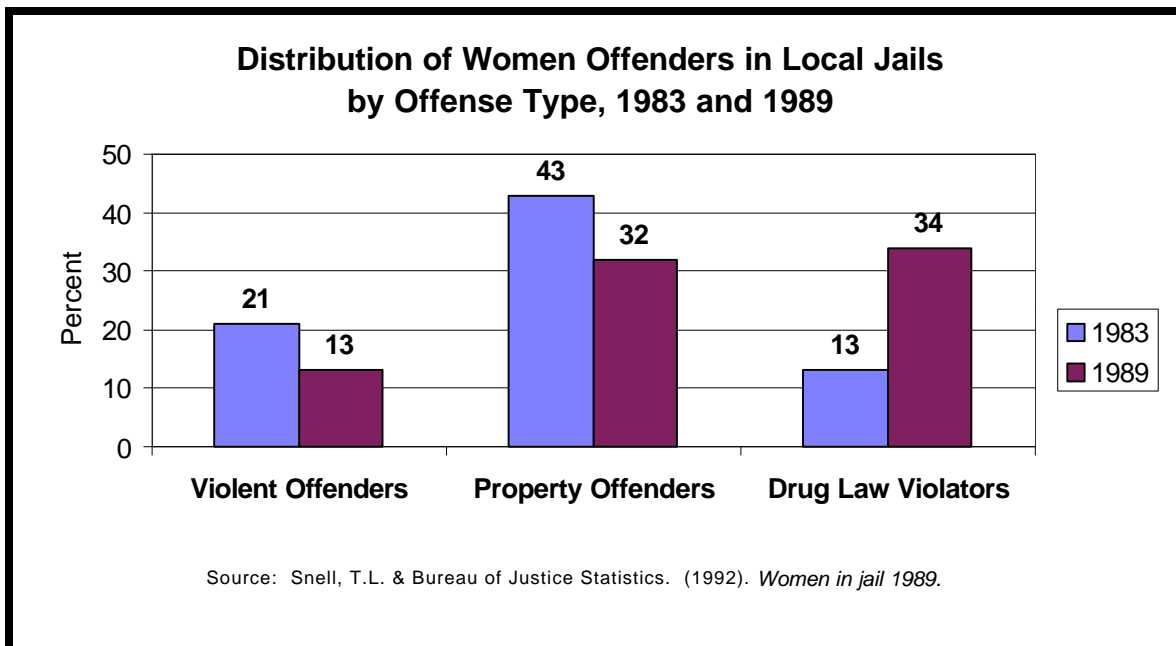
The range and severity of women's crimes are beginning to parallel that of male criminals: drug dealing, robbery and burglary (often to get money to buy drugs), assault, in addition to such offenses as prostitution and shoplifting.⁹

Drug Crime

The increase in drug law violators accounted for more than half of the increase in the female state inmate population between 1986 and 1991.¹⁰ In state prison, by 1991 a third of all women (33 percent) were convicted of a drug law violation, compared to 21 percent of men.¹¹ In federal prison, from 1980 to 1991, the proportion of women who were drug law violators increased from 21 percent to 66 percent, compared to an increase from 22 percent to 57 percent for men.¹²



In local jails between 1983 and 1989, the proportion of women incarcerated for a drug law violation increased from 13 percent to 34 percent, compared to an increase from nine percent to 22 percent for male inmates.*¹³



* 1989 is the latest data available for offense type by gender in jails.

Substance Abuse

The proportion of women and men in state prisons who have a history of regular drug use is about the same (65 percent vs. 62 percent). But, women are more likely than men to have been under the influence only of drugs when they committed their crime (25 percent vs. 16 percent) and 24 percent of women in state prison committed their crimes to get money for drugs, compared to 17 percent of men.

Drug Use By Gender State Inmates By Percentage			Under the Influence During Crime State Inmates By Percentage		
	Women	Men		Women	Men
Ever used drugs	79	79	Drugs only	25	16
Ever used drugs regularly	65	62	Alcohol only	12	19
In the month prior to their crime:			Both drugs and alcohol	10	14
Used drugs	54	49			
Used drugs regularly	49	45	Any substance	48	49

Drug abuse is not as common among women in federal prison. Women in federal prison are less likely than men to be regular drug users during the month prior to their crime. However, women are as likely as men to have been under the influence only of drugs at the time of their crime and to have committed their offense to get money for drugs.

Drug Use By Gender Federal Inmates By Percentage			Under the Influence During Crime Federal Inmates By Percentage		
	Women	Men		Women	Men
Ever used drugs	51	61	Drugs only	13	12
Ever used drugs regularly	35	42	Alcohol only	3	7
In the month prior to their crime:			Both drugs and alcohol	3	4
Used drugs	27	32	Any substance	20	23
Used drugs regularly	22	28			

Women in jail are more likely than men to have used drugs regularly in the month before their crime (49 percent vs. 38 percent). Convicted women in jail are twice as likely as men to have been under the influence of drugs during their crime (28 percent vs. 14 percent) and to commit their offense to get money for drugs (21 percent vs. 12 percent).

Drug Use By Gender Jail Inmates By Percentage			Under the Influence During Crime Jail Inmates By Percentage		
	Women	Men		Women	Men
Ever used drugs	81	77	Drugs only	28	14
Ever used drugs regularly	65	57	Alcohol only	11	29
Convicted jail inmates who, during the month prior to their crime:			Both drugs and alcohol	9	12
Used drugs	54	43	Any substance	48	55
Used drugs regularly	49	38			

The Drugs Women Inmates Use

In 1991, a quarter (23 percent) of women in state prison were under the influence of crack and/or powdered cocaine when they committed their crime--a 92 percent increase since 1986, when 12 percent of such women were under the influence of cocaine.¹⁴ During this time, the use of marijuana, heroin, amphetamines and PCP in the month prior to commission of their offense declined among women in state prison.*

Types of Drugs Used by Women in State Prison, 1986 and 1991 By Percentage				
Type of drug:	In the month before offense		At the time of the offense	
	1986	1991	1986	1991
Any drug	50	54	34	36
Cocaine or crack	23	37	12	23
Marijuana	31	21	9	5
Heroin	18	16	12	11
Amphetamines	8	5	4	1
Barbiturates	9	5	4	1
LSD	2	1	a	a
PCP	2	2	2	1
Methaqualone	3	1	1	a

^a Less than one percent.

Source: Bureau of Justice Statistics. (1994). *Women in prison*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

In jails in 1989, more than twice the proportion of women used cocaine or crack in the month before their offense than did in 1983. In 1989, a fourth of women in jail were under the influence of cocaine or crack when they committed their crime--a 257 percent increase over 1983, when seven percent of women were under the influence of cocaine. Women inmate use of heroin, LSD, PCP, marijuana or hashish, amphetamines, barbiturates and methaqualone in the month prior to offense declined during this time.¹⁵

* Drug use data prior to 1991 are unavailable for federal prisoners.

**Types of Drugs Use By Convicted Women Jail Inmates
1983 and 1989, By Percentage**

Type of drug:	In the month before offense		At the time of the offense	
	1983	1989	1983	1989
Any drug	50	55	31	37
Cocaine or crack	15	39	7	25
Marijuana	33	23	8	5
Heroin	17	15	13	12
Amphetamines	9	7	8	5
Barbiturates	7	3	3	1
PCP	4	2	2	1
LSD	1	1	1	^a
Methadone	2	1	2	1
Methaqualone	3	1	1	^a

^a Less than one percent.

Source: Snell, T.L. (1992). *Women in jail 1989*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Treatment

In state prison in 1991, 37 percent of women received drug treatment while in prison, compared to 32 percent for male inmates. More than a quarter (28 percent) of women had been in some drug treatment program

prior to their imprisonment, compared with 20 percent of male inmates. In federal prison in 1991, 26 percent of women received drug treatment, compared to 21 percent for males.

Fifteen percent of women federal inmates had been in some drug treatment program prior to

their imprisonment, compared with 13 percent of males. In local jails, 11 percent of women had

The isolated community of 14,000 that Dr. Yvette Walker serves is a sinkhole of medical problems: 25 percent of her patients have syphilis, 25 percent are mentally ill and more than 75 percent are drug users. Of the women, 27 percent are HIV-positive, 30 percent have sexually transmitted diseases and 10 percent are pregnant. Dr. Walker is the medical director of health services for Rikers Island, New York City's largest jail.

--The New York Times, January 1, 1994

received drug treatment at the time they were interviewed for the 1989 inmate survey, compared to six percent of men. These numbers may reflect a greater motivation on the part of women inmates to seek treatment.

Drug Treatment of Offenders By Gender By Percentage						
	State Prison		Federal Prison		Jail	
	Women	Men	Women	Men	Women	Men
Received drug treatment in prison or jail ^a	37	32	26	21	11	6
Ever received drug treatment prior to incarceration	28	20	15	13	9	5

^aJail inmates were asked if they were *currently* in jail-based treatment.

Women substance abusers are more likely than men to have been victims of physical and/or sexual abuse. Many women in prison are parents of minor children at the time of their arrest. Some are pregnant.

Women inmates who are drug and alcohol abusers are less likely than men to be employed before arrest and are more likely to hold marginal and low-paying work.

In 1992 and 1993, the National Institute of Justice of the U.S. Department of Justice (NIJ) sponsored a survey of drug treatment

History of Physical and/or Sexual Abuse Among Substance-Involved Women Inmates By Percentage			
	State Prison	Federal Prison	Jail
Physically and/or sexually abused	43	21	46
Sexually abused only	10	6	14
Physically abused only	9	6	8
Both physically and sexually abused	24	9	24

programs for women offenders in custody of the criminal justice system. Two hundred thirty-

four out of 336 identified programs responded to the mailed questionnaire (165 community-based programs, 53 prison programs and 16 jail programs). The study concluded that while most treatment programs for women offenders offer group counseling, psychotherapy, drug

The Atwood Program at the Lexington Federal Correctional institute, run by the Federal Bureau of Prisons, is a 12-month program with a capacity of 84 women and operates with a 12-step philosophy and under therapeutic community concepts and practices.¹⁷ Women in the program receive weekly individual counseling, large-group general therapy and small-group psychotherapy. Academic education and vocational training are available.¹⁸ Urinalysis drug testing is performed throughout the length of the program.¹⁹

In order to participate, the inmate must meet substance abuser status determined by the Inventory of Substance Use Problems, be 20- to 25-months away from release, have no serious medical or psychiatric problems and no record of recent prison violence on the inmate's record. Eligible participants are selected randomly from a list of volunteers.²⁰

education and 12-step programs, these services are not sufficiently tailored to the needs of substance-abusing women prisoners.¹⁶ There was insufficient assessment to identify individual needs, limited treatment for pregnant, mentally ill and violent women offenders, and a lack of treatment and training services, such as parenting skills, education and vocational training.

A number of community-based treatment programs have been developed which attempt to address the needs of women substance-abusing offenders and to provide them with coping skills and training.²¹

Mental Health Issues

Mental health problems are common among women inmates. In state prison, women are seven times likelier than men to have suffered sexual abuse. In jail, they are nine times more likely to have suffered such abuse. As reported in CASA's *Substance Abuse and The American Woman*, alcoholic women are twice as likely as alcoholic men or non-alcoholic women to have been beaten or sexually assaulted as a child.²²

Women who abuse substances often suffer more intense emotional distress, psychosomatic symptoms, depression and low self-esteem than their male counterparts.²³

Women are more likely than men to use alcohol and drugs as self-medication, often to deal with depression.²⁴

In a study of 1272 female detainees in jail in Chicago, Illinois, 80 percent of women met the diagnostic criteria for at least one lifetime psychiatric disorder, including 33 percent with post-traumatic stress disorder; 17 percent with major depression; 14 percent with anti-social personality disorder; and 10 percent with dysthymia (high levels of anxiety, depression, and obsessive behavior).²⁵ Nearly two-thirds of the women (64 percent) fit the diagnostic criteria for drug abuse/dependence and a third (32 percent) were alcoholics or alcohol abusers. These prevalence rates were substantially higher than among economically and demographically matched samples of women in the community.²⁶

Pregnant Inmates

In 1991, six percent of women in state prison and 4.8 percent in federal prison were pregnant when incarcerated.²⁷ If we apply these percentages to the inmate population at the end of 1996, more than 4,000 state inmates and 370 federal inmates were pregnant when they entered prison. Many of these pregnant inmates are likely to be regular drug users.²⁸

Women Inmates as Mothers

Substance-involved women in prison and jail have more than 200,000 children, while substance-involved men have 2.2 million children.³⁰ Among substance-involved female inmates, 78 percent in state prisons, 80 percent in federal prison and 73 percent in local jails have children. Treatment services in prison can help these mothers become responsible parents upon release.

Vocational Training

Substance-involved women inmates are than both women who do not use drugs and alcohol- and substance-involved men to have worked prior to their imprisonment. When employed, substance-involved women are more likely to be doing part-time work. Because of their more limited of experience and access to employment opportunities, these women are likelier to need job training.

At the heart of [Pamela and Robbie's] heroin addiction was an unspoken deal. If Robbie couldn't "get the hustle up" for drugs or money, Pamela would. It's hard to see the fighter or the hustler in Pamela now. Her 35-year-old exhausted body looks punched in.... Like an estimated 3 percent of California's female prisoners, Pamela is HIV positive.

"This is sad, but before I got busted I told Robbie, 'We need a prison break,'" she says. "You didn't have to worry about bills...getting up, finding drugs...kids getting dressed for school. Now I regret saying that."

Regina [Pamela's 18-year-old daughter who is incarcerated for second-degree assault] and her 16-year-old brother, Jason, were lookouts for their mother. If they helped Pamela steal, they each received a cut. Before the cut was money, it was candy.

Shoplifting remains Jason's happiest memory of his mother. [For the second time, Jason is in Juvenile Detention for stealing cars.]

Jessica, 13, inherited the role of lookout while her older siblings took to the streets.

Regina...dreaded her mother's frequent arrests. She had to feed her little sisters and get them off to school. She also had to deal with Robbie, whose \$100-a-day heroin habit had shriveled to twice a month because his veins were so overused.

Jessica...wants to be home when her mom returns from prison: On that special day, all happiness begins.

Though Jessica can't know it now, what will happen when Pamela is released is that she will marry a former love in the first week. By the second week, she will be drinking, "kicking it" with the old friends she had planned to avoid. At a probation appointment she'll test positive for heroin, then sign up for methadone treatments, and her husband will land in the county jail. Jason will escape from the juvenile detention center. ... Regina will get in trouble and land in segregation. Jessica's old hopes will fall down.

--New York Times, June 2, 1996²⁹

**Employment in Month Prior to Incarceration
Substance-Involved vs. Non-Substance-Involved Women and Men
By Percentage**

Substance-Involved	State Prison				Federal Prison				Jail			
	Women		Men		Women		Men		Women		Men	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Employed (both full- and part-time):	43	59	67	73	60	73	74	79	36	43	67	68
Of those employed, percent employed part-time	26	15	18	16	17	14	13	7	29	18	17	17

STDs and HIV/AIDS

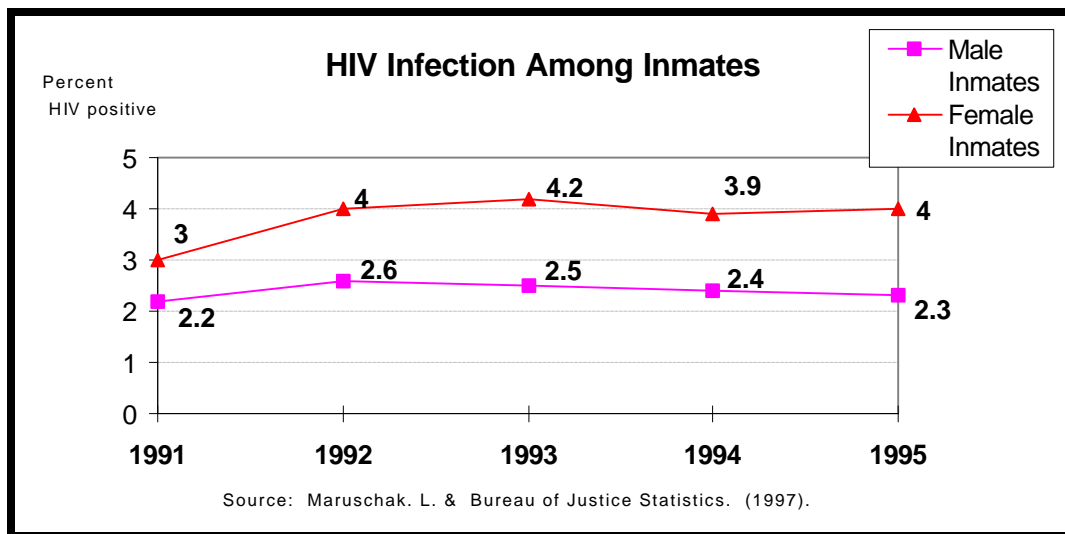
Substance-abusing women are more likely than men to need medical services due to greater vulnerability to infection and greater involvement in high risk sexual activity.³¹

Victims of sexual abuse are more likely to participate in risky sex.³²

For both men and women, involvement with drugs and alcohol is likely to lead to general neglect of their health. However, in some ways, sexually transmitted diseases pose a greater threat to women who abuse drugs and alcohol. Such women are likelier to engage in risky sex and are more susceptible to contracting sexually transmitted diseases (STDs) through such activity.³³ STDs are often asymptomatic in many women, leading to difficulty in diagnosis and untreated STDs are likelier to lead to complications in women than in men.³⁴ Women prisoners who have histories of prostitution for drugs are at high risk for exposure to STDs and HIV and crack use has been found to be associated with prostitution and risky sexual activity.³⁵

HIV/AIDS infection is rising more rapidly among women inmates than among men. Between 1991 and 1995, the number of HIV-positive female state inmates jumped 88 percent (from 1,159 to 2,182), while the number of such male state inmates increased by 28

percent (from 16,150 to 20,690).³⁶ Women in state prison are twice as likely as men to be infected with HIV (four percent compared to two percent).



HIV infection rates among females are predominantly related to injecting drugs, crack use and prostitution for drugs.³⁷ Female crack smokers tend to have more sex partners, are more likely than other female drug users to exchange sex for drugs and have a higher prevalence of HIV infection in comparison to other female drug users.³⁸

IX.

Substance Abuse and AIDS

Substance-involved inmates have high rates of HIV infection and tend to engage in behaviors that put them at significant risk of HIV and AIDS. Corrections budgets will increasingly be pinched by the cost of treating HIV, AIDS and related illnesses linked to chronic drug abuse. At the same time, prisons have a captive audience that can be educated and motivated to reduce risky behaviors and lower the chances of infection after release.

HIV and Injection Drug Use

Injection drug use (IDU) is the second most common means of exposure to HIV in the United States--second only to transmission through male homosexual sex. Injection drug use accounts for approximately one-third of AIDS cases among adults.³

Definition of Terms

HIV Disease. Infection with the retrovirus Human Immunodeficiency Virus Type 1 that results in a gradual deterioration of the immune system by killing immune cells known as "CD4+ T" cells. HIV infection ultimately leads to the development of AIDS, usually about 10 years after the initial infection.¹

Acquired Immunodeficiency Syndrome (AIDS). The most severe manifestation of infection with HIV-1. AIDS is defined by The Centers for Disease Control and Prevention as the presence of HIV infection in which (1) the CD4+ T cell count is below 200 or represents less than 14 percent of the total lymphocyte count, or (2) the presence of one of a number of opportunistic infections such as recurrent pneumonia, pulmonary tuberculosis, Kaposi's sarcoma, or invasive cervical cancer.²

The prevalence of HIV or AIDS refers to the number of cases that are present in a population at a given point in time.

The incidence rate refers to the number of new cases of a disease occurring within a specific time period.

Among inmates, IDU is estimated to be the most common means of exposure to HIV.⁵ A quarter (24 percent) of all state inmates and 14 percent of federal inmates have histories of injection drug use. The IDU rate climbs to 40 percent among state and federal inmates who used drugs in the month prior to committing their offense. Similar percentages of all inmates had histories of heroin (17 percent) or cocaine (16 percent) injection. Of the 1.1 million state prison inmates, 250,000 are injection drug users and 120,000 have histories of needle-sharing.

HIV Transmission and Injection Drug Use

The most common means by which the human immunodeficiency virus (HIV) is transmitted are: use of contaminated hypodermic syringes or needles, sexual intercourse with an infected person, and transfusion of infected blood or blood products. Transmission also occurs from infected mother to fetus. The Centers for Disease Control and Prevention report that in 1996 IDU is the risk factor in one-fourth of all HIV-positive results. Of all reported AIDS cases in 1995, 36 percent were directly or indirectly associated with injection drug use. Among those individuals with a known route of exposure in 1995, 66 percent of AIDS cases reported among women and 85 percent of AIDS cases reported among heterosexual men were associated with injection drug use. Ninety-three percent of pediatric HIV cases with an identified exposure category are children infected perinatally by HIV-infected mothers who were injection drug users or the sexual partner of injection drug users.⁴

Injection Drug Use Among Prisoners By Percentage								
	All Inmates		Regular Drug Users		Non-Using Drug Law Violators		Alcohol-Involved Offenders	
	State	Federal	State	Federal	State	Federal	State	Federal
Ever injected drugs	24	14	37	31	2	1	3	^a
Ever shared needles	12	6	18	14	^a	^a	1	^a

^a Less than one percent.

In New York City, which accounts for 20 percent of all reported AIDS cases in the United States, more than half of adult male (56 percent) and female (54 percent) AIDS cases are injection drug users.⁶ Among new cases of AIDS in men in New York, injection drug use is

the most common risk factor.⁷ Injection drug users not in treatment are likely to end up in jail or prison as they continue to get arrested and convicted.

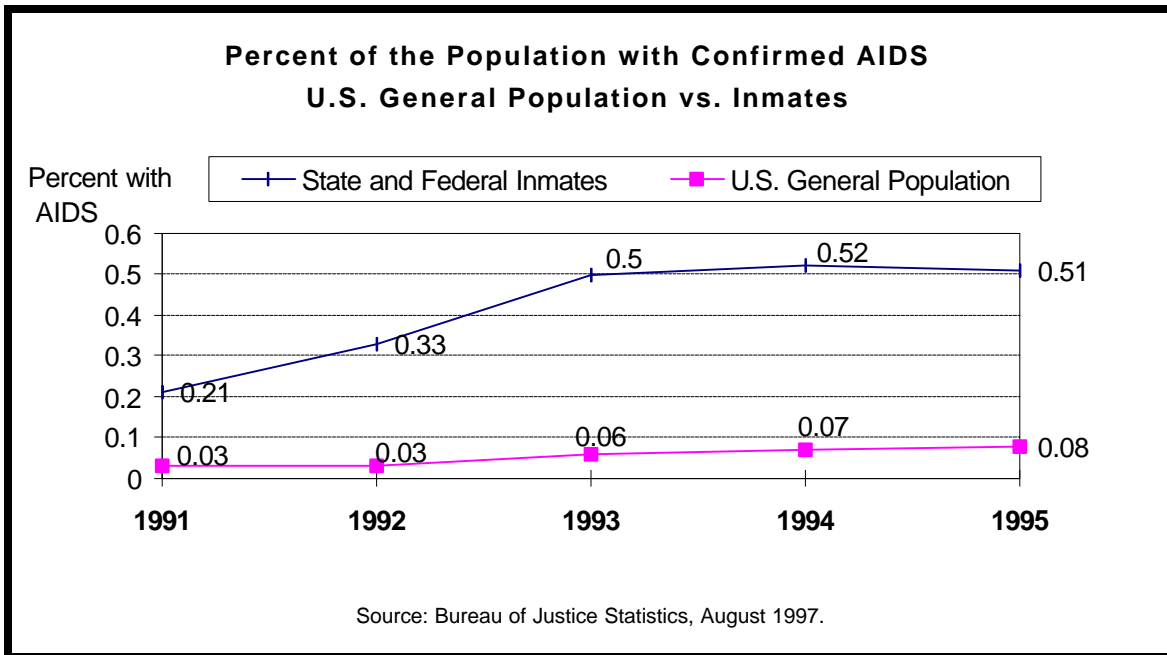
Non-injection drug use also puts inmates at risk for HIV. Crack smokers have a high risk of HIV infection from engaging in sex with multiple partners, often in exchange for drugs.⁸ In 1996, state prisons contained an estimated 200,000 inmates who had smoked crack, including more than 130,000 who had smoked crack regularly.

HIV and AIDS

The increased arrests of substance abusing offenders during the past 10 years have moved large numbers of people at high risk for HIV into the nation's prisons.⁹ At the end of 1995, there were 24,226 HIV-positive inmates in state and federal prisons. The HIV prevalence rate was 2.4 percent in state prisons and 0.9 percent in federal prisons.¹⁰

In 1994, the incidence rate of new AIDS cases was 17 times higher among state and federal inmates (518 cases per 100,000) and 23 times higher in local jails (706 per 100,000) than in the general U.S. population (31 per 100,000).^{* 11} The number of state and federal prison inmates with confirmed AIDS increased from 179 in 1985 to 5,099 in 1995. The rate of confirmed AIDS among prison inmates (.51 percent) is more than six times that of the general U.S. population (.08 percent).¹²

* The most recent published AIDS incidence data for prisons and jails are for 1994.



Since 1991, when the Bureau of Justice Statistics began tracking HIV/AIDS in state prisons, AIDS has been the second leading cause of state inmate deaths behind "illness and natural causes."¹³ State inmate deaths due to AIDS rose from 28 percent in 1991 to 34 percent in 1995. By comparison, 10 percent of deaths in the general population (aged 15 to 54) are attributable to AIDS.¹⁴

In nearly all inmate-related HIV and AIDS cases, drug-related risk behaviors are the primary reason for exposure. In New York State, 93 percent of prison inmate AIDS cases through March 1994 were attributed to injection drug use.¹⁵

HIV Education and Prevention Services

A 1992-1993 survey of prison and jail systems found that 86 percent of state and federal prison systems but only 58 percent of jail systems provided at least some instructor-led AIDS education. More than two-fifths of the prison systems did not provide such services in all facilities. The percentage of prison systems that offer instructor-led HIV/AIDS education declined from 86 percent in 1992-3 to 75 percent in 1994. Thirty-five percent of prison systems and 10 percent of jail systems provided peer education programs.¹⁶ There has been little evaluation of these programs.

In 1994, 39 percent of reported AIDS cases were among black non-Hispanics, 19 percent among Hispanics.¹⁷ Thirty-nine percent of prison and 41 percent of jail systems provide HIV education in Spanish.¹⁸ These minorities often seek medical care outside the mainstream system, tend to delay seeking treatment and don't follow treatment plans.¹⁹ These factors may be part of the reasons why these groups often fail to use treatment and related health services in prisons.

Few state prison programs have implemented key elements of the National Commission on AIDS guidelines for prison HIV services. Only four of 27 state prison systems responding to a national survey stated

Recommendations of the National Commission on AIDS for prison HIV services

Mandatory AIDS education for incoming inmates and all prison staff.

Confidential HIV testing and counseling.

Risk reduction support groups.

Peer education in prevention programs.

Administrative support for risk reduction efforts and humane treatment of HIV/AIDS patients.

Skills-building for inmates to protect them from HIV infection in and out of prison.

HIV education programs linked to other health and social services.

Address unique needs of female inmates.

Inmate input into design and operation of HIV education programs.

HIV programs in all types of correctional facilities.

Improve coordination among correctional and related health and AIDS agencies in designing and implementing education programs.

that they made HIV testing and counseling available to inmates or offered peer counseling to inmates."²⁰

Jail

Large numbers of local jail inmates have histories of IDU and participation in unprotected sex, and many are HIV positive or have AIDS. In mid-1993, almost two percent of inmates in surveyed local jails were either HIV positive (6,711 inmates) or had AIDS (1,888 inmates).²¹ Larger jail jurisdictions held a greater share (almost three percent) of HIV/AIDS infected inmates.²²

Between June 30, 1992 and June 30, 1993, at least 63 jail inmates died of AIDS-related causes.²³

This represents 10 percent of all reported inmate deaths, making AIDS the third leading cause of death among jail inmates.²⁴

New York City is the epicenter for the AIDS epidemic among injection drug users and other substance abusers.²⁵ A 1992 survey of inmates entering the NYC jail system found that 26 percent of female admissions and 12

percent of males were HIV-positive. Among inmates with histories of IDU (often heroin), rates

Jail Jurisdictions With the Highest Proportion of Inmates With HIV/AIDS (In 38 of the 50 largest jail jurisdictions) As of June 30, 1993		
	Number of jail inmates in facilities providing data	HIV/AIDS cases as a percent of total custody population
Essex Co., NJ	1,669	37.4
Philadelphia, PA	1,049	11.8
New York City, NY	9,361	11.4
District of Columbia	1,687	10.0
Dade Co., FL	5,553	6.3
Palm Beach Co., FL	1,620	5.9
Boston, MA	1,727	4.8
Richmond Co., VA	1,478	4.2
Broward Co., FL	2,921	3.2
Pinellas Co., FL	1,399	3.2

Source: Brien, P. & Harlow, C. (1995). *HIV in prisons and jails, 1993*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

were 47 percent for females and 42 percent for males.²⁶ HIV rates are highest among Hispanic inmates--29 percent for females and 17 percent for males, compared with 15 percent for non-Hispanic females and nine percent for non-Hispanic males.²⁷ This mirrors the high incidence rate found among Hispanics generally: 19 percent of new AIDS cases in 1994 were among Hispanics, who represent only seven percent of the general U.S. population.²⁸

HIV/AIDS Education and Prevention for Inmates in 29 U.S. City/ County Jail Systems, 1994^a By Percentage	
Instructor-Led Education	62
Peer Education Programs	7
HIV Prevention Counseling ^b	69
Videos/Audiovisuals	66
Written Materials	72

Source: Hammett, T., et. al. (1995). *1994 update: HIV/AIDS and STDs in correctional facilities. Issues and practices in criminal justice*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

^a Programs provided in at least one facility in the reporting jail systems.

^b May be an overestimate due to inclusion of pre- and post-test counseling by some respondents.

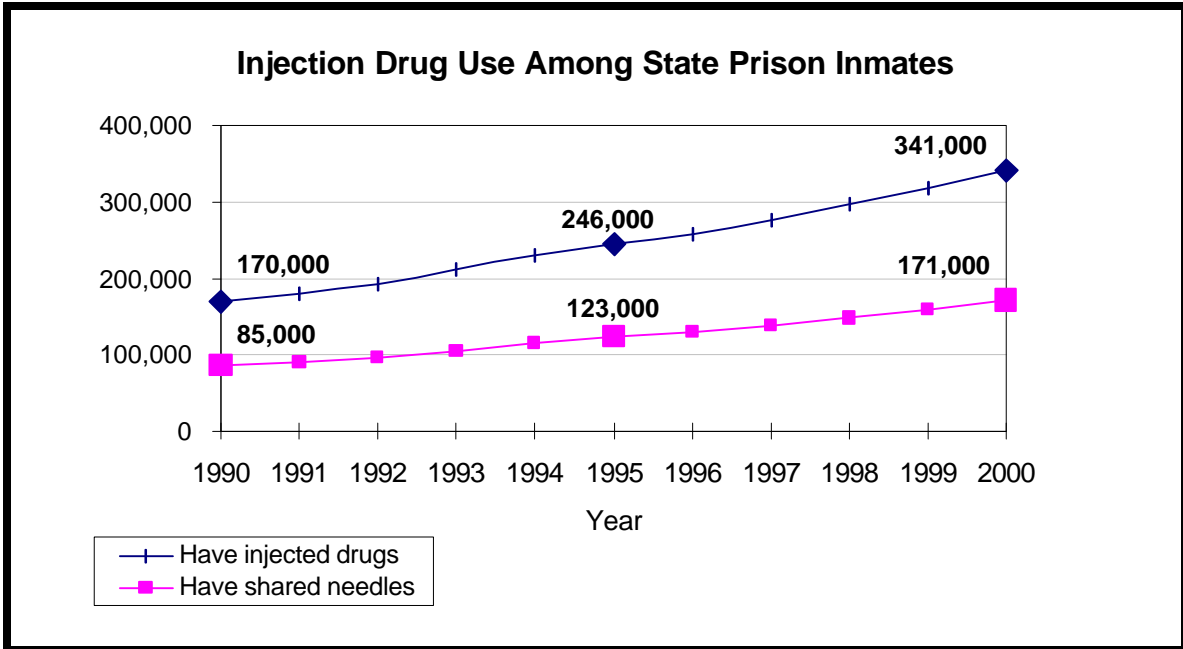
Education and Prevention in Jails

Although jails offer an opportunity to educate high-risk drug-abusing inmates about HIV and AIDS, of 29 jail systems responding to a 1994 National Institute of Justice/Centers for Disease Control and Prevention survey, only 62 percent offered face-to-face HIV/AIDS education sessions led by trained instructors and only seven percent offered peer education.²⁹

The Growing Impact

There are several potential barriers to effective HIV service delivery to high-risk drug abusers in the prisons and jails. These include insufficient program capacity, inadequate educational methods and materials, lack of correctional staff commitment and training, and a failure to integrate drug treatment and HIV education to reduce injection drug use. In jails, there is a relatively rapid turnover of inmates, making it more difficult to provide intensive, long-term HIV education and prevention in that setting.

Without improved education and prevention services, the high rates of HIV infection and AIDS among inmates will impose a heavy financial and social burden on the nation's prison and jail systems in future years. If the prison population continues to grow at recent rates, by the year 2000 there will be more than 340,000 state prison inmates with a history of injection drug use, and more than 170,000 inmates who have shared needles.³⁰



X.

Innovations to Reduce the Impact of Substance Abuse on Prisons and Jails

As criminal justice policymakers and political leaders come to recognize the financial and human burden of substance abuse on the nation's prison systems, many are seeking and trying innovative programs and policies to treat that abuse and reduce recidivism among drug and alcohol abusers released from prison or diverted from entering prison. In this chapter we highlight just a few of the many promising innovations that are being tested around the nation.

Diversion for Treatment

Diversion programs defer the prosecution of a case while the criminal defendant undergoes treatment or some other intervention for a specified time period. Upon successful completion of the diversion program, the prosecutor dismisses the original charges and the defendant goes free. If the defendant drops out or fails the program, the prosecution is reinstated and the criminal justice process moves forward.

Diversion programs tend to be used for substance-involved first offenders

and those committing minor offenses. Many prosecutors prefer to offer treatment alternatives to nonviolent offenders with drug or alcohol problems because of the benefits of intervening early in a substance abuser's criminal career and the potential for substantial long-term cost savings.²

"This program teaches you that you can change. When I came here, I was a drug addict and a burglar. Now I'm a recovering addict with hope."

--Client of Maryland alternative to jail drug treatment program, a former morphine addict who committed crimes to support his \$250 a day habit.¹

Drug Treatment Alternative to Prison Program

The Drug Treatment Alternative to Prison (DTAP) program was conceived by the Office of the District Attorney of Kings County (Brooklyn) New York, Charles J. Hynes.⁴ The U.S. Department of Justice's Bureau of Justice Assistance (BJA) recently designated DTAP as one of six "Best Practices" programs out of hundreds of programs funded nationally by BJA.

DTAP is offered to defendants arrested for a felony drug sale who have one or more prior nonviolent felony convictions and have a drug abuse problem. If convicted of a drug sale charge, such defendants would receive a mandatory prison sentence under New York State's second felony offender law. DTAP offers the defendant the option of deferring prosecution and entering a residential drug treatment program for 15 to 24 months. Those who complete the program have the charges against them dismissed; dropouts are prosecuted on the original charges. Nearly 90 percent of those who have failed the program have been convicted of a

For Eduardo Rufino, 26, jail was less a place to do penance than to learn from experts about the tawdry urban science of peddling drugs.

So when he emerged from Rikers Island eight years ago after serving time for a purse snatching, he started to sell, then use, crack and heroin, developing addictions so fierce that he lost track of time, people and money.

In 1992, struggling to feed both habits, he sold heroin to an undercover police officer in Borough Park, Brooklyn, then served 45 days in jail, later returned to the same corner and was arrested by the same officer just months later.

After the second arrest, the Brooklyn District Attorney's office told Mr. Rufino that instead of serving two to four years in prison, he could enroll in a two-year drug-treatment program. If he completed it, they would dismiss his charges.

"I thought, I'm going to a country club," recalled Mr. Rufino....

But the first months of treatment at a Samaritan Village residential center in upstate New York were grueling, he said, and made him think repeatedly of quitting. He did not, fearing a return to prison; today he is two months from graduating from the program and is training to become a drug counselor.

"Now I think I may have been arrested, but I was really rescued," he said.

New York Times, April 4, 1994³

Today, Mr. Rufino is a substance abuse counselor working with adolescents at New York City's Center for Alternative Sentencing and Employment (CASES).

felony and sentenced to prison.⁵ District Attorney Hynes believes that the certainty and severity of the prison time is a powerful incentive for defendants to complete treatment.

DTAP planners chose long-term residential treatment as the most appropriate for defendants facing minimum prison sentences of one and a half to three years. DTAP participants are served by several therapeutic community treatment programs operated by private, non-profit providers based in New York City.

From DTAP's inception in October 1990 to October 1996, 2,473 defendants were offered the opportunity to be considered for the program. Of these, 739 (30 percent) were admitted.

Of the 1,734 not admitted to DTAP, 863 refused the option and 871 were rejected after further screening, generally because the District Attorney determined that the criminal case was weak, the treatment provider screener found the person unsuitable for long-term residential TC treatment, or the warrant enforcement team concluded they would not be able to locate the participant if he or she left the treatment facility. Of the 739 admissions, 233 (32 percent) have completed treatment and their charges have been dismissed, 177 (24 percent) remained in treatment as of October 1996, 324 (44 percent) either dropped-out or were expelled and five (one percent) were discharged for serious health reasons. The average time of treatment completion was 22 months.

The opportunity to receive intensive drug treatment instead of a prison sentence gave convicted drug offender Raymond Nelson a second chance.

Instead of serving 7 1/2 to 15 years in prison, and missing participating in the upbringing of his four daughters, Mr. Nelson, 39, is about to graduate from the treatment program. He was able to earn his high school diploma and is training to become a counselor. He sees his children almost every weekend.

"If I had spent 10 years in prison, it would have been more reason to come out and try to sell drugs to get a Lexus," he said. "You come out of jail thinking only about catching up. Now I've got my family. I'm not an outcast."

New York Times, April 4, 1994.⁶

Since its inception, 64 percent of DTAP participants have stayed in treatment for at least a year. DTAP has reinstated prosecution for 96 percent of all defendants who

“Can anyone understand the lunacy of the prison-only approach [for substance abusers and addicts]?”

--Charles J. Hynes
Brooklyn District Attorney⁷

absconded or were expelled from treatment. Among all DTAP participants, arrest rates were lower than the comparison group: 16 percent rearrested in one year and 28 percent in two years. After a one-year follow-up period, 11 percent of all DTAP graduates had been rearrested compared with 27 percent of the non-DTAP control group.⁸ After two years, rearrest rates of DTAP graduates were lower than for the control group: 23 percent vs. 43 percent. DTAP graduates were also

rearrested for less serious offenses: 60 percent of their rearrests were for felonies compared to 80 percent of the control group and 82 percent for DTAP failures.

Drug Treatment Alternative to Prison (DTAP) Rearrest Rates Among Participants by Percent				
	DTAP Completers	DTAP Failures	DTAP Total	Comparison Group
One year	11	31	16	27
Two years	23	43	28	43

Source: Hynes, C., & Powers, S. (1996). *Drug treatment alternatives to prison project: Annual report*. Brooklyn, NY: Office of Kings County District Attorney.

Driving While Under the Influence Diversion Programs

Since 1981, Oregon has diverted first-time nonviolent DUI offenders with satisfactory driving records. Participants are assessed to determine whether they have an alcohol or drug problem. They must then complete the treatment program tailored to their substance abuse or addiction, refrain from using alcohol or drugs while operating a motor vehicle, notify the court of any change of address and pay a diversion fee. Upon successful completion of the

treatment component of the diversion program, the DUI charges are dismissed. A 1989 evaluation of the program found that recidivism rates for a randomly selected sample of diversion participants were lower than for DUI defendants who were prosecuted and convicted (21 percent vs. 28 percent).⁹

Since 1979, Monroe County (Rochester), New York, has diverted second-time DUI defendants facing felony charges in a program operated by the Monroe County Bar Association. Participants waive their right to a speedy trial, agree to comply with a treatment plan and surrender their drivers' licenses for one year. Successful participants can plead guilty to a misdemeanor; unsuccessful ones are prosecuted on the felony DUI. The program serves about 200 DUI offenders annually. The Monroe County Bar Association examined recidivism rates for a sample of program participants enrolled between 1984 and 1987. Three years out, recidivism rates for those who completed the program were nine percent compared with 16 percent for those unfavorably terminated from the program and 19 percent those not in the program.¹⁰

Drug Courts

Drug courts provide judicially-supervised treatment to drug law violators as an alternative to a prison sentence. In the drug court model, judges, prosecutors, defense attorneys, and drug and alcohol counselors work together to help offenders overcome their addiction and resolve other issues relating to work, finances and family. The coercive power of the court is used to attain abstinence and alter behavior.¹² The programs target defendants charged with drug offenses and those whose

It's very frustrating...to see these pathetic individuals sent upstate for years and years and never getting the treatment they desperately need. The drug court promises to address that.

--Drug Court Administrator¹¹

involvement with the criminal justice system is due to substance abuse. Some drug courts accept other nonviolent offenders with a substance abuse problem.

Drug courts share these characteristics: timely identification of defendants in need of treatment and referral to treatment promptly after arrest; establishment of specific treatment program requirements with compliance monitored by a judicial officer; regular judicial hearings to check on treatment progress and compliance; periodic urine testing; use of graduated sanctions and rewards to hold defendants accountable; dismissal of charges or reduction of sentence upon successful treatment completion; and provision of aftercare and support services following treatment to facilitate reentry into the community. Those who fail drug court programs are usually subject to a range of sanctions from probation to jail or prison.

In June 1989, the first drug court was established in Dade County (Miami) Florida.* There are three phases to the program: detoxification, stabilization and aftercare.¹³ Defendants charged with purchase or possession of any illegal drug must agree to diversion and the state's attorney must approve. Those charged with drug selling or who have violent criminal histories are ineligible.¹⁴ Since its inception, more than 5,500 drug users have participated in the program.¹⁵ An estimated 60 percent of participants graduated from the drug court's treatment program.¹⁶ The Dade County drug court is the model for similar efforts, such as those in Oakland, California; Phoenix, Arizona; Portland, Oregon; and Broward County, Florida. By March 1997, 161 drug courts were operating around the nation.¹⁷

In Oakland, Phoenix and several others, a formal contract between the defendant and the court specifies treatment and other obligations, penalties for failure and rewards for

* There were earlier "Narcotics Courts" in Chicago and New York but they did not emphasize treatment.

progress. Portland accepts participants regardless of their criminal history of violence or drug selling. In Washington, DC, defendants charged with drug sales who have an underlying substance abuse problem are eligible. In most other drug courts, drug sellers can not participate.

The Violent Crime Control and Law Enforcement Act of 1994 provides federal support for treatment drug courts for nonviolent drug law violators. From 1995 to 1997, the U.S. Department of Justice, through its Drug Courts Program Office, has given a total of \$56 million to drug courts.¹⁸

The model anti-drug legislation proposed by the President's Commission on Model State Drug Laws in 1993 recommends that judges require drug or alcohol treatment of drug-dependent offenders as early in the adjudication process as possible. The President's Commission noted the potential of the coercive power of the courts to get defendants into drug treatment and that an arrest can represent a critical juncture to intervene in the drug-crime cycle. The Council of Chief Justices and the Council of State Court Administrators has emphasized the importance of linking drug treatment to the criminal court process.¹⁹

Evaluations

Given that treatment-oriented drug courts are a relatively new phenomenon, there are few evaluations of their long-term impacts. The most comprehensive evaluations are those of the Dade County and Phoenix drug courts.²⁰

Dade County. An evaluation of the Dade County felony drug court examined its impact on case processing, treatment outcomes and recidivism rates.²¹ Excluding participants whose cases were transferred to other programs or who had their criminal charges dropped, the study found that 56 percent of those admitted to the drug court completed or were still in

treatment after 18 months. Recidivism rates were lower for drug court participants, with 33 percent rearrested within 18 months compared to 50 percent of other felony drug defendants (from both before and after the drug court's inception). For those rearrested, the average number of days to first rearrest was longer for drug court participants (235 days) than for sample cases from the other comparison groups whose average ranged from 46 days to 115 days.²²

Phoenix. An evaluation of the Phoenix program compared probationers where drug testing and treatment were provided by a private treatment provider under drug court supervision with other probationers subjected to varying levels of contact with the probation officer and urine testing. All had been convicted of felony drug possession.²³

Recidivism rates during a 12-month follow-up period were not significantly different for drug court participants (31 percent) and regular probationers with urine testing (33 percent). Probation violation rates were also similar (40 percent and 46 percent respectively), but drug court clients had a lower prevalence of drug violations (10 percent vs. 26 percent for probationers). Rearrest rates were the same for both groups (18 percent).

Portland. In April 1994, the Multnomah County Department of Community Corrections prepared an analysis of the economic benefits of their drug court program.²⁴ This report estimated that from August 1991 to March 1994, indigent defense (public defender) savings were \$392,616 (based on a saving of \$246 per drug court client) and police overtime savings had been \$319,200 (based on \$200 savings in avoided police witness time per case).²⁵ Portland drug court officials cite additional economic benefits from reduced probation supervision costs because successful drug court clients have their charges dropped rather than being sentenced to probation.²⁶

The recidivism findings from the Miami and Phoenix drug courts may reflect the varying populations served by the two courts, differences in the quantity or quality of drug treatment received, jurisdictional differences in enforcement policies or other factors. New evaluations underway will provide better analysis of the effectiveness of drug courts as more jurisdictions test the concept to get defendants into treatment in order to reduce recidivism and crime.

Probationers and Parolees

Substantial numbers of probationers and parolees have substance abuse problems and a high proportion of prison admissions result from probation or parole violations related to substance abuse. Some jurisdictions are mounting efforts to put probation and parole clients into treatment.

Opportunity to Succeed (OPTS) is a CASA research and demonstration program aimed at helping recovering ex-offenders stay drug-free and out of prison. The theory behind OPTS is that ex-offenders who have reduced their drug use through treatment while incarcerated are more likely to sustain those gains if they receive continued help after release. Under one umbrella, OPTS participants receive a unique and intensive blend of parole supervision, drug treatment and social services that begins upon release from prison and continues for one to two years.

OPTS began in July 1994 as a three-year demonstration program with sites in West Harlem (New York), Tampa (Florida), Kansas City (Kansas) and St. Louis (Missouri). Though outcome findings are not yet available, three sites--Tampa, Kansas City and St. Louis--

have raised local funds to match a challenge grant from CASA to institutionalize the program in their communities, a significant vote of confidence.

Released inmates returning to targeted neighborhoods are eligible for OPTS if they are at least 18 years of age, have been convicted of a felony other than murder or a sexual offense, have a history of substance abuse, received substance abuse treatment while incarcerated and will be on parole or probation for at least one year.

In each OPTS site, case managers employed by a local lead agency recruit participants and with the parole officer, drug treatment counselor and employment worker, develop services to help the offender remain drug-free and out of prison or jail. In addition to case management and drug treatment (required for all participants), other services, such as housing, employment and

Characteristics of CASA OPTS Participants:

Low educational attainment: only 40 percent completed high school.

Poverty or income instability: only 48 percent were employed full-time in the year before incarceration.

Family instability: 67 percent had never been married, yet 72 percent had at least one child.

Under-treated health/mental health problems: nine percent reported that they had a doctor they would go to for health care. About 45 percent reported experiencing serious depression, but few had received treatment for a mental health problem.

Regular use of drugs and alcohol: about 50 percent regularly used amphetamines or cocaine; another 24 percent were heavy alcohol or marijuana users.

Early drug use: use of alcohol initiated at about age 15; initiation of marijuana use followed shortly thereafter.

Drug sales: 65 percent participated in drug selling and 50 percent of those were actively engaged in drug sales in the year prior to the incarceration that qualified them for OPTS.

Drug treatment: 52 percent of participants had previously participated in substance abuse treatment.

Multiple crimes: especially the combination of drug selling, theft, assault and burglary. In the year prior to OPTS, 11 percent engaged in drug selling and assault, eight percent engaged in drug selling and theft, and 37 percent engaged only in drug selling.

training, parenting skills training, and health and mental health care are provided in response to individual needs. Rewards and sanctions are used to monitor and enforce the individual service plan.

Lessons from OPTS

A number of issues have become clear during the first three years of program testing:²⁷

Timely Intervention is Crucial. Inmates should be screened and recruited into parole programs while still in prison. The time between release from prison and program enrollment should be minimized. Having program staff meet their substance-abusing parolee at the prison gate helps to reduce the almost irresistible temptation to abuse drugs and alcohol immediately upon release.

Treatment Alone is Not Enough. Programs should deal with all the problems-- poverty, unemployment, poor health. Drug-free housing is especially important to recovery and is usually harder to find than a job. Offenders who return to environments where friends and family continue to use and sell drugs makes staying sober extremely difficult. Unless family and social relationship are supportive, relapse is likely.

Case Managers and Parole Officers are the Linchpins. Case managers may come from a variety of backgrounds: some are recovering addicts, others former parole officers, and still others are trained counselors. Parole officers work side-by-side with social service, health and job training personnel and help set limits on case managers and participants alike, in the interest of public safety. Since some participants relapse and commit new crimes and staff often take such conduct as a personal failure, they need help in avoiding burnout.

Other Probation and Parole Programs

Examples of other programs for probationers and parolees include New York City's SAVE program and Oregon's Parole Transition Program.

The New York City Department of Probation has a centralized treatment referral system for probationers and the Substance Abuse Verification and Enforcement (SAVE) program where probation officers specially trained in substance abuse maintain lower caseloads (75 probationers compared with the more typical 200), provide more intensive supervision and maintain close contact with treatment providers.²⁸

Oregon's Parole Transition Program identifies the inmate's service needs and develops community program linkages before the inmate is released on parole.²⁹ Pre-release services occur at a centralized facility where inmates spend the last three months of incarceration. In the pre-release facility, the inmate receives drug education, including relapse prevention counseling and assessed for related service needs (such as housing, medical care, federal or state services). Local treatment providers work with the inmate to plan treatment that will be provided when the inmate is paroled and establish linkages to appropriate community programs. Preliminary assessments of the Parole Transition Program found that clients had lower recidivism rates one year after release compared to their rates before incarceration; 60 percent of the clients were still drug-free six months after release.³⁰

Intermediate Sanctions

Criminal defendants can be sentenced to a wide range of sanctions, ranging from a simple discharge to a long prison term. In practice, however, most sentences are either traditional probation or incarceration. An intermediate sanction is any sanction that is more rigorous than traditional probation, but less restrictive than incarceration. Further, intermediate sanctions can encourage substance-abusing offenders to seek treatment and aftercare and stay sober.

In the 1960s and 1970s, states began experimenting with community corrections efforts, such as intensive supervision probation (ISP), day reporting centers, curfews and house arrest with or without electronic monitoring, halfway houses and work release centers. Some programs offered treatment components like outpatient, residential and day treatment. In the 1980s, intermediate sanctions programs became more punitive--such programs included fines based on income and crime severity, community service, restitution and boot camps.³²

A 1994 survey of prison wardens in eight states found that 58 percent opposed mandatory minimum sentences for drug law violators and 92 percent supported greater use of sentences which provided an alternative to incarceration.³¹

An evaluation found that New Jersey's ISP saved an average of 200 prison-bed days per participant and that recidivism rates for ISP participants were lower after two years than for a matched comparison group who had been sentenced to prison (25 percent vs. 35 percent).³³

A national evaluation by the RAND Corporation of 14 ISP projects found that they provided tighter surveillance and supervision than routine probation.³⁴ However, they were not effective in reducing recidivism: in fact, rearrest rates after one year in 11 of the 14 sites were higher for the ISP sample than for the control group of standard probationers and ISP probationers had higher rates of probation violations (64 percent vs. 38 percent), probably due to the closer supervision they received. The RAND study found that ISP offenders were more likely

to seek treatment and in two of the sites treatment participation was associated with lower recidivism rates.³⁵

Boot Camps

Since the first program was established in 1983, many jurisdictions facing high proportions of substance abusing offenders have developed boot camps as alternatives to traditional incarceration for first-time or young offenders. By January 1996, 37 states operated 53 such camps and the Federal Bureau of Prisons operated two. These camps contained a total of 8,510 offenders: 7,938 men and 572 women. New York has the largest program, accounting for 17 percent (1,465 individuals) of all boot camp inmates.³⁶

Boot camps, often called shock incarceration, offer a highly regimented, military-style schedule with confrontation, discipline and behavior modification. The guiding principle of boot camps is that discipline will deter future criminality by shocking offenders into reducing their criminal activity. Eligibility criteria generally limit participation to nonviolent, usually drug- or alcohol-involved, offenders with no extensive criminal histories.³⁷

Evaluations of boot camps are mixed. An eight state study conducted from 1989 to 1994 funded by the National Institute of Justice concluded that boot camp entrants became more positive about the boot camp experience over the course of the program, whereas prison inmates either did not change or developed negative attitudes toward their prison experience. However, rates of rearrest and reincarceration of boot camp graduates were comparable to those of individuals who served more conventional sentences.³⁸

In response to these findings, some boot camp programs have softened the military structure and confrontational approach and placed more emphasis on rehabilitative programming

such as drug and alcohol treatment, literacy and education, counseling and job training. In New York, the program is structured as a therapeutic community and the rehabilitative programming plays a central role. The New York State Department of Correctional Services has estimated that the roughly 9,000 boot camp graduates from 1987 to 1993 have saved the state an estimated \$305 million in custody and prison construction costs.³⁹ Although the limited effectiveness of boot camps found thus far suggests caution, treatment-oriented boot camps may be a cost-effective alternative to traditional incarceration for some inmates.

Coerced Abstinence

Coerced abstinence is a program of drug testing and sanctions usually administered to offenders under probation. Unlike coerced treatment approaches which seek to get offenders into alcohol and drug treatment, coerced abstinence aims directly at stopping drug consumption.⁴⁰

In coerced abstinence, drug-involved offenders--including violent offenders and drug sellers--are placed on probation with the condition that they submit to twice-weekly drug tests during the initial phase of the probationary period.⁴¹ Participants who test positive are subject to an immediate sanction of a brief period of incarceration (e.g., two days). Sanctions escalate for repeated positive tests. If an offender misses a test, it counts as dirty and is sanctioned as such.⁴² Sanctions are administered immediately so that there is no opportunity to defer or modify the sanction. Treatment may or may not be available to participants.

Proponents of coerced abstinence argue that for many offenders the constant pressure of testing and sanctions keep them from using drugs without the aid of treatment.⁴³ By taking the guess-work out of predicting which offenders will "go straight," coerced abstinence participants "choose" for themselves either freedom or imprisonment, based on their drug test

results.⁴⁴ It is estimated that a coerced abstinence program would cost \$3,600 per offender per year, much less costly than a typical term of incarceration.⁴⁵ For heroin addicts, continuing coerced abstinence with the narcotic antagonist Naltrexone could decrease the likelihood of relapse.⁴⁶

While there has been no large-scale coerced abstinence program, a few judges and local jurisdictions have tried similar techniques. Anecdotal reports coming out of these experiments are positive.⁴⁷ The sanctions track of the District of Columbia drug court has been the largest test of a coerced abstinence type of program. In this program, defendants are randomly assigned to a bi-weekly drug test followed by immediate sanctions for failed tests. Preliminary evaluation of this program suggests that sanctions and drug testing alone have reduced drug use among offenders.⁴⁸ However, as a voluntary diversion program, it is difficult to use this experience to draw conclusions about the success of testing and sanctions as a routine part of probation.⁴⁹

The new federally-funded program in Birmingham (AL) called "Breaking the Cycle" will include a full-scale test of the coerced abstinence program. An evaluation of this program recently began and results should be available in 1998.⁵⁰

Training of Criminal Justice Personnel

Most prosecutors and judges receive little training about substance abuse. In the absence of such training, they are limited in their ability to identify substance abuse, understand its effects, and intercede effectively in the criminal spiral of addicted offenders. These players in our criminal justice system will benefit from training in substance abuse which can help them target the offenders for whom diversion into drug treatment would be a viable, safe, and effective option, as well as help them understand the nature of relapse.

Parole and probation officers outside of programs rarely receive the substance abuse treatment required to identify, mediate and support drug- and alcohol-addicted offenders. Such training can give these professionals a better ability to recognize drug and alcohol abuse and addiction problems in the offenders under their supervision, assist in finding appropriate community-based treatment, and provide encouragement to begin and pressure to remain in treatment.

XI.

What's Next

Overview

The enforcement of criminal laws and the prosecution, sentencing and incarceration of those who violate them are essential to protect public safety. But if a central object of the criminal justice system is to reduce crime and rehabilitate inmates who can become productive citizens, then for many (perhaps most) substance-abusing and addicted inmates prison alone is, as Brooklyn District Attorney Charles J. Hynes puts it, "lunacy." Without treatment and appropriate literacy, education and vocational training services that can reduce substance abuse and promote stable, law-abiding lifestyles, the level and frequency of criminal behavior by released substance-abusing offenders will continue and escalate.

Recent declines in crime underscore the importance of maintaining aggressive enforcement efforts against illegal drugs, but if we are to reduce crime further, we must find additional, cost-effective ways to decrease drug- and alcohol-related crime. CASA's three-year analysis of the impact of drugs and alcohol on the nation's prisons makes clear that reducing alcohol and drug abuse and addiction is key to further reducing crime, and the prison population provides an enormous missed opportunity.

It's time to open a second front on the war on crime, and that front should target our prisons and jails. That calls for a revolution in how our criminal justice system applies the principles of punishment and rehabilitation to the prison population as we approach the 21st century. It is time for our nation to recognize, with resources as well as rhetoric, the damage

alcohol and drug abuse and addiction do to our society and reshape our system of criminal justice from arrest to parole.

Prevention

Prevention is, of course, the first line of defense against drug- and alcohol- related crime. The only sure way not to get hooked on drugs is never to use them. Since most addicts began drug or alcohol abuse while they were teens, efforts to give youngsters the skills and will to say no and to keep drugs and alcohol out of their reach are key to keeping them out of the criminal justice system.

It is important to develop, implement and evaluate large-scale prevention efforts especially for populations at high risk for substance abuse and criminal activity. The difficulties of recovering from drug or alcohol addiction are enormous even for middle- or upper-class addicts. For those with family histories of substance abuse, physical or sexual abuse, limited educational and vocational skills and poverty, shaking an addiction to drugs or alcohol can be even more grueling. Early interventions to prevent substance abuse are more cost-effective in the long term given the tremendous costs of arresting, prosecuting and incarcerating substance-involved offenders and the danger of recidivism.

Treatment

The second line of defense is treatment. Getting substance-involved offenders into treatment before they get to prison can save taxpayer dollars, as well as reduce crime and addiction and their consequences. In 1995, the six million arrests involving drug law and alcohol abuse violations, and property and violent offenders who tested positive for drugs, cost more than \$21 billion in police and court expenses, independent of the cost of incarceration. Treatment of

serious drug users has been found to be more cost-effective in the long term than arrest and imprisonment.¹

Research

Across the board, more research and more sophisticated data collection and analysis are needed. Data should be collected on a more timely basis and in a way that identifies the substances involved in violent, property and drug crimes. Random testing and prison supervision should provide information on the extent to which drugs and alcohol are available in prisons and the best ways to keep those substances out. Treatment programs for arrested offenders, inmates and parolees should be tested and evaluated in order to determine which modalities work best for which offenders. It is essential to learn more about how to get more inmates to participate in treatment, education and job training programs. Diversion programs, drug courts, boot camps, coerced abstinence and other efforts to deal with the explosion of drug and alcohol abusers and addicts in the criminal justice system need to be tested and evaluated.

Violent Substance Abusers

While nonviolent drug and alcohol abusers are the likeliest candidates for prompt treatment perhaps in lieu of incarceration, the revolution in our approach to substance-involved offenders must also engage violent offenders. While substance abusers who are convicted of violent offenses, often alcohol-related, should be incarcerated, treatment of the underlying alcohol or drug problem can reduce the chances of future violent crimes. It does not make sense to ignore the substance abuse problems of the violent criminal because most of them will be released from prison at some point. An average state inmate convicted of robbery is released from prison after 4.3 years; of aggravated assault, 3.8 years; of those convicted of drug selling, after less than two years.

The Second Front

Mounting this second front on the war on crime will require police, prosecutors, criminal courts, prisons and probation and parole officers to join with public health, treatment, medical, literacy, education and vocational training professionals in an integrated effort to reduce recidivism. These professions have much to teach and learn from each other. Together they constitute a potent force combining the tools of law enforcement and punishment with those of treatment and training to take the next major step to reduce crime in America.

It will not be easy. Health workers must be willing to share client information with police and prison personnel while continuing to protect client confidentiality. Judges must add clerks who are experts in public health and substance abuse. All players in the criminal justice system must be willing to experiment with alternatives to the prison- punishment-only system that is filling prisons and draining taxpayer dollars.

This second front in the war on crime must be comprehensive, addressing policies and practices from the time of arrest to the months immediately following release from prison. The following recommendations are designed to cut taxpayer costs and protect the public safety by reducing recidivism:

Pre-Prison

- *Assess the substance abuse involvement of potential inmates at the time of arrest.* This must include not only drug testing but a thorough evaluation of substance abuse history by a trained counselor whose assessment can form the basis for decisions about pre-trial supervision, sentencing and treatment. Simply conducting urine tests is insufficient for the purposes of identifying

levels and types of substance abuse problems and for assessing related service needs and the appropriateness of treatment. A useful guide for substance abuse assessment in the criminal justice system is a "Treatment Improvement Protocol" developed by the Center for Substance Abuse Treatment of the U.S. Department of Health and Human Services.²

- *Encourage the development, implementation, and evaluation of treatment alternatives to prison such as diversion and drug courts.* Drug courts are a promising innovation to divert offenders into treatment and other services, maximize treatment retention and reduce recidivism and subsequent incarceration. But we need to learn more about the efficacy of treatment courts, including their long-term impacts on drug use and recidivism and cost-effectiveness.
- *Provide police, prosecutors and judges with the training and assistance required to deal with substance-related crime.* This means education about substance abuse to help them make informed decisions about probation, diversion and sentencing, as well as access to experts in public health, mental health and substance abuse to assist them.
- *Modify mandatory sentencing laws.* Mandatory sentencing laws that require prison terms for offenders charged with certain crimes or prior convictions should be modified to allow prosecutors and judges the discretion to divert nonviolent substance abusers and addicts into treatment and alternative sentences instead of prison. Mandatory sentences that eliminate the chance of early release and provide no hook of parole after release (a) sharply curtail

inmate incentives to participate in treatment as a means to reduce the length of their prison sentence and (b) eliminate the threat of reincarceration and supervision that parole officers can use to encourage released offenders to seek treatment and aftercare. The mandatory sentence that makes sense for a substance-abusing inmate would condition release from prison upon successfully completing treatment and staying free of alcohol and drugs for six months or a year thereafter.

Prison

- *Train corrections officers and other personnel in substance abuse and addiction.* This training should be designed to help correctional personnel better prevent the use of alcohol and drugs in prison and better assist inmates in the recovery process.
- *Mandatory clinical assessment for incoming inmates should occur at all correctional intake facilities.* This assessment can determine the nature of an inmate's substance abuse and related problems and specific treatment needs.
- *Keep jails and prisons alcohol-, drug- and tobacco-free.* This means vigorously enforcing prohibitions against alcohol and drugs, employing sanctions against inmates caught through random drug testing, making all prisons and local jails smoke-free by forbidding inmates and correctional personnel to smoke indoors, and eliminating free distribution of tobacco products to inmates.
- *Use frequent random testing.* In many prisons, inmates are rarely tested or are notified about upcoming testing. Random tests can deter drug and alcohol use,

identify inmates who need substance abuse treatment and help monitor the progress of those in treatment.

- *Provide treatment in prison for all who need it and tailor treatment to the special needs of inmates, such as women and children of alcoholics and drug addicts.* A range of treatment modalities should be available so that inmates with different types and levels of problems can receive appropriate services. TC and other residential treatment programs should be more readily available in prisons and jails. The different characteristics of drug and alcohol abusers and addicts, including the needs of substance-involved women, should be taken into account in designing treatment interventions. Given the high percentage of regular drug users in prison whose parents abused drugs or alcohol, treatment programs that address the special needs of children of alcoholics and drug addicts are appropriate.
- *Encourage inmates to seek treatment.* Approaches should include using incentives such as reduced prison time for substance-abusing inmates who successfully complete treatment and sanctions such as going back to prison for those inmates who fail to participate in required post-release treatment or aftercare.
- *Encourage participation in education and training programs for inmates without high school degrees.* Education and vocational training should be a part of prison life. Such programs should be widely available and inmates should be encouraged to enroll in them.

- *Provide substance-abusing prisoners with a range of support services.* These services should include medical and mental health care, HIV education, counseling, and testing, as well as comprehensive substance abuse treatment. Where necessary, Hispanic inmates should be taught English and bilingual programs should be available in the interim.
- *Increase the availability of religious and spiritual activity and counseling in prison and provide an environment that encourages such activity.*

Post-Prison

- *Train parole and probation officers to deal with alcohol and drug abuse and assist parolees and probationers in locating addiction services and staying in treatment.*
- *Provide pre-release planning for treatment and aftercare services for parolees who need them.* The effectiveness of treatment can be enhanced by careful pre-release transition planning that identifies treatment and other service needs--such as drug-free housing, literacy training and social services--makes referrals to community-based programs, helps inmates avoid people, places and situations that trigger relapses, provides job placement services and provides a mechanism for adequate post-release supervision.
- *Provide longer-term relapse management.* Substance abuse is a chronic relapsing condition. To reduce the likelihood of relapse, long-term relapse management programs and aftercare should be available.

- *Include HIV/AIDS education in aftercare programs for substance abusing inmates.*

Putting proposals such as these in place involves a revolution in the way Americans think about prisons, punishment and crime and requires an initial investment of resources. But the rewards are enormous in terms of reducing crime and taxes, as tens of thousands of tax-consuming, crime-committing individuals whose core problem is alcohol and drug abuse and addiction overcome their dependence and become tax-paying, law-abiding citizens and responsible parents.

CHAPTER I.

REFERENCES

- ¹ Famighetti, R. (Ed.). (1996). *The world almanac and book of facts, 1997*. Mahwah, NJ: World Almanac Books, St. Martin's Press.
- ² The Bureau of Justice Department surveys do not provide complete age data for the children of inmates. However, since 82 percent of state inmates, 63 percent of federal inmates and 88 percent of local jail inmates are under age 40, many of their children are likely to be minors.
- ³ Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute; Perkins, C.A., Stephan, J.J., & Beck, A.J. (1995). *Jails and jail inmates 1993-94. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ⁴ Total state prison costs were \$24.6 billion. The Bureau of Justice Statistics estimated national local jail expenditures at \$9.6 billion for 1993. Adjusting that figure to 1996 dollars, we estimate annual jail costs for 1996 at \$10.5 billion (based on an 8.6 percent increase in the Consumer Price Index between 1993 and 1996). The actual costs are most likely higher given the increased jail population since 1993. Perkins, C.A., Stephan, J.J., & Beck, A.J. (1995). *Jails and jail inmates 1993-94. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Camp, G.M., Campo, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute.
- ⁵ Bonczar, T. & Beck, A. (1997) *Lifetime likelihood of going to state or federal prison. Bureau of Justice Statistics special report*. Washington, DC: U.S. Department of Justice, Office of Justice Statistics, Bureau of Justice Statistics.
- ⁶ Bureau of Justice Statistics, Office of Justice Programs, & U.S. Department of Justice. (1996, June 30). *Probation and parole population reaches almost 3.8 million*. Washington, DC: U.S. Department of Justice. Bureau of Justice Statistics, Office of Justice Programs.
- ⁷ Belenko, S., Fagan, J., & Chin, K.L. (1991). Criminal justice responses to crack. *Journal of Research in Crime & Delinquency*, 28(1), 55-74.
- ⁸ Brown, J.M., Gilliard, D.K., Snell, T.L., Stephan, J.J. & Wilson, D.J. (1996). *Correctional populations in the United States, 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Gilliard, D.K., & Beck, A.J. (1997). *Prison and jail inmates at midyear 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; Mumola, C.J., & Beck, A.J. (1997). *Prisoners in 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ⁹ U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1997). *Correctional populations in the United States, 1995*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Beck, A.J., & U.S. Bureau of Justice Statistics. (1991). *Profile of jail inmates, 1989*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- ¹⁰ Parker, R.N., & Rebhun, L. (1995). *Alcohol and homicide: A deadly combination of two American traditions. SUNY series in violence*. Albany: State University of New York Press; Pernanen, K. (1991). *Alcohol in human violence. Guilford Substance Abuse Series*. New York: Guilford; Martin, S.E. (Ed.). (1993). *Alcohol and interpersonal violence: Fostering multidisciplinary perspectives. National Institute on Alcohol Abuse and Alcoholism Research Monograph 24*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health and National Institute on Alcohol Abuse and Alcoholism; National Institute on Drug Abuse, Division of Epidemiology and Prevention Research, Westat, I., & Research Triangle Institute. (1994). *Prevalence of drug use in the DC Metropolitan Area institutionalized population, 1991*. Rockville,

MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Drug Abuse, Division of Epidemiology and Prevention Research.

¹¹ U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan; Pernanen, K. (1991) *Alcohol in human violence. Guilford Substance Abuse Series*. New York: Guilford; Bradford, J. Greenberg, D.M., & Motayne, G.G. (1992). Substance abuse and criminal behavior. *Clinical Forensic Psychiatry*, 15(3), 605-622.

¹² U.S. General Accounting Office. (1991). *Drug treatment: State prisons face challenges in providing services: Report to the Committee on Government Operations, House of Representatives*. Washington, DC: United States General Accounting Office.

¹³ Based on CASA's estimate that 139,048 state inmates were in treatment in 1996 and a total state inmate population of 1,076,661. Estimate of inmates in treatment based on: Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute; CASA's estimate of the number of inmates needing treatment. (see Appendix D)

¹⁴ U.S. General Accounting Office. (1996). *Drug and alcohol abuse: Billions spent annually for treatment and prevention activities: Report to congressional requesters*. Washington, DC: U.S. General Accounting Office. Based on CASA's estimate that 10,198 federal inmates were in treatment in 1996 and a total federal inmate population of 105,544. Estimate of inmates in treatment based on: Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute; CASA's estimate of the number of inmates needing treatment. (see Appendix D)

¹⁵ Harlow, C.W., & U.S. Bureau of Justice Statistics. (1992). *Drug enforcement and treatment in prisons, 1990*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

¹⁶ Wunder, A. (1995). Survey summary: Corrections budgets, 1994-1995. *Corrections Compendium*, 20(1), 5-16.

¹⁷ U.S. Office of Management and Budget. (1997). *Budget of the United States government, fiscal year 1997: Federal prison system: Federal funds*. Retrieved from the World Wide Web, 12/17/97: <http://www.bop.gov/bpbud97.html> : U.S. Government printing office.

¹⁸ Gendreau, P., & Ross, R.R. (1987). Revivification of rehabilitation: Evidence from the 1980s. *Justice Quarterly*, 4(3), 349-407; Holden, G.A., Wakefield, P., & Shapiro, S.J. (1990). *Treatment options for drug-dependent offenders: A review of the literature for state and local decision makers*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance; Lipton, D.S., & National Institute of Justice. (1995). *The effectiveness of treatment for drug abusers under criminal justice supervision*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. Andrews, D.A., Zinger, I., Hoge, R.D., Bonta, J., Gendreau, P., & Cullen, F.T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28(3), 369-404.

¹⁹ Lipton, D.S., & National Institute of Justice. (1995). *The effectiveness of treatment for drug abusers under criminal justice supervision*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

²⁰ California Department of Corrections, Office of Substance Abuse Programs. (1995). *California Department of Corrections overview of substance abuse programs*. Sacramento, CA: California Department of Corrections, Office of Substance Abuse programs.

²¹ Johnson, B.R., Larson, D.B., & Pitts, T.C. (1997). Religious programs, institutional adjustment, and recidivism among former inmates in prison fellowship programs. *Justice Quarterly*, 14(1), 145-166.

²² Centers for Disease Control and Prevention. (1994). *HIV/AIDS surveillance report: U.S. HIV and AIDS cases reported through December 1994*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Prevention Services, Division of HIV/AIDS Prevention; Hammett, T., Widom, R., Epstein, J., Gross, M., Sifre, D.,

& Enos, T. (1995). *1994 update: HIV/AIDS and STDs in correctional facilities. Issues and practices in criminal justice*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

²³ The number of injection drug users in the 1996 inmate population is based on CASA's analysis of the 1991 BJS inmate surveys.

²⁴ California Department of Corrections, Office of Substance Abuse Programs. (1995). *California Department of Corrections overview of substance abuse programs*. Sacramento, CA: California Department of Corrections, Office of Substance Abuse programs.

²⁵ Kalish, C.B., & U.S. Bureau of Justice Statistics. (1983). *Jail inmates 1982. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice. Bureau of Justice Statistics. Snell, T.L., & U.S. Bureau of Justice Statistics. (1995). *Correctional populations in the United States, 1992*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Gilliard, D.K., Beck, A.J., & U.S. Bureau of Justice Statistics. (1996). *Prison and Jail Inmates, 1995. Bureau of Justice Statistics Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; U.S. Bureau of Justice Statistics, Flanagan, T.J., Jamieson, K.M., & Hindeland Criminal Justice Research Center. (Eds.). (1988). *Sourcebook of Criminal Justice Statistics-1987*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

²⁶ Vaughn, M., & del Carmen, R. (1993). Research note: Smoking in prisons - a national survey of correctional administrations in the United States. *Journal of Drug Issues*, 39(2), 225-239.

²⁷ These projections are based on the average rate of growth between 1980 and 1996 of the cost of building and operating state and federal prisons and local jails.

²⁸ Maguire, K., Pastore, A.L., Ireland, T.O., Lanier, C.S., Rikshein, E.C., Gorthy, M.D., U.S. Bureau of Justice Statistics, & Michael J. Hindelang Criminal Justice Research Center. (Eds.). (1994). *Sourcebook of criminal justice statistics-1993*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan.

²⁹ CASA analysis of data from the 1987 National Medical Expenditure Survey.

³⁰ *Occupational Outlook Quarterly* (Spring 1995). Washington, DC: U.S. Bureau of Labor Statistics.

³¹ Langan, P.A., & Brown, J.M. (1997). *Felony sentences in state courts, 1994. Bureau of Justice Statistics bulletin, January*, 1-15.

CHAPTER II.

REFERENCES

- ¹ As used in this report, regular drug use is the reported use of a drug at least weekly for a period of at least one month. A history of alcohol abuse is defined as ever having been in treatment for alcohol abuse.
- ² Gfroerer, J., & Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (1997). *Preliminary results from the 1996 National Household Survey on Drug Abuse. National Household Survey on Drug Abuse: H-3*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
- ³ Gerstein, D.R., Harwood, H.J., Institute of Medicine, Committee for the Substance Abuse Coverage Study, & National Institute on Drug Abuse. (1990). *Treating drug problems: Volume I: A study of the evolution, effectiveness, and financing of public and private drug treatment systems: Summary*. Washington, DC: National Academy Press.
- ⁴ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (1993). *National Household Survey on Drug Abuse, Main Findings 1991*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
- ⁵ U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan.
- ⁶ CASA analysis of 1993 Drug Use Forecasting (DUF) data from the National Institute of Justice.
- ⁷ U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan; National Center for Educational Statistics, & Snyder, T.D. (1996). *Digest of education statistics, 1996*. Washington, DC: U.S. Department of Education, Office of Educational Research and Improvement, National Center for Educational Statistics.
- ⁸ U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan.
- ⁹ U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan.
- ¹⁰ CASA analysis of 1993 Drug Use Forecasting (DUF) data from the National Institute of Justice.
- ¹¹ Ringel, C. (1997). *Criminal victimization 1996: Changes 1995-96 with trends 1993-96*. Bureau of Justice Statistics: National crime victimization survey. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ¹² Honan, W.H. (1997, March 16). Drug arrests rise 18% on major college campuses, survey finds. *New York Times*, 25.
- ¹³ Tonry, M.H., & Wilson, J.Q. (Eds.). (1990). *Drugs and crime*. M. Tonry, & N. Morris, (Eds.), *Crime and justice: A review of research*. Chicago: University of Chicago Press; Martin, S.E. (Ed.). (1993). *Alcohol and interpersonal violence: Fostering multidisciplinary perspectives. National Institute on Alcohol Abuse and Alcoholism Research Monograph 24*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health and National Institute on Alcohol Abuse and Alcoholism; Bachman, R., & U.S. Bureau of Justice Statistics. (1994). *Violence against women: A national crime victimization survey report*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Parker, R.N., & Rebhun, L. (1995). *Alcohol and homicide: A deadly combination of two American traditions*.

SUNY series in violence. Albany: State University of New York Press; Timrots, A., & U.S. Bureau of Justice Statistics. (1995). *Drugs and crime facts, 1994*. Rockville, MD: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; McBride, D.C. (1981). Drugs and violence. In J.A. Inciardi (Ed.), *The drug-crime connection* (pp. 105-121). Beverly Hills, CA: Sage; Bradford, J., Greenberg, D.M., & Motayne, G.G. (1992). Substance abuse and criminal behavior. *Clinical Psychiatry*, 15(3), 605-622; De la Rosa, M., Lambert, E.Y., Gropper, B.A., & National Institute on Drug Abuse. (1990). *Drugs and violence: Causes, correlates, and consequences*. DHHS publication NIDA Research Monograph No. 103. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Drug Abuse; Potter-Efron, R.T., & Potter-Efron, P.S. (1990). *Aggression, family violence, and chemical dependency*. New York: Haworth Press; Bureau of Justice Statistics (1991). *Violent crime in the United States*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

¹⁴ CASA analysis of 1993 Drug Use Forecasting (DUF) data from the National Institute of Justice.

¹⁵ Pernanen, K. (1991). *Alcohol in human violence*. Guilford Substance Abuse Series. New York: Guilford.

¹⁶ Parker, R.N., & Rebhun, L. (1995). *Alcohol and homicide: A deadly combination of two American traditions*. *SUNY series in violence*. Albany: State University of New York Press; Pernanen, K. (1991). *Alcohol in human violence*. Guilford Substance Abuse Series. New York: Guilford; Martin, S.E. (Ed.). (1993). *Alcohol and interpersonal violence: Fostering multidisciplinary perspectives*. National Institute on Alcohol Abuse and Alcoholism Research Monograph 24. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health and National Institute on Alcohol Abuse and Alcoholism; National Institute on Drug Abuse, Division of Epidemiology and Prevention Research, Westat, I., & Research Triangle Institute. (1994). *Prevalence of drug use in the DC Metropolitan Area institutionalized population, 1991*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Drug Abuse, Division of Epidemiology and Prevention Research.

¹⁷ Pernanen, K. (1991). *Alcohol in human violence*. Guilford Substance Abuse Series. New York: Guilford; Bradford, J., Greenberg, D. M., & Motayne, G. G. (1992). Substance abuse and criminal behavior. *Clinical Forensic Psychiatry*, 15(3), 605-622.

¹⁸ Parker, R.N., & Rebhun, L. (1995). *Alcohol and homicide: A deadly combination of two American traditions*. *SUNY series in violence*. Albany: State University of New York Press.

¹⁹ Miczek, K.A., Weerts, E.M., & DeBold, J.F. (1993). Alcohol, aggression, and violence: Biobehavioral determinants. In S.E. Martin (Ed.), *Alcohol and interpersonal violence: Fostering multidisciplinary perspectives* 24. (pp. 83-119). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism; Leonard, K. (1993). Drinking patters and intoxication in marital violence: Review, critique, and future directions for research. In S.E. Martin (Ed.), *Alcohol and interpersonal violence: Fostering multidisciplinary perspectives* 24. (pp. 253-280). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism; Widom, C.S. (1993). Child abuse and alcohol use and abuse. In S.E. Martin (Ed.), *Alcohol and interpersonal violence: Fostering multidisciplinary perspectives* 24. (pp. 291-314). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism.

²⁰ Roizen, J. (1993). Issues in the epidemiology of alcohol and violence. In S.E. Martin (Ed.), *Alcohol and interpersonal violence: Fostering multidisciplinary perspectives* 24. (pp. 1-36). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism; Fagan, J. (1993). Set and setting revisited: Influences of alcohol and illicit drugs. In S.E. Martin (Ed.), *Alcohol and interpersonal violence: Fostering multidisciplinary perspectives* 24. (pp. 161-192). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism.

- ²¹ Fagan, J. (1993). Set and setting revisited: Influences of alcohol and illicit drugs. In S.E. Martin (Ed.), *Alcohol and interpersonal violence: Fostering multidisciplinary perspectives 24*. (pp. 161-192). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism.
- ²² Collins, J.J. (1993). Drinking and violence: An individual offender focus. In S.E. Martin (Ed.), *Alcohol and interpersonal violence: Fostering multidisciplinary perspectives 24*. (pp. 221-236). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism.
- ²³ McCord, J. (1993). Consideration of cause in alcohol-related violence. In S.E. Martin (Ed.), *Alcohol and interpersonal violence: Fostering multidisciplinary perspectives 24*. (pp. 71-82). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism; See Roizen, J. (1993). Issues in the epidemiology of alcohol and violence. In S.E. Martin (Ed.), *Alcohol and interpersonal violence: Fostering multidisciplinary perspectives 24*. (pp. 1-36). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism; Pihl, R., & Peterson, J. (1993). Alcohol and aggression: Three potential mechanisms of drug effect. In S.E. Martin (Ed.), *Alcohol and interpersonal violence: Fostering multidisciplinary perspectives 24*. (pp. 1-36). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism; Miczek, K.A., Weerts, E.M., & DeBold, J.F. (1993). Alcohol, aggression, and violence: Biobehavioral determinants. In S.E. Martin (Ed.), *Alcohol and interpersonal violence: Fostering multidisciplinary perspectives 24*. (pp. 83-119). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism.
- ²⁴ Harlow, C.W. (1994). *Comparing federal and state prison inmates, 1991*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ²⁵ Beck, A., Gilliard, D., Greenfeld, L., Harlow, C., Hester, T., Jankowski, L., Snell, T., Stephan, J., & Morton, D. (1993). *Survey of state prison inmates, 1991*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ²⁶ U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan; CASA analysis of 1993 Drug Use Forecasting (DUF) data from the National Institute of Justice.
- ²⁷ Goldstein, P.J. (1985). The drugs/violence nexus: A tripartite conceptual framework. *Journal of Drug Issues*, 15(4), 493-506.
- ²⁸ Preble, E., & Casey, J.J. (1969). Taking care of business: The heroin user's life on the street. *International Journal of Addictions*, 4(1), 1-24.
- ²⁹ CASA analysis of 1993 Drug Use Forecasting (DUF) data from the National Institute of Justice.
- ³⁰ CASA analysis of 1993 Drug Use Forecasting (DUF) data from the National Institute of Justice and the U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan.
- ³¹ Mumola, C.J., & Beck, A.J. (1997). *Prisoners in 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ³² Mumola, C.J., & Beck, A.J. (1997). *Prisoners in 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; CASA's analysis of 1991 BJS state inmate data.

- ³³ Gilliard, D.K., & Beck, A.J. (1997). *Prison and jail inmates at midyear 1996*. Bureau of Justice Statistics. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ³⁴ U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan.
- ³⁵ The U.S. Department of Justice Drug Use Forecasting (DUF) system, a quarterly survey of drug use patterns among arrestees in 23 cities, has consistently found high rates of recent drug and alcohol use. DUF samples are not randomly selected and thus the results cannot be precisely generalized to the entire arrestee population. However, the sample includes a representation of many different crime types and the sampling techniques are consistent across sites.
- ³⁶ National Institute of Justice. (1996). *Drug use forecasting: 1995 Annual report on adult and juvenile arrestees. Research Report*. Washington, DC: U.S. Department of Justice, Office of Juvenile Programs, National Institute of Justice.
- ³⁷ CASA analysis of 1993 Drug Use Forecasting (DUF) data from the National Institute of Justice.
- ³⁸ CASA analysis of 1993 Drug Use Forecasting (DUF) data from the National Institute of Justice.
- ³⁹ Vito, G.F., Wilson, D.G. & Holmes, S.T. (1993). Drug testing in community corrections: Results from a four-year program. *Prison Journal*, 73(3-4), 343-354.
- ⁴⁰ CASA analysis of 1993 Drug Use Forecasting (DUF) data from the National Institute of Justice.
- ⁴¹ CASA analysis of 1993 Drug Use Forecasting (DUF) data from the National Institute of Justice.
- ⁴² CASA analysis of 1993 Drug Use Forecasting (DUF) data from the National Institute of Justice.
- ⁴³ Bureau of Justice Statistics, Office of Justice Programs, & U.S. Department of Justice. (1996, June 30). *Probation and parole population reaches almost 3.9 million*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, Office of Justice Programs.
- ⁴⁴ U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1997). *Correctional populations in the United States, 1995*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ⁴⁵ Cohen, R.L. (1995). *Probation and parole violators in state prison, 1991*. Bureau of Justice Statistics Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ⁴⁶ Peter D. Hart Research Associates. (1996). *Drugs and crime across America: Police chiefs speak out: A national survey among chiefs of police*. Police Foundation and Drug Strategies.
- ⁴⁷ Cohen, R.L. (1995). *Probation and parole violators in state prison, 1991*. Bureau of Justice Statistics bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ⁴⁸ Bureau of Justice Statistics, Office of Justice Programs, & U.S. Department of Justice. (1996, June 30). *Probation and parole population reaches almost 3.9 million*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, Office of Justice Programs.
- ⁴⁹ U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1997). *Correctional populations in the United States, 1995*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

⁵⁰ Maugh, T.H., & Anglin, D. (1994). Court-ordered drug treatment does work (but some approaches are much more successful than others). *Judges Journal*, 33(1), 10-12, 38-39.

⁵¹ Texas Criminal Justice Policy Council. (1992). *Recidivism in the Texas criminal justice system. Sentencing dynamics study Report 5*. Austin, TX: Criminal Justice Policy Council.

⁵² Fabelo, A., Riechers, L., & Texas Criminal Justice Policy Council. (1989). *Drug use and recidivism: Analysis of drug offenders admitted to Texas prisons: Report*. Austin, TX: Texas Criminal Justice Policy Council.

⁵³ Goode, E. (1997). *Between politics and reason: The drug legalization debate*. New York, NY: St. Martin's Press, Inc.

⁵⁴ Brownsberger, W.N. & Piehl, A.M. (1997). *Profile of anti-drug law enforcement in urban poverty areas in Massachusetts*. Boston, Massachusetts. Page 34.

CHAPTER III.

REFERENCES

- ¹ Brown, J.M., Gilliard, D.K., Snell, T.L., Stephan, J.J. & Wilson, D.J. (1996). *Correctional populations in the United States, 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Gilliard, D.K., & Beck, A.J. (1997). *Prison and jail inmates at midyear 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; Mumola, C.J., & Beck, A.J. (1997). *Prisoners in 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ² Brown, J.M., Gilliard, D.K., Snell, T.L., Stephan, J.J. & Wilson, D.J. (1996). *Correctional populations in the United States, 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Gilliard, D.K., & Beck, A.J. (1997). *Prison and jail inmates at midyear 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; Mumola, C.J., & Beck, A.J. (1997). *Prisoners in 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ³ Brown, J.M., Gilliard, D.K., Snell, T.L., Stephan, J.J. & Wilson, D.J. (1996). *Correctional populations in the United States, 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Gilliard, D.K., & Beck, A.J. (1997). *Prison and jail inmates at midyear 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; Mumola, C.J., & Beck, A.J. (1997). *Prisoners in 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ⁴ Lindgren, S.A. (1997). *Justice expenditure and employment extracts, 1992: Data from the annual general finance and employment surveys*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute.
- ⁵ Brown, J.M., Gilliard, D.K., Snell, T.L., Stephan, J.J. & Wilson, D.J. (1996). *Correctional populations in the United States, 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Mumola, C.J., & Beck, A.J. (1997). *Prisoners in 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; U.S. Bureau of the Census (1997, October 9). *Resident population of the United States: Estimates, by age, and sex*. Retrieved from the World Wide Web: <http://www.census.gov/populations/nation/intfile2-1.txt>: U.S. Bureau of the Census.
- ⁶ Mauer, M. (1997). *Americans behind bars: U.S. and international use of incarceration, 1995*. Washington, DC: Sentencing Project.
- ⁷ Gilliard, D.K., & Beck, A.J. (1997). *Prison and jail inmates at midyear 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ⁸ Gilliard, D.K., & Beck, A.J. (1997). *Prison and jail inmates at midyear 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; Mumola, C.J., & Beck, A.J. (1997). *Prisoners in 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; U.S. Bureau of the Census (1997, October 9). *Resident population of the United States: Estimates, by age, and sex*. Retrieved from the World Wide Web: <http://www.census.gov/populations/nation/intfile2-1.txt>: U.S. Bureau of the Census. The incarceration rate for the adult populations (over 17-years-old population) of Japan, Switzerland and Germany is based on data from the U.S. Bureau of the Census (1997, December 2). *International Database (midyear population, 1995)*. Retrieved from the World Wide Web: <http://www.census.gov/cgi-bin/ipc/icbsprd>: U.S. Bureau of the Census. This database reports population for age intervals of five years. We added two-fifths of the reported number in the population aged 15 to 19 to the reported number in the population 20 years of age and older. The number of inmates in prison in these nations is from

Mauer, M. & The Sentencing Project. (1997). *Americans Behind Bars: U.S. and International Use of Incarceration, 1995*. Washington, DC: The Sentencing Project.

⁹ Mumola, C.J., & Beck, A.J. (1997). *Prisoners in 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

¹⁰ Mumola, C.J., & Beck, A.J. (1997). *Prisoners in 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

¹¹ Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute.

¹² Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute.

¹³ Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute; National Center for Educational Statistics, & Snyder, T.D. (1996). *Digest of educational statistics, 1996*. Washington, DC: U.S. Department of Education, Office of Educational Research and Improvement, National Center for Educational Statistics.

¹⁴ Belenko, S., Fagan, J., & Chin, K.L. (1991). Criminal justice responses to crack. *Journal of Research in Crime & Delinquency*, 28(1), 55-74.

¹⁵ U.S. Department of Justice, & Federal Bureau of Investigation. (1981). *Crime in the United States, 1980: Uniform crime reports*. Washington, DC: U.S. Department of Justice, Federal Bureau of Investigation; U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan; U.S. Bureau of Justice Statistics, Marguire, K., Pastore, A. L., & Hindelang Criminal Justice Research Center. (1996). *Sourcebook of Criminal Justice Statistics, 1995*. Albany, NY: State University of New York, The University at Albany, Hindelang Criminal Justice Research Center; U.S. Bureau of the Census (1997, October 9). *Resident population of the United States: Estimates, by age, and sex*. Retrieved from the World Wide Web: <http://www.census.gov/populations/nation/intfile2-1.txt>; U.S. Bureau of the Census; U.S. Bureau of the Census (1997, December 22). *Projections of the population by age, race, Hispanic origin for the United States: 1995 to 2050*. Retrieved from the World Wide Web: <http://www.census.gov/prod/1/pop/p25-1130/p251130e.pdf>; U.S. Bureau of the Census.

¹⁶ U.S. Department of Justice, & Federal Bureau of Investigation. (1981). *Crime in the United States, 1980: Uniform crime reports*. Washington, DC: U.S. Department of Justice, Federal Bureau of Investigation; U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan; U.S. Bureau of Justice Statistics, Marguire, K., Pastore, A. L., & Hindelang Criminal Justice Research Center. (1996). *Sourcebook of Criminal Justice Statistics, 1995*. Albany, NY: State University of New York, The University at Albany, Hindelang Criminal Justice Research Center.

¹⁷ U.S. Department of Justice, & Federal Bureau of Investigation. (1981). *Crime in the United States, 1980: Uniform crime reports*. Washington, DC: U.S. Department of Justice, Federal Bureau of Investigation; U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan.

¹⁸ U.S. Department of Justice, & Federal Bureau of Investigation. (1981). *Crime in the United States, 1980: Uniform crime reports*. Washington, DC: U.S. Department of Justice, Federal Bureau of Investigation; U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan; Beck, A.J., & Gilliard, D.K. (1995). *Prisoners in 1994. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; U.S. Bureau of Justice Statistics, Maguire, K., Pastore, A. L., & Hindelang Criminal Justice Research Center. (1996). *Sourcebook of Criminal Justice Statistics, 1995*. Albany, NY: State University of New York, The University at Albany, Hindelang Criminal Justice Research Center.

- ¹⁹ U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan.
- ²⁰ Langan, P.A., & Dawson, J. M. (1990). *Felony sentences in state courts, 1988. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; Langan, P.A., & Brown, J.M. (1997). *Felony sentences in state courts, 1994. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ²¹ Langan, P.A., & Brown, J.M. (1997). *Felony sentences in state courts, 1994. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ²² Langan, P.A., & Brown, J.M. (1997). *Felony sentences in state courts, 1994. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; Langan, P.A., & Graziadei, H.A. (1995). *Felony sentences in state courts, 1992. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ²³ U.S. Bureau of Justice Statistics. (1996). *Federal criminal case processing, 1982-93 with preliminary data for 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ²⁴ U.S. Bureau of Justice Statistics. (1996). *Federal criminal case processing, 1982-93 with preliminary data for 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ²⁵ U.S. Bureau of Justice Statistics. (1996). *Federal criminal case processing, 1982-93 with preliminary data for 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ²⁶ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (1992). *Drugs, crime, and the justice system: A national report from the Bureau of Justice Statistics*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ²⁷ Belenko, S., Fagan, J., & Chin, K.L. (1991). Criminal justice responses to crack. *Journal of Research in Crime & Delinquency*, 28(1), 55-74.
- ²⁸ Langan, P.A., & Brown, J.M. (1997). *Felony sentences in state courts, 1994. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ²⁹ Langan, P.A., & Dawson, J. M. (1990). *Felony sentences in state courts, 1988. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; Langan, P.A., & Brown, J.M. (1997). *Felony sentences in state courts, 1994. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ³⁰ Gilliard, D.K., & Beck, A.J. (1997). *Prison and jail inmates at midyear 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ³¹ U.S. Bureau of Justice Statistics. (1996). *Federal criminal case processing, 1982-93 with preliminary data for 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ³² U.S. Bureau of Justice Statistics. (1996). *Federal criminal case processing, 1982-93 with preliminary data for 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Wilson, J.Q. (1995). Crime and public policy. In J.Q. Wilson, & J. Petersilia (Eds.), *Crime, I*. (pp. 489-507). San Francisco: Institute for Contemporary Studies.
- ³³ U.S. Bureau of Justice Statistics. (1996). *Federal criminal case processing, 1982-93 with preliminary data for 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ³⁴ Maguire, K., Pastore, A. L., & Hindelang Criminal Justice Research Center. (1996). *Sourcebook of Criminal Justice Statistics, 1995*. Albany, NY: State University of New York, The University at Albany, Hindelang Criminal Justice Research Center.

- ³⁵ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (1992). *Drugs, crime, and the justice system: A national report from the Bureau of Justice Statistics*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ³⁶ Gilliard, D.K., & Beck, A.J. (1997). *Prison and jail inmates at midyear 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ³⁷ Gilliard, D.K., & Beck, A.J. (1997). *Prison and jail inmates at midyear 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ³⁸ Brown, J.M., Gilliard, D.K., Snell, T.L., Stephan, J.J. & Wilson, D.J. (1996). *Correctional populations in the United States, 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1997). *Correctional populations in the United States, 1995*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ³⁹ Brown, J.M., Gilliard, D.K., Snell, T.L., Stephan, J.J. & Wilson, D.J. (1996). *Correctional populations in the United States, 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1997). *Correctional populations in the United States, 1995*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ⁴⁰ Brown, J.M., Gilliard, D.K., Snell, T.L., Stephan, J.J. & Wilson, D.J. (1996). *Correctional populations in the United States, 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1997). *Correctional populations in the United States, 1995*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ⁴¹ Brown, J.M., Gilliard, D.K., Snell, T.L., Stephan, J.J. & Wilson, D.J. (1996). *Correctional populations in the United States, 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1997). *Correctional populations in the United States, 1995*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ⁴² Perkins, C.A., Stephan, J.J., & Beck, A.J. (1995). *Jails and jail inmates 1993-94. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ⁴³ Verhovek, S.H. (1995, July 4). Warehouse of addictions: A change in governors stalls model drug program in Texas. *New York Times*, 1.
- ⁴⁴ Harlow, C.W. (1991). *Drugs and jail inmates, 1989*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics; Beck, A.J., Bonczar, T.P, Gilliard, D.K., & Bureau of Justice Statistics. (1993). *Jail inmates 1992. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ⁴⁵ Perkins, C.A., Stephan, J.J., & Beck, A.J. (1995). *Jails and jail inmates 1993-94. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ⁴⁶ Maguire, K., Pastore, A. L., & Hindelang Criminal Justice Research Center. (1996). *Sourcebook of Criminal Justice Statistics, 1995*. Albany, NY: State University of New York, The University at Albany, Hindelang Criminal Justice Research Center; National Center for Educational Statistics, & Snyder, T.D. (1996). *Digest of educational statistics, 1996*. Washington, DC: U.S. Department of Education, Office of Educational Research and Improvement, National Center for Educational Statistics.

- ⁴⁷ U.S. Bureau of the Census (1997, December 22). *Projections of the population by age, race, Hispanic origin for the United States: 1995 to 2050*. Retrieved from the World Wide Web: <http://www.census.gov/prod/1/pop/p25-1130/p251130e.pdf>: U.S. Bureau of the census.
- ⁴⁸ The racial/ethnic breakdown of inmates is based on the BJS 1989 and 1991 inmate surveys. Gilliard, D.K., & Beck, A.J. (1997). *Prison and jail inmates at midyear 1996*. *Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; Mumola, C.J., & Beck, A.J. (1997). *Prisoners in 1996*. *Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; U.S. Bureau of the Census (1997, December 22). *Projections of the population by age, race, Hispanic origin for the United States: 1995 to 2050*. Retrieved from the World Wide Web: <http://www.census.gov/prod/1/pop/p25-1130/p251130e.pdf>: U.S. Bureau of the census.
- ⁴⁹ Mauer, M. & Huling, T. (1995). *Young Black Americans and the criminal justice system: Five years later*. Washington, DC: The Sentencing Project.
- ⁵⁰ U.S. Department of Justice, & Federal Bureau of Investigation. (1981). *Crime in the United States, 1980: Uniform crime reports*. Washington, DC: U.S. Department of Justice, Federal Bureau of Investigation; U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan.
- ⁵¹ Calculation based on estimates that blacks were 24 percent (139,416) and whites were 76 percent (441,484) of all drug arrests in 1980. In 1995, blacks were 37 percent (546,157) and whites were 62 percent (915,182) of all drug arrests. U.S. Department of Justice, & Federal Bureau of Investigation. (1981). *Crime in the United States, 1980: Uniform crime reports*. Washington, DC: U.S. Department of Justice, Federal Bureau of Investigation; U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan.
- ⁵² Farnworth, M, Raymond, H.C., Teske, Jr., and G. Thurman. (1991). Ethnic, racial, and minority disparity in felony court processing. In M. Lynch and B. Patterson (Eds.), *Race and justice*. New York: Harrow and Heston; Kleck, G. (1981). Racial discrimination in criminal sentencing: A critical examination of the evidence with additional evidence on the death penalty. *Issues in Criminology*, 8(2), 3-30; Petersilia, J. (1983). *Racial disparities in the criminal justice system*. Santa Monica, CA: Rand Corporation; Peterson, R. D. & J. Hagan. (1984). Changing conceptions of race: Towards an account of anomalous findings of sentencing research. *American sociological review* 50, 130-133; Pope, C., & McNeely, R.L. (1981). Race, crime, and criminal justice. (pp. 9-27) In R.L. McNeely and C. R. Pope (Eds.), *Race, crime, and criminal justice*. Beverly Hills, CA: Sage Publications; Myers, M. A. & S. Talarico. (1986). The social contexts of racial discrimination in sentencing. *Social problems*, 33(3), 236-251; Unnever, J., & Hembroff, L. (1988). The prediction of racial/ethnic sentencing disparities. *Journal of research in crime and delinquency*, 25, 53-82.
- ⁵³ Myers, M. A., & Talarico, S. (1986). The social contexts of racial discrimination in sentencing. *Social problems* 33(3): 236-251; Peterson, R. D., & Hagan, J. (1984). Changing conceptions of race: Towards an account of anomalous findings of sentencing research. *American sociological review* 50: 130-133; Spohn, C. Gruhl, J., and S. Welch. (1981-82). The effect of race on sentencing: A re-examination of an unsettled question. *Law and society review* 16(1): 71-88.
- ⁵⁴ Chiricos, T. G., & Bales, W.D. (1991). Unemployment and punishment: An empirical assessment. *Criminology*, 29(4), 701-724.
- ⁵⁵ Spohn, C. Gruhl, J., and S. Welch. (1981-82). The effect of race on sentencing: A re-examination of an unsettled question. *Law and society review*, 16(1), 71-88.
- ⁵⁶ United States Sentencing Commission. (1995, February). *Special Report to Congress: Cocaine and Federal Sentencing Policy*.
- ⁵⁷ Partnership for a Drug-Free America. (1996, December). *Partnership Bulletin, Bulletin from the partnership for a drug-free America*.

⁵⁸ Hatsukami, D.K., & Fischman, M. W. (1996). Crack cocaine and cocaine hydrochloride: Are the differences myth or reality? *Journal of the American Medical Association*, 276(19), 1580-1588.

⁵⁹ Beck, A.J., & Shipley, B.E. (1989). *Recidivism of prisoners released in 1983. Bureau of Justice Statistics special report*. U.S. Department of Justice. Washington, DC: April 1989.

⁶⁰ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (1992). *Drugs, crime, and the justice system: A national report from the Bureau of Justice Statistics*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

⁶¹ Belenko, S., Fagan, J., Dumanovsky, T., & Davis, R. (1993). *New York City's special drug courts: Recidivism patterns and processing costs*. New York: New York City Criminal Justice Agency.

CHAPTER IV.

REFERENCES

¹ Belluck, P. (1996, November 17). The youngest ex-cons: Facing a difficult road out of crime. *New York Times*, pp. 1, 40.

² U.S. Census Bureau (1997, September 23). *Historical poverty tables*. Retrieved from the World Wide Web: <http://www.census.gov/hhes/poverty/histpov/hstpov1.html>: U.S. Census Bureau.

³ Peter D. Hart Research Associates. (1996). *Drugs and crime across America: Police chiefs speak out: A national survey among chiefs of police*. Police Foundation and Drug Strategies.

⁴ The inmate survey does not ask about alcohol consumption in the month prior to the offense. We are unable to draw conclusions regarding the impact of alcohol consumption in the year prior to the offense on the criminal behavior. Therefore we chose not to include this figure in our calculation of substance-related offenders.

CHAPTER V.

REFERENCES

- ¹ Langan, P.A., & Brown, J.M. (1997). *Felony sentences in state courts, 1994*. Bureau of Justice Statistics bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ² CASA's analysis of 1993 DUF data; Hammett, T., Widom, R., Epstein, J., Gross, M., Sifre, S., Enos, T., U.S. National Institute of Justice. (1995). *1994 update: HIV/AIDS and STDs in correctional facilities. Issues and practices in criminal justice*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. The number of inmates needing drug treatment is calculated to be 75 percent of the total number of state inmates and 31 percent of the total number of federal inmates for each year based on estimates from GAO, CASA and the Federal Bureau of Prisons. The number of inmates in treatment is estimated from data reported in Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem: NY: Criminal Justice Institute. (See Appendix D).
- ³ Narcotics Farms Act. (1929). Retrieved from the World Wide Web: <http://law2.house.gov/uscode-cgi/fastweb...>, 10/24/97; Nurco, D.N., Hanlon, T.E., Bateman, R.W., & Kinlock, T.W. (1995). Drug abuse treatment in the context of correctional surveillance. *Journal of Substance Abuse Treatment*, 12 (1), 19-27.
- ⁴ Keve, P.W. (1991). *Prisons and the American conscience: A history of U.S. federal corrections*. Carbondale, IL: Southern Illinois University Press.
- ⁵ Rouse, J. J. (1991). Evaluation research on prison-based drug treatment programs and some policy implications. *International Journal of the Addictions*, 26(1), 29-44; Weiman, B. A., & Lockwood, D. (1993). Inmate drug treatment programming in the Federal Bureau of Prisons. In J. Inciardi (Ed.), *Drug treatment and criminal justice*, 27. (pp. 194-208). Newbury Park, CA: Sage Publications.
- ⁶ Treaster, J. (1995, July 3). Warehouse of addiction: Drug therapy: Powerful tool reaching few inside prisons. *New York Times*, p. 1.
- ⁷ *Estelle v. Gamble*, 429 U.S. 97 (1976). Retrieved from the WWW <http://www.nfoweb.com/folio.pgi/ussc-1/...>, 7/24/97; Dale, M.J. (1989). Inmate medical care: Defining the constitutionally permissible level of care. *American Jails*, 3(2), 61-64.
- ⁸ Hubbard, R., Mardsen, M. Rachal, J., Harwood, H., Cavanaugh, E., & Ginzburg, H. (1989). *Drug abuse treatment: A national study of effectiveness*. Chapel Hill, NC: University of North Carolina Press.
- ⁹ A 1979 prison survey found that only four percent of state inmates were enrolled in prison-based substance abuse programs. The most common types were group therapy, drug education and self-help programs. By 1987, the percentage in treatment had increased to 11 percent, again primarily in group therapy and drug education (Chaiken, 1989; Rouse, 1991). By 1990, an estimated 13 percent of state and eight percent of federal inmates received substance abuse treatment (Harlow & BJS, 1992).
- ¹⁰ Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem: NY: Criminal Justice Institute; CASA's estimate of the number of inmates needing treatment.
- ¹¹ U.S. General Accounting Office. (1996). *Drug and alcohol abuse: Billions spent annually for treatment and prevention activities: Report to congressional requesters*. Washington, DC: U.S. General Accounting Office; U.S. General Accounting Office. (1991). *Drug treatment: State prisons face challenges in providing services: Report to the Committee on Government Operations, House of Representatives*. Washington, DC: United States General Accounting Office.

- ¹² See Hammett, T., Widom, R., Epstein, J., Gross, M., Sifre, S., Enos, T., U.S. National Institute of Justice. (1995). *1994 update: HIV/AIDS and STDs in correctional facilities. Issues and practices in criminal justice*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ¹³ Inciardi, J.A., & Center for Substance Abuse Treatment. (1994). *Screening and assessment for alcohol and other drug abuse among adults in the criminal justice system. Treatment improvement protocol (TIP) series DHHS publication no. 7 (SMA) 94-2076*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- ¹⁴ Inciardi, J.A., & Center for Substance Abuse Treatment. (1994). *Screening and assessment for alcohol and other drug abuse among adults in the criminal justice system. Treatment improvement protocol (TIP) series DHHS publication no. 7 (SMA) 94-2076*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- ¹⁵ Peter D. Hart Research Associates. (1996). *Drugs and crime across America: Police chiefs speak out: A national survey among chiefs of police*. Washington, DC: Police Foundation and Drug Strategies.
- ¹⁶ Lipton, D.S., & National Institute of Justice. (1995). *The effectiveness of treatment for drug abusers under criminal justice supervision*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ¹⁷ Peyton, E. A., & Delaware Sentencing Accountability Commission. (1994, March 11). *A coordinated approach to managing the drug involved offender: The second report of the treatment access committee*. Delaware Sentencing Accountability Commission.
- ¹⁸ Beck, A., Bonczar, T., & Gilliard, D. (1993). *Jail inmates 1992. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ¹⁹ The American Jail Association conducted an extensive national survey of substance abuse treatment in jail in 1987. The survey generated responses from 1,737 facilities (57 percent of all local jails). Of these jails, only 28 percent offered treatment services other than detoxification to their inmates. Fewer than one-fifth (18 percent) of these jails had funded treatment programs. Ten percent offered volunteer treatment programs only. The survey found that jails with larger inmate populations were more likely to offer treatment. Only seven percent of jails offered a comprehensive level of treatment to inmates. Peters, R.H., May, R.L.I., & Kearns, W.D. (1992). Drug treatment in jails: Results of a nationwide survey. *Journal of Criminal Justice*, 20(4), 283-295.
- ²⁰ Taxman, F., & Spinner, D. (1997, March 30). *Jail addiction services (JAS) demonstration project in Montgomery County, Maryland: Jail and community based substance abuse treatment program model: Final report*. Unpublished report: U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, Maryland Governor's Commission on Drugs and Alcohol Abuse, Montgomery County Government.
- ²¹ Gilliard, D.K., & Beck, A.J. (1997). *Prison and jail inmates at midyear 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ²² U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (1992). *Drugs, crime, and the justice system: A national report from the Bureau of Justice Statistics*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ²³ Taxman, F., & Spinner, D. (1997, March 30). *Jail addiction services (JAS) demonstration project in Montgomery County, Maryland: Jail and community based substance abuse treatment program model: Final report*. Unpublished report: U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, Maryland Governor's Commission on Drugs and Alcohol Abuse, Montgomery County Government.

- ²⁴ Murphy, S.P. (1993, January 8). Few inmates get drug rehab. *Boston Globe*, Metro, 1.
- ²⁵ Gerstein, D.R., Harwood, H.J., Institute of Medicine, Committee for the Substance Abuse Coverage Study, & National Institute on Drug Abuse. (1990). *Treating drug problems: Vol. 1: A study of the evolution, effectiveness, and financing of public and private drug treatment systems: Summary*. Washington, DC: National Academy Press.
- ²⁶ Peters, R. (1993). Drug treatment in jails and detention settings. In J. Inciardi (Ed.), *Sage criminal justice annuals: Drug treatment and criminal justice*, 27. (pp. 44-80). Newbury Park, CA: Sage Publications.
- ²⁷ Peters, R. (1993). Drug treatment in jails and detention settings. In J. Inciardi (Ed.), *Sage criminal justice annuals: Drug treatment and criminal justice*, 27. (pp. 44-80). Newbury Park, CA: Sage Publication.
- ²⁸ Harlow, C.W., & U.S. Bureau of Justice Statistics. (1992). *Drug enforcement and treatment in prisons, 1990*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ²⁹ Lipton, D., Falkin, G., & Wexler, H. (1992). Correctional drug abuse treatment in the United States: An overview. In C. Leukefeld, & F. Tims (Eds.), *Drug abuse treatment in prisons and jails*, 118. (pp. 8-30). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental health Administration, National Institute on Drug Abuse.
- ³⁰ Peters, R. (1993). Drug treatment in jails and detention settings. In J. Inciardi (Ed.), *Sage criminal justice annuals: Drug treatment and criminal justice*, 27. (pp. 44-80). Newbury Park, CA: Sage Publications.
- ³¹ Peters, R. (1993). Drug treatment in jails and detention settings. In J. Inciardi (Ed.), *Sage criminal justice annuals: Drug treatment and criminal justice*, 27. (pp. 44-80). Newbury Park, CA: Sage Publications.
- ³² U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (1992). *Drugs, crime, and the justice system: A national report from the Bureau of Justice Statistics*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ³³ U.S. Executive Office of the President, Office of National Drug Control Policy. (1990). *Understanding drug treatment. An Office of National Drug Control Policy white paper*. Washington, DC: U.S. Executive Office of the President, Office of National Drug Control Policy; Kurtz, E. (1979). *Not-god: A history of Alcoholics Anonymous*. Center City, MN: Hazelden Educational Services.
- ³⁴ U.S. Executive Office of the President, Office of National Drug Control Policy. (1990). *Understanding drug treatment. An Office of National Drug Control Policy white paper*. Washington, DC: U.S. Executive Office of the President, Office of National Drug Control Policy.
- ³⁵ Lipton, D., Falkin, G., & Wexler, H. (1992). Correctional drug abuse treatment in the United States: An overview. In C. Leukefeld, & F. Tims (Eds.), *Drug abuse treatment in prisons and jails*, 118. (pp. 8-30). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental health Administration, National Institute on Drug Abuse.
- ³⁶ Peters, R. (1993). Drug treatment in jails and detention settings. In J. Inciardi (Ed.), *Sage criminal justice annuals: Drug treatment and criminal justice*, 27. (pp. 44-80). Newbury Park, CA: Sage Publications.
- ³⁷ Lipton, D., Falkin, G., & Wexler, H. (1992). Correctional drug abuse treatment in the United States: An overview. In C. Leukefeld, & F. Tims (Eds.), *Drug abuse treatment in prisons and jails*, 118. (pp. 8-30). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental health Administration, National Institute on Drug Abuse.
- ³⁸ Falkin, G., Wexler, H., & Lipton, D. (1992). *Drug treatment in state prisons*. In D. Gerstein, & H. Harwood (Eds.), *Treating drug problems 2*. (pp. 89-132). Washington, DC: National Academy Press.

- ³⁹ Treaster, J. (1995, July 3). Warehouse of addiction: Drug therapy: Powerful tool reaching few inside prisons. *New York Times*, p. 1.
- ⁴⁰ Inciardi, J.A., & Martin, S. S. (1993). Drug abuse treatment in criminal justice settings. *Journal of Drug Issues*, 23(1), 1-6.
- ⁴¹ Gerstein, D.R., Harwood, H.J., Institute of Medicine, Committee for the Substance Abuse Coverage Study, & National Institute on Drug Abuse. (1990). *Treating drug problems: Vol. 1: A study of the evolution, effectiveness, and financing of public and private drug treatment systems: Summary*. Washington, DC: National Academy Press.
- ⁴² Knight, K. and Simpson, D.D. (1997). *Prison-based therapeutic community treatment : The Texas Model*. Paper presented at the annual conference of the American Society of Criminology, San Diego, CA. See also Verhovek, S.H. (1995, July 4). Warehouse of addictions: A change in governors stalls model drug program in Texas. *New York Times*, p. 1.
- ⁴³ Peters, R. (1993). Drug treatment in jails and detention settings. In J. Inciardi (Ed.), *Sage criminal justice annuals: Drug treatment and criminal justice*, 27. (pp. 44-80). Newbury Park, CA: Sage Publications.
- ⁴⁴ Taxman, F., & Spinner, D. (1997, March 30). *Jail addiction services (JAS) demonstration project in Montgomery County, Maryland: Jail and community based substance abuse treatment program model: Final report*. Unpublished report: U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, Maryland Governor's Commission on Drugs and Alcohol Abuse, Montgomery County Government.
- ⁴⁵ Peters, R. (1993). Drug treatment in jails and detention settings. In J. Inciardi (Ed.), *Sage criminal justice annuals: Drug treatment and criminal justice*, 27. (pp. 44-80). Newbury Park, CA: Sage Publications.
- ⁴⁶ Lowinson, J. Marion, I., Joseph, H., & Dole, V. (1992). Methadone maintenance. In J. Lowinson, P. Ruiz, R. Millman, & J. Langrod (Eds.), *Substance abuse: A comprehensive textbook: Second edition* (pp. 550-561). Baltimore, MD: Williams & Wilkins.
- ⁴⁷ Peters, R. (1993). Drug treatment in jails and detention settings. In J. Inciardi (Ed.), *Sage criminal justice annuals: Drug treatment and criminal justice*, 27. (pp. 44-80). Newbury Park, CA: Sage Publications.
- ⁴⁸ Gerstein, D.R., Harwood, H.J., Institute of Medicine, Committee for the Substance Abuse Coverage Study, & National Institute on Drug Abuse. (1990). *Treating drug problems: Vol. 1: A study of the evolution, effectiveness, and financing of public and private drug treatment systems: Summary*. Washington, DC: National Academy Press.
- ⁴⁹ National Institutes of Health Consensus Panel. (1997, November 19). *National Institutes of Health consensus development statement: Effective medical treatment of heroin addiction: Revised draft*. Retrieved from the World Wide Web: <http://consensus.nih.gov>, 12/3/97: National Institutes of Health.
- ⁵⁰ Lipton, D., Martinson, R., & Wilks, J. (1975). *The effectiveness of correctional treatment: A survey of treatment evaluation studies*. New York: Praeger; Martinson, R. (1974). What works? Questions and answers about prison reform. *The Public Interest*, 10, 22-54; Andrews, D.A., Zinger, I., Hoge, R.D., Bonta, J., Gendreau, P., & Cullen, F.T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28(3), 369-404; Gendreau, P., & Ross, R.R. (1987). Revivification of rehabilitation: Evidence from the 1980s. *Justice Quarterly*, 4(3), 349-407; Lipton, D., & Pearson, F. (1996). *The CDATE Project: Reviewing research on the effectiveness of treatment programs for adults and juvenile offenders*. Chicago, IL: Paper presented at the annual meeting of the American Society of Criminology; Young, D., Usdane, M., & Torres, L. (1991). *Alcohol, drugs, and crime: Vera's final report on New York State's interagency initiative*. New York, NY: Vera Institute of Justice; Hubbard, R., Marsden, J., Rachal, J., Harwood, H., Cavanaugh, E., & Ginzburg, H. *Drug abuse treatment: A national study of effectiveness*. Chapel Hill, NC: University of North Carolina Press.

- ⁵¹ Gendreau, P., & Ross, R.R. (1987). Revivification of rehabilitation: Evidence from the 1980s. *Justice Quarterly*, 4(3), 349-407.
- ⁵² Wexler, H.K., Falkin, G.P., & Lipton, D.S. (1990). Outcome evaluation of a prison therapeutic community for substance abuse treatment. *Criminal Justice and Behavior*, 17(1), 71-92; Wexler, H., Falkin, G., Lipton, D., & Rosenblum, A. (1992). Outcome evaluation of a prison therapeutic community for substance abuse treatment. In C. Leukefeld, & F. Tims (Eds.), *Drug abuse treatment in prisons and jails*, 118. (pp. 156-175). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse and Mental Health Administration, National Institute on Drug Abuse.
- ⁵³ Wexler, H.K., & Lipton, D.S. (1993). From reform to recovery: Advances in prison drug treatment. In J.A. Inciardi (Ed.), *Sage criminal justice system annuals: Drug treatment and criminal justice*, 27. (pp. 209-27). Newbury Park, IL: Sage.
- ⁵⁴ Lipton, D.S., & National Institute of Justice. (1995). *The effectiveness of treatment for drug abusers under criminal justice supervision*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ⁵⁵ Falkin, G., Wexler, H., & Lipton, D. (1992). Drug treatment in state prisons. In D. Gerstein, & H. Harwood (Eds.), *Treating drug problems 2*. (pp. 89-132). Washington, DC: National Academy Press; Wexler, H.K., Falkin, G.P., & Lipton, D.S. (1990). Outcome evaluation of a prison therapeutic community for substance abuse treatment. *Criminal Justice and Behavior*, 17(1), 71-92.
- ⁵⁶ New York Department of Correctional Services. (1994). *The comprehensive alcohol and substance abuse treatment program as of September 30, 1994*.
- ⁵⁷ Winnett, D., Mullen, R., Lowe, L., & Missakian, E. (1992). Amity Rightturn: A demonstration drug abuse treatment program for inmates and parolees. In C. Leukefeld, & F. Tims (Eds.), *Drug abuse treatment in prisons and jails*, 118. (pp. 84-98). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse and Mental Health Administration, National Institute on Drug Abuse.
- ⁵⁸ Lipton, D.S., & National Institute of Justice. (1995). *The effectiveness of treatment for drug abusers under criminal justice supervision*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ⁵⁹ Lipton, D.S., & National Institute of Justice. (1995). *The effectiveness of treatment for drug abusers under criminal justice supervision*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ⁶⁰ Lipton, D.S., & National Institute of Justice. (1995). *The effectiveness of treatment for drug abusers under criminal justice supervision*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ⁶¹ California Department of Corrections, Office of Substance Abuse Programs. (1995). *California Department of Corrections overview of substance abuse programs*. Sacramento, CA: California Department of Corrections, Office of Substance Abuse programs.
- ⁶² Kowaleski, M., & Wellisch, J. (1994). *Forever Free Substance Abuse Program at the California Institute for Women in Frontera, California*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

⁶³ California Department of Corrections, Office of Substance Abuse Programs. (1995). *California Department of Corrections overview of substance abuse programs*. Sacramento, CA: California Department of Corrections, Office of Substance Abuse programs.

⁶⁴ California Department of Corrections, Office of Substance Abuse Programs. (1995). *California Department of Corrections overview of substance abuse programs*. Sacramento, CA: California Department of Corrections, Office of Substance Abuse programs.

⁶⁵ Lipton, D.S., & National Institute of Justice. (1995). *The effectiveness of treatment for drug abusers under criminal justice supervision*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

⁶⁶ Taxman, F., & Spinner, D. (1997, March 30). *Jail addiction services (JAS) demonstration project in Montgomery County, Maryland: Jail and community based substance abuse treatment program model: Final report*. Unpublished report: U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, Maryland Governor's Commission on Drugs and Alcohol Abuse, Montgomery County Government.

⁶⁷ Taxman, F., & Spinner, D. (1997, March 30). *Jail addiction services (JAS) demonstration project in Montgomery County, Maryland: Jail and community based substance abuse treatment program model: Final report*. Unpublished report: U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, Maryland Governor's Commission on Drugs and Alcohol Abuse, Montgomery County Government.

⁶⁸ Taxman, F., & Spinner, D. (1997, March 30). *Jail addiction services (JAS) demonstration project in Montgomery County, Maryland: Jail and community based substance abuse treatment program model: Final report*. Unpublished report: U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, Maryland Governor's Commission on Drugs and Alcohol Abuse, Montgomery County Government.

⁶⁹ Taxman, F., & Spinner, D. (1997, March 30). *Jail addiction services (JAS) demonstration project in Montgomery County, Maryland: Jail and community based substance abuse treatment program model: Final report*. Unpublished report: U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, Maryland Governor's Commission on Drugs and Alcohol Abuse, Montgomery County Government.

⁷⁰ Taxman, F., & Spinner, D. (1997, March 30). *Jail addiction services (JAS) demonstration project in Montgomery County, Maryland: Jail and community based substance abuse treatment program model: Final report*. Unpublished report: U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, Maryland Governor's Commission on Drugs and Alcohol Abuse, Montgomery County Government.

CHAPTER VI.

REFERENCES

- ¹ The Census of State and Federal Adult Correctional Facilities conducted in 1990 asked facilities a series of questions about how they interdict drugs and drug paraphernalia among visitors, inmates and staff. Harlow, C.W., & U.S. Bureau of Justice Statistics. (1992). *Drug enforcement and treatment in prisons, 1990*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ² Verhovek, S.H. (1995, July 4). Warehouse of addictions: A change in governors stalls model drug program in Texas. *New York Times*, A:1.
- ³ Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute.
- ⁴ Peters, R. (1993). Drug treatment in jails and detention settings. In J. Inciardi (Ed.), *Sage criminal justice annuals: Drug treatment and criminal justice*, 27. (pp. 44-80). Newbury Park, CA: Sage Publication.
- ⁵ Camp, C.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute.
- ⁶ Inciardi, J., Lockwood, D., & Quinlan, J. (1993). Drug use in prison: Patterns, processes and implications for treatment. *Journal of Drug Issues: Drugs and Crime*, 23(1), 119-130.
- ⁷ Inciardi, J., Lockwood, D., & Quinlan, J. (1993). Drug use in prison: Patterns, processes and implications for treatment. *Journal of Drug Issues: Drugs and Crime*, 23(1), 119-130.
- ⁸ Purdy, M. (1995, July 2). Warehouse of addiction: Bars don't stop flow of drugs into the prisons. *New York Times*, 1.
- ⁹ Camp, C.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute.
- ¹⁰ Camp, C., & Camp, G. (1995). *The corrections yearbook: Adult corrections*. South Salem, NY: Criminal Justice Institute.
- ¹¹ Purdy, M. (1995, July 2). Warehouse of addiction: Bars don't stop flow of drugs into the prisons. *New York Times*, 1.
- ¹² Inciardi, J., Lockwood, D., & Quinlan, J. (1993). Drug use in prison: Patterns, processes and implications for treatment. *Journal of Drug Issues: Drugs and Crime*, 23(1), 119-130.
- ¹³ Inciardi, J., Lockwood, D., & Quinlan, J. (1993). Drug use in prison: Patterns, processes and implications for treatment. *Journal of Drug Issues: Drugs and Crime*, 23(1), 119-130.
- ¹⁴ Vaughn, M., & del Carmen, R. (1993). Research note: Smoking in prisons - a national survey of correctional administrations in the United States. *Journal of Drug Issues*, 39(2), 225-239.
- ¹⁵ Adults who report using cigarettes in the past month. U.S. Department of Health and Human Services, Public Health Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (1994). *National Household Survey on Drug Abuse: Main findings 1994*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

- ¹⁶ Vaughn, M., & del Carmen, R. (1993). Research note: Smoking in prisons - a national survey of correctional administrations in the United States. *Crime & Delinquency*, 39(2), 225-239.
- ¹⁷ No smoking in Arizona. (1996). *Corrections Forum*, June, 5; Prisons and jails: Civil rights actions: Deliberate indifference to inmate's medical needs - environmental tobacco smoke. (1995). *Criminal Law Reporter*, 56(20), 3; Vaughn, M., & del Carmen, R. (1993). Smoke free prisons: Policy dilemmas and constitutional issues. *Journal of Criminal Justice*, 21(2), 151-172.
- ¹⁸ Wunder, A. (1995). The extinction of inmate privileges. *Corrections Compendium*, 20(6), 5, 10, 20.
- ¹⁹ Texas Department of Criminal Justice. (1994, December 1). *Board Policy: BP-02.02: TDCJ Tobacco-Free Policy*. Austin, TX: Texas Department of Criminal Justice.
- ²⁰ Lorch, D. (1996, July 7). A new tough sentence for New York City jail inmates: No smoking. *New York Times*, A: 15, 17; Neiger, B. (1988). Development of a smoke-free jail policy: A case study in Davis, County, Utah. *American Jails*, 2(2), 20-23; Talkington, M. (1992). Smoke-free county jails in Illinois. *American Jails*, 4(1), 27; Vaughn, M., & del Carmen, R. (1993). Research note: Smoking in prisons - a national survey of correctional administrations in the United States. *Crime & Delinquency*, 39(2), 225-239; Potter, W. (1993). Merrimack County nonsmoking policy. *American Jails*, 7(5), 69-70.
- ²¹ No smoking in Arizona. (1996). *Corrections Forum*, June, 5; Lorch, D. (1996, July 7). A new tough sentence for New York City jail inmates: No smoking. *New York Times*, A: 15, 17; Neiger, B. (1988). Development of a smoke-free jail policy: A case study in Davis, County, Utah. *American Jails*, 2(2), 20-23; Potter, W. (1993). Merrimack County nonsmoking policy. *American Jails*, 7(5), 69-70; Vaughn, M., & del Carmen, R. (1993). Research note: Smoking in prisons - a national survey of correctional administrations in the United States. *Journal of Drug Issues*, 39(2), 225-239.
- ²² Potter, W. (1993). Merrimack County nonsmoking policy. *American Jails*, 7(5), 69-70; Vaughn, M., & del Carmen, R. (1993). Research note: Smoking in prisons - a national survey of correctional administrations in the United States. *Journal of Drug Issues*, 39(2), 225-239; Lorch, D. (1996, July 7). A new tough sentence for New York City jail inmates: No smoking. *New York Times*, A: 15, 17.
- ²³ Vaughn, M., & del Carmen, R. (1993). Smoke free prisons: Policy dilemmas and constitutional issues. *Journal of Criminal Justice*, 21(2), 151-172.
- ²⁴ Vaughn, M., & del Carmen, R. (1993). Smoke free prisons: Policy dilemmas and constitutional issues. *Journal of Criminal Justice*, 21(2), 151-172; Vaughn, M., & del Carmen, R. (1993). Research note: Smoking in prisons - a national survey of correctional administrations in the United States. *Crime & Delinquency*, 39(2), 225-239.
- ²⁵ Vaughn, M., & del Carmen, R. (1993). Research note: Smoking in prisons - a national survey of correctional administrations in the United States. *Crime & Delinquency*, 39(2), 225-239.
- ²⁶ Marquart, J., Marianos, D., Hebert, J., & Carroll, L. (1997). Health conditions and prisoners: A review of research and emerging areas of inquiry. *Prison Journal*, 77(2), 184-208.
- ²⁷ Anno, J. *Prison health care: Guidelines for the management of an adequate delivery system*. Washington, DC: U.S. Department of Justice, National Institute of Corrections, National Commission on Correctional Health Care.
- ²⁸ Marquart, J., Marianos, D., Hebert, J., & Carroll, L. (1997). Health conditions and prisoners: A review of research and emerging areas of inquiry. *Prison Journal*, 77(2), 184-208.
- ²⁹ Peters, R. H. & Hills, H.A. (1993). In H.J. Steadman and J.J. Cocozza (eds.) *Mental Illness in America's Prisons*. National Coalition for the Mentally Ill in the Criminal Justice System, Seattle, WA.

- ³⁰ GAINS. (1997, Spring). *Just the Facts*. Delmar, NY: The National GAINS Center for People with Co-Occurring Disorders in the Justice System.
- ³¹ Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute.
- ³² Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute.
- ³³ Falkin, G., Wexler, H., & Lipton, D. (1992). Drug treatment in state prisons. In D. Gerstein, H. Harwood, & Institute of Medicine (Eds.), *Treating drug problems: Volume 2: Commissioned papers on historical, institutional, and economic contexts of drug treatment* (pp. 89-132). Washington, DC: National Academy Press.
- ³⁴ Lillis, J. (1994). Prison education programs reduced. *Corrections Compendium*, 19 (3),1-4.
- ³⁵ Lillis, J. (1994). Education in U.S. Prisons: Part one. *Corrections Compendium*, 19 (3),5-11.
- ³⁶ Lillis, J. (1994). Education in U.S. Prisons: Part one. *Corrections Compendium*, 19 (3),5-11.
- ³⁷ This figure was derived by dividing each prison system's reported annual education services budget for 1993 by the number of inmates participating during that year, and averaging data for the 36 correctional systems (35 states and the federal system) that provided both educational budget and program participation data. Lillis, J. (1994). Education in U.S. Prisons: Part one. *Corrections Compendium*, 19 (3), 5-11.
- ³⁸ Lillis, J. (1994). Education in U.S. Prisons: Part one. *Corrections Compendium*, 19 (3), 5-11.
- ³⁹ Lillis, J. (1994). Prison education programs reduced. *Corrections Compendium*, 19 (3), 1-4.
- ⁴⁰ Lillis, J. (1994). Education in U.S. Prisons: Part one. *Corrections Compendium*, 19 (3), 5-11.
- ⁴¹ Swartz, J. (1993). TASC--The next 20 years: Extending, refining and assessing the model. In J. Inciardi (Ed.), *Drug treatment and criminal justice*, 27. (pp. 127-148). Newbury Park, CA: Sage Publications.
- ⁴² Falkin, G., Wexler, H., & Lipton, D. (1992). Drug treatment in state prisons. In D. Gerstein, H. Harwood, & Institute of Medicine (Eds.), *Treating drug problems: Volume 2: Commissioned papers on historical, institutional, and economic contexts of drug treatment* (pp. 89-132). Washington, DC: National Academy Press.
- ⁴³ Millman, R., Finkelstein, I., Robinson, H., Kleinman, P., Lesser, M., & Hsu, C. (1993). The comprehensive vocational enhancement program: A research/demonstration project. In B. Fletcher, J. Inciardi, & A. Horton (Eds.), *Drug abuse treatment: The implementation of innovative approaches* (pp. 209-215). Westport, CT: Greenwood Press; Kleinman, P., Robinson, H., Engelhard, P., Finkelstein, I., Turner, B., Lesser, M., & Millman, R. The comprehensive vocational enhancement program: A case study in successful implementation. In J. Inciardi, F. Tims, & B. Fletcher (Eds.), *Innovative approaches in the treatment of drug abuse: Program models and strategies* (pp. 191-203). Westport, CT: Greenwood Press; Lamb, R., Iguchi, M., Husband, S., & Platt, J. (1993). A behavioral model for the treatment of cocaine addiction. In J. Inciardi, F. Tims, & B. Fletcher (Eds.), *Innovative approaches in the treatment of drug abuse: Program models and strategies* (pp. 149-160). Westport, CT: Greenwood Press.
- ⁴⁴ Peters, R. (1993). Drug treatment in jails and detention settings. In J. Inciardi (Ed.), *Sage criminal justice annuals: Drug treatment and criminal justice*, 27. (pp. 44-80). Newbury Park, CA: Sage Publication.
- ⁴⁵ Beck, A., Bonczar, T., & Gilliard, D. (1993). *Jail inmates 1992*. Bureau of Justice Statistics bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

- ⁴⁶ Clear, T., & Myhre, M. (1995). A study of religion in prison. *IARCA Journal on Community Corrections*, June, 6(6), 20-25.
- ⁴⁷ Clear, T., & Myhre, M. (1995). A study of religion in prison. *IARCA Journal on Community Corrections*, June, 6(6), 20-25; Dammer, H. (1992). *Piety in prison: An ethnography of religion in the correctional environment*. Unpublished doctoral dissertation, Rutgers, The State University, New Brunswick, NJ; Koenig, H. (1995). Religion and older men in prison. *International Journal of Geriatric Psychiatry*, 10, 219-230.
- ⁴⁸ Clear, T., & Myhre, M. (1995). A study of religion in prison. *IARCA Journal on Community Corrections*, June, 6(6), 20-25.
- ⁴⁹ Clear, T., & Myhre, M. (1995). A study of religion in prison. *IARCA Journal on Community Corrections*, June, 6(6), 20-25; Dammer, H. (1992). *Piety in prison: An ethnography of religion in the correctional environment*. Unpublished doctoral dissertation, Rutgers, The State University, New Brunswick, NJ; Koenig, H. (1995). Religion and older men in prison. *International Journal of Geriatric Psychiatry*, 10, 219-230.
- ⁵⁰ Clear, T., & Myhre, M. (1995). A study of religion in prison. *IARCA Journal on Community Corrections*, June, 6(6), 20-25.
- ⁵¹ Dammer, H. (1992). *Piety in prison: An ethnography of religion in the correctional environment*. Unpublished doctoral dissertation, Rutgers, The State University, New Brunswick, NJ; Koenig, H. (1995). Religion and older men in prison. *International Journal of Geriatric Psychiatry*, 10, 219-230.
- ⁵² Johnson, B.R., Larson, D.B., & Pitts, T.C. (1997). Religious programs, institutional adjustment, and recidivism among former inmates in prison fellowship programs. *Justice Quarterly* 14(1):145-166.
- ⁵³ Johnson, B. R. & Larson, D. B. (1997) Linking religion to the mental and physical health of inmates. *American Jails*, September/October. 29-36.
- ⁵⁴ Bragg, R. (1997, July 1). Prison chief encouraged brutality, witnesses report. *New York Times*. A:12.
- ⁵⁵ O'Connor, T. (1995). The impact of religious programming on recidivism, the community and prisons. *IARCA Journal on Community Corrections*, June, 6(6), 13-19; Ellis, L. (1995). The religiosity-criminality relationship. *IARCA Journal on Community Corrections*, June, 6(6), 26-27.
- ⁵⁶ Stark, R. (1995). Religion and the moral order reconsidered. *IARCA Journal on Community Corrections*. June, 6(6), 6-9; Clear, T., & Myhre, M. (1995). A study of religion in prison. *IARCA Journal on Community Corrections*, June, 6(6), 20-25; Dammer, H. (1992). *Piety in prison: An ethnography of religion in the correctional environment*. Unpublished doctoral dissertation, Rutgers, The State University, New Brunswick, NJ; Koenig, H. (1995). Religion and older men in prison. *International Journal of Geriatric Psychiatry*, 10, 219-230.
- ⁵⁷ Stark, R. (1995). Religion and the moral order reconsidered. *IARCA Journal on Community Corrections*. June, 6(6), 6-9.
- ⁵⁸ Stark, R. (1995). Religion and the moral order reconsidered. *IARCA Journal on Community Corrections*. June, 6(6), 6-9.
- ⁵⁹ Stark, R. (1995). Religion and the moral order reconsidered. *IARCA Journal on Community Corrections*. June, 6(6), 6-9.
- ⁶⁰ Center on Addiction and Substance Abuse at Columbia University (CASA), & Luntz Research Companies. (1995). *National survey of American attitudes on substance abuse*. New York: Center on Addiction and Substance Abuse at Columbia University; Luntz Research Companies, & The National Center on Addiction and Substance Abuse at Columbia University (CASA). 1996 *National survey of American attitudes on substance abuse II: Teens and their parents*. New York: The National Center on Addiction and Substance Abuse at Columbia University

(CASA); The National Center on Addiction and Substance Abuse, Luntz Research Companies, & QEV Analytics. (1997). *Back to school 1997: National survey of American attitudes on substance abuse III: Teens and their parents, teachers and principals*. New York: The National Center on Addiction and Substance Abuse.

⁶¹ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (1992). *Drugs, crime, and the justice system: A national report from the Bureau of Justice Statistics*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

⁶² U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (1992). *Drugs, crime, and the justice system: A national report from the Bureau of Justice Statistics*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

⁶³ Greenberg, M., & Savner, S. (1996). *A detailed summary of key provisions of the temporary assistance for needy families block grant of H.R. 3734: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996*. Washington, DC: Center for Law and Social Policy.

CHAPTER VII.

REFERENCES

¹ Ringel, C., & Bureau of Justice Statistics (1997). *Criminal victimization 1996: Changes 1995-96 with trends 1993-96, National Crime Victimization Survey*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

² U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1997). *Correctional populations in the United States, 1995*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

³ Chaiken, J. M. & Chaiken, M. R. (1990). Drugs and Predatory Crime. In M. Tonry & J. Q. Wilson (Eds.), *Drugs and Crime* (pp. 203-239). Chicago, IL: The University of Chicago Press; Chaiken, J.M., & Chaiken, M.R. (1982). *Varieties of criminal behavior*. Santa Monica, CA: Rand; Ball, J.C., Shaffer, J.W., & Nurco, D.N. (1983). The day-to-day criminality of heroin addicts in Baltimore: A study in the continuity of offense rates. *Drug and alcohol dependence* 12(1), 110-42; Anglin, M. D., & Speckart, G. (1986). Narcotics use, property crime, and dealing: Structural dynamics across the addiction career. *Journal of quantitative criminology* 2, 355-75; Nurco, D.N., Hanlon, T. E., Kinlock, T.W., & Duszynski, K. R. (1988). Differential criminal patterns of narcotic addicts over an addiction career. *Criminology*, 26(3), 407-423.

⁴ Crime Prevention and Criminal Justice Branch, United Nations. (1990). *The fourth United Nations survey of crime trends and operations of criminal justice systems* Vienna, Austria: United Nations Office.

⁵ Blumstein, A. (1993). Making rationality relevant: The American Society of Criminology 1992 Presidential Address. *Criminology*, 31(1), 1-16; Gest, T., & Friedman, D. (1994). The new crime wave. *U.S. News and World Report*, August 29-September 5, pp. 26-28; Austin, J., & Irwin, J. (1993). *Does Imprisonment Reduce Crime?* San Francisco, CA: National Council on Crime and Delinquency; Sterling, E.E., (1995). Crime and politics in the 1990s. *Overcrowded Times*, 6(1),2-3.

⁶ Total state prison costs were \$24.6 billion, federal prison costs \$2.9 billion. The Bureau of Justice Statistics estimated national local jail expenditures at \$9.6 billion for 1993. Adjusting that figure to 1996 dollars, we estimate annual jail costs for 1996 at \$10.5 billion (based on an 8.6 percent increase in the Consumer Price Index between 1993 and 1996). The actual costs are most likely higher given the increased jail population since 1993. Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute; McGarrell E. F. and Flanagan T. J. (1985). *The sourcebook of criminal justice statistics, 1984*. U.S. Department of Justice. Bureau of Justice Statistics. Washington, D.C.; Perkins, C. A., Stephan, J. J., Beck, A. J., & U.S. Bureau of Justice Statistics. (1995). *Jails and jail inmates, 1993-94*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Tfamighetti, R. (Ed.). (1996). *The world almanac and book of facts, 1997*. Mahwah, NJ: World Almanac Books, St. Martin's Press.

⁷ Includes both confinement and community facilities. The breakdown of facility is not available for 1980. Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute; Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1981). *The corrections yearbook: 1980*. New York, NY: Criminal Justice Institute.

⁸ Lindgren, S.A. (1997). *Justice expenditure and employment extracts, 1992: Data from the annual general finance and employment surveys*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute.

⁹ In 1980, the monthly payroll for full-time state correction employees was over \$200 million. McGarrell, E.F., & Flanagan, T.J. (Eds.). (1985). *Sourcebook of criminal justice statistics-1984*. Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics; U.S. Bureau of the Census (1997, August 15). *Public employment data: October*

1995. Retrieved from the World Wide Web: <http://www.census.gov/ftp/pub/govs/apes/95stus.txt>: U.S. Bureau of the Census.

¹⁰ Lindgren, S.A. (1997). *Justice expenditure and employment extracts, 1992: Data from the annual general finance and employment surveys*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute; DiMascio, W.M., & Edna McConnell Clark Foundation. (1995). *Seeking justice: Crime and punishment in America*. New York: Edna McConnell Clark Foundation.

¹¹ Holahan, J, Liska, D, & The Urban Institute. (1997, December). Reassessing the outlook for Medicaid Spending. *The Fiscal Letters: Summer 1997*. Retrieved from the World Wide Web: <http://www.ncsl.org/programs/fiscal/97q2prnt.html>. National Conference of State Legislatures; Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute.

¹² Wunder, A. (1995). Survey summary: Corrections budgets, 1994-1995. *Corrections Compendium*, 20(1), 5-16.

¹³ Beck, A., & Gilliard, D.K. (1995). *Prisoners in 1994. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

¹⁴ Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute.

¹⁵ Hovey, H.A. (1996). *CQ's state fact finder 1996: Rankings across America*. Washington, DC: Congressional Quarterly, Inc.

¹⁶ Langan, P.A., & Brown, J.M. (1997). *Felony sentences in state courts, 1994. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1997). *Correctional populations in the United States, 1995*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

¹⁷ Drug sellers were estimated to be 13.3 percent of the 337,492 new court commitments to state prison in 1995 (Based on CASA's analysis of BJS inmate surveys and U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1997). *Correctional populations in the United States, 1995*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics).

Total cost of substance-using drug sellers committed to state prison = number of substance-using drug sellers x cost per inmate per day x average number of days served by drug sellers (32,767 x \$53.67[as reported in *The Corrections Yearbook: 1996*] x 660 = \$1,160,679,227).

¹⁸ 32,767 substance-using drug sellers newly committed x .90 x \$53.67 x 660 = \$1,044,611,305, compared with \$1,160,679,227.

¹⁹ Estimated number of nonviolent substance-abusing new court commitments in 1995 is based on CASA's analysis of BJS 1991 inmate surveys and U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1997). *Correctional populations in the United States, 1995*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

²⁰ Reaves, B.A., & Bureau of Justice Statistics. (1997). *Felony defendants in large urban counties, 1994. State court processing statistics*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

²¹ Assuming that the proportions of new commitments sentenced for property, drug possession and other non-violent offenses in state courts in 1995 are the same as among inmates in 1991. Nonviolent drug abusers: 91,798 new court commitments sentenced in 1995 x \$53.67/day x 480 days = \$2,364,863,357. Nonviolent alcohol abusers: 8,100 new court commitments sentenced in 1995 x \$53.67/day x 480 days = \$208,668,960. Together, the cost of these two groups of nonviolent substance-using offenders (99,898 new court commitments) is \$2,573,532,317.

²² 99,898 nonviolent substance-using offenders newly committed x .90 x \$53.67 x 480 = \$2,316,179,085, compared with \$2,573,532,317.

²³ Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute; Criminal Justice Institute. (1981). *The corrections yearbook: 1980*. New York, NY: Criminal Justice Institute; Federal Bureau of Prisons, Facilities Administration (1997, November).

²⁴ Lindgren, S.A. (1997). *Justice expenditure and employment extracts, 1992: Data from the annual general finance and employment surveys*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute; U.S. Office of Management and Budget. (1997). *Budget of the United States Government: Fiscal year 1998*. Washington, DC: U.S. Government Printing Office.

²⁵ Wunder, A. (1995). Survey summary: Corrections budgets, 1994-1995. *Corrections Compendium*, 20(1), 5-16.

²⁶ Beck, A.J., & Gilliard, D.K. (1995). *Prisoners in 1994. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

²⁷ Annual cost per federal inmate = daily cost per federal inmate (\$62.80 as reported by *The Corrections Yearbook: 1996*) x 365 = \$22,922. (Bureau of Justice Statistics. (1997). *Correctional Populations in the United States, 1995*).

²⁸ Drug sellers were estimated to be 45 percent of the 23,972 new court commitments to federal prison in 1995 (Based on CASA's analysis of BJS inmate surveys and U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1997). *Correctional populations in the United States, 1995*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics). Average time sentenced and served is from U.S. Bureau of Justice Statistics. (1996). *Federal criminal case processing, 1982-93 with preliminary data for 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

²⁹ Total cost of drug-using drug sellers newly committed to federal prison = number of drug-using drug sellers newly committed to federal prison x cost per inmate per day x average number of days served by drug sellers (4,854 x \$62.80 x 1,050 = \$320,072,760).

³⁰ 4,854 drug-using drug sellers newly committed x .90 x \$62.80 x 1,050 = \$288,065,484 compared with \$320,072,760.

³¹ U.S. Bureau of Justice Statistics. (1996). *Federal criminal case processing, 1982-93 with preliminary data for 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

³² Nonviolent drug abusers: 2,997 new court commitments sentenced to federal prison in 1995 x \$62.80/day x 360 days = \$67,756,176. Nonviolent alcohol abusers: 180 new court commitments sentenced to federal prison in 1995 x \$62.80/day x 360 days = \$4,069,440.

³³ 3,177 nonviolent substance abusers newly committed x .90 x \$62.80 x 360 = \$64,643,054 compared with \$71,825,616.

³⁴ Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute.

³⁵ Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute.

³⁶ CASA analysis of the 1987 National Medical Expenditures Survey.

³⁷ Hurley, S. F., Kaldor, J. M., Gardiner, S., Carlin, J.B., Assuncao, R.M., & Evans, D.B. (1996). Lifetime cost of Human Immunodeficiency Virus-related health care. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*, 12, 371-378. See also Califano, Joseph A., Jr. (1994). *Radical Surgery: What's Next for America's Health Care*. New York: Times Books.

³⁸ Lindgren, S.A. (1997). *Justice expenditure and employment extracts, 1992: Data from the annual general finance and employment surveys*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

³⁹ \$51,197,419,000 in justice system expenditures divided by 14,075,100 arrests in 1992. After adjusting for inflation, it is likely that the 1995 justice system expenditures per arrest would be higher than for 1992, so these figures underestimate the actual costs per arrest in 1995. (Maguire, K., Pastore, A.L., Ireland, T.O., Lanier, C.S., Rikshein, E.C., Gorthy, M.D., U.S. Bureau of Justice Statistics, & Michael J. Hindelang Criminal Justice Research Center. (Eds.). (1994). *Sourcebook of criminal justice statistics-1993*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.)

⁴⁰ U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Landham, MD: Bernan; CASA analysis of 1993 Drug Use Forecasting (DUF) data from the National Institute of Justice. (Sixty-one percent of property crime and 54 percent of violent crime arrestees tested positive for drugs at the time of arrest.)

⁴¹ *Occupational Outlook Quarterly* (Spring 1995). Washington, DC: U.S. Bureau of Labor Statistics.

⁴² CASA estimates that the median annual income for regular drug users employed full time before they entered prison was \$13,428 in 1995 dollars, adjusted for inflation. Based on the Consumer Price Index, which increased by 11.9 percent between 1991 and 1995 (U.S. Bureau of Labor Statistics, 1997).

⁴³ \$412 per week x 117 weeks x 142,151 inmates. Of the 337,492 inmates admitted to state prisons in 1995, we estimate that 81 percent were drug or alcohol involved (273,368), 52 percent of whom worked full-time before incarceration (142,151). They were incarcerated for an average of 27 months. U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1997). *Correctional populations in the United States, 1995*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

⁴⁴ Wunder, A. (1995). Survey summary: Corrections budgets, 1994-1995. *Corrections Compendium*, 20(1), 5-16.

⁴⁵ Wunder, A. (1995). Survey summary: Corrections budgets, 1994-1995. *Corrections Compendium*, 20(1), 5-16.

⁴⁶ U.S. Office of Management and Budget. (1997). *Budget of the United States Government, Fiscal Year 1997: Federal Prison System*. Retrieved from the World Wide Web, December 17, 1997: <http://www.bop.gov/bpbud97.html>: U.S. Government Printing Office.

⁴⁷ U.S. General Accounting Office. (1996). *Drug and alcohol abuse: Billions spent annually for treatment and prevention activities: Report to congressional requesters*. Washington, DC: U.S. General Accounting Office.

⁴⁸ California Department of Corrections, Office of Substance Abuse Programs. (1995). *California Department of Corrections overview of substance abuse programs*. Sacramento, CA: California Department of Corrections, Office of Substance Abuse programs.

⁴⁹ Petersilia, Joan. (1995) "How California could divert nonviolent prisoners to intermediate sanctions" *Overcrowded Times*, 6 (3), 4-8.

⁵⁰ Lipton, D., Falkin, G., & Wexler, H. (1992). Correctional drug abuse treatment in the United States: An overview. In C. Leukefeld, & F. Tims (Eds.), *Drug abuse treatment in prisons and jails*, 118. (pp. 8-30). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Drug Abuse.

⁵¹ The estimated \$5,000 in reduced crime costs is probably conservative. A comprehensive analysis of the costs and benefits of treatment in California estimated that in the year after treatment, the costs of victim and theft losses were reduced by \$5,675 compared to the year before treatment. Gerstein, D.R., Harwood, H., Fountain, D., Suter, N., & Malloy, K. (1994). *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA)*. Washington, DC: National Opinion Research Center.

⁵² See pages 160-161 for the basis for calculating arrest and prosecution costs.

⁵³ CASA analysis of the 1987 National Medical Expenditure Survey.

⁵⁴ *Occupational Outlook Quarterly* (Spring 1995). Washington, DC: U.S. Bureau of Labor Statistics.

⁵⁵ Treating 1.2 million inmates would cost \$7.8 billion ($\$6,500 * 1,200,000$). If we assume that 10 percent of inmates would be successful in treatment, there would be \$8.256 billion in economic benefits the first year ($\$68,800$ savings per inmate * 120,000 inmates), yielding a net benefit of \$456 million.

⁵⁶ These findings are consistent with economic analyses that conclude that treatment of serious drug users is more cost-effective in the long term than arrest and imprisonment. The RAND Corporation's study of the relative cost-effectiveness of treatment, domestic enforcement, interdiction, and source country control found that for heavy users of cocaine, treatment interventions would cost one-seventh as much as enforcement to achieve the same reduction in cocaine use. A comprehensive study of the economic benefits and costs of drug treatment in California found that the economic benefits of treatment were seven times higher than the costs of treatment. See Rydell, C. P., & Everingham, S.S. (1994). *Controlling cocaine: Supply versus demand programs*. Santa Monica, CA: RAND; Rydell, C.P., Caulkins, J.P., & Everingham, S.S. (1996). *Enforcement or treatment? Modeling the relative efficacy of alternatives for controlling cocaine*. Santa Monica, CA: RAND; Gerstein, D.R., Harwood, H., Fountain, D., Suter, N., & Malloy, K. (1994). *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA)*. Washington, DC: National Opinion Research Center.

CHAPTER VIII.

REFERENCES

- ¹ Profile based on data from the 1991 self-report survey of state inmates collected by the United States Justice Department, Bureau of Justice Statistics.
- ² Wellish, J., Anglin, M. D., & Prendergast, M.L. (1993). Numbers and characteristics of drug-using women in the criminal justice system: Implications for treatment. *Journal of Drug Issues*, 23(1), 7-30.
- ³ Mumola, C.J., & Beck, A.J. (1997). *Prisoners in 1996. Bureau of Justice Statistics Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; Beck, A., & Gilliard, D.K. (1995). *Prisoners in 1994. Bureau of Justice Statistics Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; Jail Inmates, 1982. (1983). *Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics; Snell, T. L., & U.S. Bureau of Justice Statistics. (1995). *Correctional populations in the United States, 1992*. Washington, DC: U.S. Department of Justice, Office of Justice Statistics, Bureau of Justice Statistics; Gilliard, D.K., Beck, A.J., & U.S. Bureau of Justice Statistics. (1996). *Prison and Jail Inmates, 1995. Bureau of Justice Statistics Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; U.S. Bureau of Justice Statistics, Flanagan, T.J., Jamieson, K.M., & Hindeland Criminal Justice Research Center. (Eds.). (1988). *Sourcebook of Criminal Justice Statistics-1987*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- ⁴ Mumola, C.J., & Beck, A.J. (1997). *Prisoners in 1996. Bureau of Justice Statistics Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ⁵ Donahue, A. (1997, July 21). Population of female inmates reaches record: Justice Department cites mandatory sentencing laws. *USA Today*, p. 4A.
- ⁶ A breakdown of jail inmates by gender is not available for 1980. In order to derive this number, we estimated that women were 6.5 percent of the 1980 overall adult jail population (in 1978 women were 6.3 percent and in 1982 they were 6.6 percent of adult jail inmates). Thus, we estimate that there were 11,849 women out of an overall 1980 jail population of 182,288. We estimated that men were 93.5 percent of the total adult jail population in 1980. Thus, there were 170,439 male jail inmates in 1980. (*Jail Inmates, 1982*. BJS, February 1983; *Correctional Populations in the United States, 1992*. January 1995.) *Jail Inmates, 1982*. (1983). *Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics; Snell, T. L., & U.S. Bureau of Justice Statistics. (1995). *Correctional populations in the United States, 1992*. Washington, DC: U.S. Department of Justice, Office of Justice Statistics, Bureau of Justice Statistics; Gilliard, D.K., Beck, A.J., & U.S. Bureau of Justice Statistics. (1996). *Prison and Jail Inmates, 1995. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; U.S. Bureau of Justice Statistics, Flanagan, T.J., Jamieson, K.M., & Hindeland Criminal Justice Research Center. (Eds.). (1988). *Sourcebook of Criminal Justice Statistics-1987*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- ⁷ Gilliard, D.K., & Beck, A.J. (1997). *Prisons and jail inmates at midyear 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ⁸ The racial/ethnic breakdown of inmates is based on the BJS 1989 and 1991 inmate surveys. Gilliard, D.K., & Beck, A.J. (1997). *Prison and jail inmates at midyear 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; Mumola, C.J., & Beck, A.J. (1997). *Prisoners in 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; U.S. Bureau of the Census (1997, December 22). *Projections of the population by age, race, Hispanic origin for the United States: 1995 to 2050*. Retrieved from the World Wide Web: <http://www.census.gov/prod/1/pop/p25-1130/p251130e.pdf>: U.S. Bureau of the census.
- ⁹ Baskin, D. R., & Sommers, I. B. (1998). *Casualties of community disorder: Women's careers in violent crime*. Boulder, CO: Westview Press; Sommers, I. B., & Baskin, D. R. (1997). *Situational and generalized violence in*

drug-dealing networks. *Journal of drug issues*, 27(4); Sommers, I. B., & Baskin, D. R. (1992). Sex, race, age and violent offending. *Journal of violence and victims*, 7, 191-201.

¹⁰ U.S. Department of Justice. (1994). *Survey of state prison inmates, 1991: Women in prison. Bureau of Justice Statistics: Special Report*. Washington, DC: U.S. Department of Justice.

¹¹ Harlow, C.W. (1994). *Comparing federal and state prison inmates, 1991*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

¹² Harlow, C.W. (1994). *Comparing federal and state prison inmates, 1991*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Federal Bureau of Prisons, Office of Research and Evaluation. (1997, October). *All sentenced commitments to Bureau of Prisons institutions: By race, sex, and offense: Fiscal year ended September 30, 1980*. Washington DC: Federal Bureau of Prisons.

¹³ Snell, T.L. (1992). *Women in jail 1989. Bureau of Justice Statistics Special Report*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

¹⁴ U.S. Department of Justice. (1994). *Survey of state prison inmates, 1991: Women in prison. Bureau of Justice Statistics: Special Report*. Washington, DC: U.S. Department of Justice.

¹⁵ Snell, T.L. (1992). *Women in jail 1989. Bureau of Justice Statistics Special Report*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

¹⁶ Wellisch, J., Prendergast, M.L., & Anglin, M.D. (1994). *Drug-abusing women offenders: Results of a national survey. National Institute of Justice: Research in Brief*. U.S. Department of Justice, National Institute of Justice.

¹⁷ Falkin, G.P., Wellisch, J., Prendergast, M.L., Kilian, T., Hawke, J., Natarajan, M., Kowalewski, M., & Owen, B. (1994). *Drug treatment for women offenders: A systems perspective*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

¹⁸ Wellisch, J., Anglin, M.D., & Prendergast, M. L. (1993). Treatment strategies for drug-abusing women offenders. In J. A. Inciardi (Ed.), *Sage criminal justice system annuals: Drug treatment and criminal justice 27*. (pp. 5-25). Newbury Park, CA: Sage Publications.

¹⁹ Wellisch, J., Anglin, M.D., & Prendergast, M. L. (1993). Treatment strategies for drug-abusing women offenders. In J. A. Inciardi (Ed.), *Sage criminal justice system annuals: Drug treatment and criminal justice 27*. (pp. 5-25). Newbury Park, CA: Sage Publications.

²⁰ Wellisch, J., Anglin, M.D., & Prendergast, M. L. (1993). Treatment strategies for drug-abusing women offenders. In J. A. Inciardi (Ed.), *Sage criminal justice system annuals: Drug treatment and criminal justice 27*. (pp. 5-25). Newbury Park, CA: Sage Publications.

²¹ Wellisch, J., Anglin, M.D., & Prendergast, M. L. (1993). Treatment strategies for drug-abusing women offenders. In J. A. Inciardi (Ed.), *Sage criminal justice system annuals: Drug treatment and criminal justice 27*. (pp. 5-25). Newbury Park, CA: Sage Publications; Winfred, S.M. (1996, August). Vocational and technical training programs for women in prison. *Corrections Today*, 58(5), 168-170.

²² Miller, B.A., Downs, W.R., Gondoli, D.M., & Keil, A. (1987). The role of childhood sexual abuse in the development of alcoholism in women. *Violence and Victims*, 2(3), 157-172; Miller, B.A., & Downs, W.R. (1993). The impact of family violence on the use of alcohol by women. *Alcohol, Health and Research World*, 17(2), 137-143. See also: Hill, S.Y. (1995). Vulnerability to alcoholism in women: Genetic and cultural factors. In M. Galanter (Ed.), *Alcoholism and women 12*. (pp. 9-28). New York: Plenum Press; Miller, B.A., Downs, W.R., & Testa, M. (1993). Interrelationships between victimization experiences and women's alcohol use. *Journal of Studies on Alcohol*, 11 (Suppl.), 109-117; Winfield, I., George, L.K., Swartz, M., & Blazer, D.G. (1990). Sexual assault and psychiatric disorders among a community sample of women. *American Journal of Psychiatry*, 147(3), 335-341; Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*,

- 99(1), 66-77; Windle, M., Windle, R.C., Scheidt, D.M., & Miller, G.B. (1995). Physical and sexual abuse and associated mental disorders among alcoholic patients. *American Journal of Psychiatry*, 152(9), 1322-1328.
- ²³ Ransom, G., Schneider, J., & Robinson-Sanford, K. P. (1996). Drug dependent women in Boot Camp programs: Practical considerations. *Alcoholism Treatment Quarterly*, 14(2), 79-87; Falkin, G.P., Wellisch, J., Prendergast, M.L., Kilian, T., Hawke, J., Natarajan, M., Kowalewski, M., & Owen, B. (1994). *Drug treatment for women offenders: A systems perspective*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ²⁴ Inciardi, J. A., Lockwood, D., & Pottieger, A.E. (1993). *Women and crack-cocaine*. New York: Macmillan Publishing Company.
- ²⁵ As measured by the National Institute of Mental Health Diagnostic Interview Schedule, version III-R. Teplin, L.A., Abram, K.M., & McClelland, G.M. (1996). Prevalence of psychiatric disorders among incarcerated women. *Archives of General Psychiatry*, 53(6), 505-512.
- ²⁶ Teplin, L.A., Abram, K.M., & McClelland, G.M. (1996). Prevalence of psychiatric disorders among incarcerated women. *Archives of General Psychiatry*, 53(6), 505-512.
- ²⁷ Comparable data for local jail inmates are not available.
- ²⁸ Mumola, C.J., & Beck, A.J. (1997). *Prisoners in 1996. Bureau of Justice Statistics Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ²⁹ LeBlanc, A. N. (1996, June 2). A woman behind bars is not a dangerous man. *New York Times Magazine*, Section 6, 34-40.
- ³⁰ Based on CASA's analysis of BJS inmate data, substance-involved women in each system have an average of two children each. This average was applied to the estimated number of substance-involved women in prison and jail in 1996. In state and federal prison are estimated to have an average of two children; substance-involved men in jail, one child.
- ³¹ Eng, T., & Butler, W. (Eds.). (1996). *The hidden epidemic: Confronting sexually transmitted diseases*. Washington DC: National Academy Press.
- ³² Miller, B.A. (1990). The interrelationships between alcohol and drugs and family violence. In M. De la Rosa, E.Y. Lambert, & B. Gropper. (Eds.), *Drugs and violence: Causes, correlates, and consequences. NIDA Research Monograph 103* (pp. 177-207). Washington, DC: U.S. Department of Health and Human Services, Public Health, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Drug Abuse; Klein, H., & Chao, B.S. (1995). Sexual abuse during childhood and adolescence as predictors of HIV-related sexual risk during adulthood among female sexual partners of injection drug users. *Violence Against Women*, 1(1), 55-76; Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99(1), 66-77.
- ³³ Inciardi, J. A., Lockwood, D., & Pottieger, A.E. (1993). *Women and crack-cocaine*. New York: Macmillan Publishing Company; McCoy, C. B., & Inciardi, J. A. (1994) *Sex, drugs, and the continuing spread of AIDS*. Los Angeles CA: Roxbury Publishing Company; Mahan, S. Crack cocaine, crime, and women: Legal, social, and treatment issues. J. Inciardi, (Ed.), *Drugs, health, and social policy series 4*. Thousand Oaks, CA: Sage Publications, Inc.; Hartel, D. (1994). Context of HIV risk behavior among female injecting drug users and female sexual partners of injecting drug users. In R. Battjes, Z. Sloboda, & W. Grace (Eds.), *The context of risk among drug users and their sexual partners: NIDA Research Monograph 143*. (pp. 41-47). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Drug Abuse; Allen, K. (1994) Female Drug Abusers and the context of their HIV transmission risk behaviors. In R. Battjes, Z. Sloboda, & W. Grace (Eds.), *The context of risk among drug users and their sexual partners: NIDA Research Monograph 143*. (pp. 48-63). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Drug Abuse; Inciardi, J. (1994). HIV/AIDS risks among male, heterosexual noninjecting drug users who exchange crack for sex. In R. Battjes, Z. Sloboda, & W. Grace

(Eds.), *The context of risk among drug users and their sexual partners: NIDA Research Monograph 143*. (pp. 26-40). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Drug Abuse Eng, T., & Butler, W. (Eds.). (1996). *The hidden epidemic: Confronting sexually transmitted diseases*. Washington DC: National Academy Press.

³⁴ Eng, T., & Butler, W. (Eds.). (1996). *The hidden epidemic: Confronting sexually transmitted diseases*. Washington DC: National Academy Press.

³⁵ Inciardi, J. A., Lockwood, D., & Pottieger, A.E. (1993). *Women and crack-cocaine*. New York: Macmillan Publishing Company; McCoy, C. B., & Inciardi, J. A. (1994) *Sex, drugs, and the continuing spread of AIDS*. Los Angeles CA: Roxbury Publishing Company; Mahan, S. *Crack cocaine, crime, and women: Legal, social, and treatment issues: Drugs, health, and social policy series*, Volume 4. Thousand Oaks CA: Sage Publications, Inc.

³⁶ Maruschak, L. (1997). *HIV in prisons and jails, 1995. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

³⁷ Centers for Disease Control and Prevention, Center for Infectious Diseases, Division of HIV/AIDS, National Center for Infectious Diseases, & Division of HIV/AIDS. (1996). *U.S. HIV and AIDS cases reported through December 1996. HIV/AIDS Surveillance Report*, 8. Atlanta, GA: Centers for Disease Control and Prevention, Center for Infectious Diseases, Division of HIV/AIDS, National Center for Infectious Diseases, Division of HIV/AIDS; Inciardi, J. A., Lockwood, D., & Pottieger, A. E. (1993). *Women and crack-cocaine*. New York: Macmillan; McCoy, C.B., & Inciardi, J. A. (1995). *Sex, drugs, and the continuing spread of AIDS*. Los Angeles: Roxbury.

³⁸ McCoy, H.V., Miles, C., & Inciardi, J. (1995). Survival sex: Inner-city women and crack-cocaine. In J. Inciardi, & K. McElrath (Eds.), *The American drug scene*. Los Angeles, CA: Roxbury.

CHAPTER IX.

REFERENCES

- ¹ HIV/AIDS Treatment Information Service. (1997, December 17). Retrieved from the World Wide Web: <http://www.hivatis.org/hglosary.html>; Centers for Disease Control and Prevention; Agency for Health Care Policy and Research; Health Resources and Services Administration; Indian Health Service, National Institutes of Health; & Substance Abuse and Mental Health Services Administration.
- ² Centers for Disease Control and Prevention. (1997). Case definitions for infectious conditions under public health surveillance. *MMWR* 46(RR-10):5-6.
- ³ Centers for Disease Control and Prevention, Center for Infectious Diseases, Division of HIV/AIDS, National Center for Infectious Diseases, & Division of HIV/AIDS. (1996). *U.S. HIV and AIDS cases reported through December 1996. HIV/AIDS Surveillance Report*, 8. Atlanta, GA: Centers for Disease Control and Prevention, Center for Infectious Diseases, Division of HIV/AIDS, National Center for Infectious Diseases, Division of HIV/AIDS.
- ⁴ Centers for Disease Control and Prevention. (1996). AIDS associated with injecting-drug use - United States, 1995. *Morbidity and Mortality Weekly Report*, 45(19), 392-398.
- ⁵ Hammett, T., Widom, R., & Centers for Disease Control and Prevention. (1996). HIV/AIDS education and prevention programs for adults in prison and jails and juveniles in confinement facilities--United States, 1994. *Morbidity and Mortality Weekly Reports*, 45(13), 268-170.
- ⁶ New York City Department of Health, & Office of AIDS Surveillance. (1995). *AIDS surveillance update: Fourth quarter, 1994*. New York City Department of Health.
- ⁷ New York City Department of Health, & Office of AIDS Surveillance. (1995). *AIDS surveillance update: Fourth quarter, 1994*. New York City Department of Health.
- ⁸ Anglin, M.D., Annon, T.K., & Longshore, D.Y. (1995). Behavioral trends among crack smokers in Los Angeles. *Poster session presented at the 1995 NIDA Conference on AIDS and Drug Abuse*, Scottsdale, AZ.
- ⁹ Belenko, S. (1990). *Changing patterns of drug abuse and criminality among crack cocaine users: Summary final report*. New York, NY: New York City Criminal Justice Agency; Goerdt, J.A., Martin, J.A. (1989). The impact of drug cases on case processing in urban trial courts. *State Court Journal*, 13(4), 4-12.
- ¹⁰ Maruschak, L. (1997). *HIV in prisons and jails, 1995. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- ¹¹ Centers for Disease Control and Prevention. (1994). *HIV/AIDS surveillance report: U.S. HIV and AIDS cases reported through December 1994*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Prevention Services, Division of HIV/AIDS Prevention; Hammett, T., Widom, R., Epstein, J., Gross, M., Sifre, D., & Enos, T. (1995). *1994 update: HIV/AIDS and STDs in correctional facilities. Issues and practices in criminal justice*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ¹² Maruschak, L. (1997). *HIV in prisons and jails, 1995. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; AIDS rate in prisons tops U.S. average: CDC recommends classes for inmates. (1996, April 5). *Atlanta Constitution*, D:8.
- ¹³ Maruschak, L. (1997). *HIV in prisons and jails, 1995. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

- ¹⁴ Hammett, T., Widom, R., & Centers for Disease Control and Prevention (1996). HIV/AIDS education and prevention programs for adults in prison and jails and juveniles in confinement facilities--United States, 1994. *Mortality and Mortality Weekly Reports*, 45(13), 268-170.
- ¹⁵ Hammett, T., Widom, R., Epstein, J., Gross, M., Sifre, D., & Enos, T. (1995). *1994 update: HIV/AIDS and STDs in correctional facilities. Issues and practices in criminal justice*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ¹⁶ Hammett, T., Widom, R., Epstein, J., Gross, M., Sifre, D., & Enos, T. (1995). *1994 update: HIV/AIDS and STDs in correctional facilities. Issues and practices in criminal justice*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice; Hogan, N. (1994). HIV education for inmates: Uncovering strategies for program selection. *Prison Journal*, 73(2), 220-243; Wexler, H.K., Magura, S., Beardsley, M.M., & Joseph, H. (1994). ARRIVE: An AIDS education/relapse prevention model for high-risk parolees. *International Journal of the Addictions*, 29(3), 361-386.
- ¹⁷ Centers for Disease Control and Prevention. (1994). *HIV/AIDS surveillance report: U.S. HIV and AIDS cases reported through December 1994*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Prevention Services, Division of HIV/AIDS Prevention.
- ¹⁸ Hammett, T., Widom, R., Epstein, J., Gross, M., Sifre, D., & Enos, T. (1995). *1994 update: HIV/AIDS and STDs in correctional facilities. Issues and practices in criminal justice*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.; Marcus, D., Amen, T., & Bibace, R. (1992). A developmental analysis of prisoners' conceptions of AIDS. *Criminal Justice and Behavior*, 19(2), 174-188.
- ¹⁹ Sufian, M. (1985). *The influence of culture on health-related behavior*. Unpublished doctoral dissertation, City University of New York; Harwood, A. (1981). *Ethnicity and medial care*. Cambridge, MA: Harvard University Press; Pound, M., & Delany, P. (1992). Barriers to care: Redefining access for Ryan White CARE Act special populations. *Paper presented at the 120th annual meeting of the American Public Health Association, Washington, DC*.
- ²⁰ Martin, R., Zimmerman, S., Long, B., & West, A. (1995). A content assessment and comparative analysis of prison-based AIDS education programs for inmates. *Prison Journal*, 75(1), 5-47.
- ²¹ Reporting jails housed approximately 83 percent of all jail inmates. Brien, P. & Harlow, C. (1995). *HIV in prisons and jails, 1993*. Bureau of Justice Statistics bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ²² Brien, P. & Harlow, C. (1995). *HIV in prisons and jails, 1993*. Bureau of Justice Statistics bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ²³ Reporting jails housed approximately 93 percent of all jail inmates. Brien, P. & Harlow, C. (1995). *HIV in prisons and jails, 1993*. Bureau of Justice Statistics bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ²⁴ Illness was the leading cause of jail inmate death in 1993, accounting for 45 percent of inmate deaths. Suicide was the second largest cause, accounting for 36 percent of all inmate deaths. Perkins, C.A., Stephan, J.J., & Beck, A.J. (1995). *Jails and jail inmates 1993-94. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; Gilliard, D.K., & Beck, A.J. (1996). *Prison and jail inmates, 1995. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; Brien, P. & Harlow, C. (1995). *HIV in prisons and jails, 1993*. Bureau of Justice Statistics bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ²⁵ Des Jarlais, D.C., Friedman, S.R., Novick, D.M., & Sotheran, J. (1989). HIV-1 infection among intravenous drug users in Manhattan, New York City from 1977-87. *Journal of the American Medical Association*, 261, 1008-

1012; Deren, S., Friedman, S.R., Tross, S., Des Jarlais, D.C., & Sufian, M. (1993). Hispanics in New York City: AIDS risk behaviors among intravenous drug users and sex partners. *Paper presented at the NIMH/NIDA Technical Review on Facilitating HIV-Related Behavior Change among Latinos and Native Americans*, Bethesda, MD; Jose, B., Friedman, S., Curtis, R., Grund, J., Goldstein, M., Ward, T., & Des Jarlais, D.C. (1993). Syringe-mediated drug-sharing (backloading): A new risk factor for HIV among injecting drug users. *AIDS*, 7, 1653-1660.

²⁶ New York City Department of Health, & Office of AIDS Surveillance. (1995). *AIDS surveillance update: Fourth quarter, 1994*. New York City Department of Health; Weisfuse, I., Greenberg, B., Back, S., Makki, H., Thomas, P., Rooney, W., & Rautenberg, E. (1991). HIV-1 infection among New York City inmates. *AIDS*, 5(9), 1133-1138.

²⁷ New York City Department of Health, & Office of AIDS Surveillance. (1995). *AIDS surveillance update: Fourth quarter, 1994*. New York City Department of Health.

²⁸ Centers for Disease Control and Prevention, Center for Infectious Diseases, Division of HIV/AIDS, National Center for Infectious Diseases, & Division of HIV/AIDS. (1996). *U.S. HIV and AIDS cases reported through December 1996. HIV/AIDS Surveillance Report*, 8. Atlanta, GA: Centers for Disease Control and Prevention, Center for Infectious Diseases, Division of HIV/AIDS, National Center for Infectious Diseases, Division of HIV/AIDS.

²⁹ Hammett, T., Widom, R., Epstein, J., Gross, M., Sifre, D., & Enos, T. (1995). *1994 update: HIV/AIDS and STDs in correctional facilities. Issues and practices in criminal justice*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

³⁰ Based on CASA's analysis of BJS 1991 State inmate data, 24 percent of inmates used injection drugs and 12 percent shared needles. This proportion was applied to the state inmate population from 1990 to 2000. The number of inmates in state prison from 1990 to 1996 is from Mumola, C.J., & Beck, A. J. (1997). *Prisoners in 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. The number of inmates in state prison from 1997 to 2000 is based on an average rate of increase of 7.2 percent from 1990 to 1996.

CHAPTER X.

REFERENCES

¹ Kicking the prison habit: Drug criminals fill the cells: Is there a better way? (1993, June 14). *Newsweek*, 121(24), 32.

² Belenko, S. (1990). The impact of drug offenders on the criminal justice system. In R. Weisheit (Ed.), *Drugs, crime and the criminal justice system* (pp. 27-78). Cincinnati, OH: Anderson Publishing Co.

³ Dao, J. (1994, April 4). For addicts, alternatives to prison. *New York Times*, B. 3.

⁴ Falco, M. (1992). *The making of a drug-free America: Programs that work*. New York: Times Books; Hillsman, S.T. (1982). Pretrial diversion of youthful adults: A decade of reform and research. *Justice System Journal*, 7(3), 361-387; Falco, M. (1995, March 6). Treatment breaks the crime cycle; Jail doesn't: Public safety and tight law-enforcement budgets are the beneficiaries when low-level offenders get 'time' to kick their habit. *Los Angeles Times*, Metro:5; Marshall, J. (1992, May 17). How our war on drugs shattered the cities. *Washington Post*, Outlook:1; Slackman, M., & Goldberg, N. (1995, January 9). Pataki's anti-crime review. *Newsday*, A:6; Slackman, M., & Goldberg, N. (1995, January 8). Gov easing on teen felons? *Newsday*, A:45; For addicts, alternatives to prison. (1994, April 4). *New York Times*, B:3.

⁵ Hynes, C., & Powers, S. (1996). *Drug treatment alternatives to prison project: Annual report*. Brooklyn, NY: Office of Kings County District Attorney.

⁶ Dao, J. (1994, April 4). For addicts, alternatives to prison. *New York Times*, B:3.

⁷ Kolbert, E. (1997, November 10). A drug court takes a risk to aid addicts. *New York Times*.

⁸ Hynes, C., & Powers, S. (1996). *Drug treatment alternatives to prison project: Annual report*. Brooklyn, NY: Office of Kings County District Attorney.

⁹ Finigan, M. (1991, April 8). *Report on the Oregon first offender DUII diversion program for Oregon Traffic Safety Commission*. Oregon: Northwest Professional Consortium.

¹⁰ Pretrial Services Corporation (1993). *Felony driving while intoxicated diversion program: An examination of program outcomes*. Monroe County: Pretrial Services of the Monroe County Bar Association.

¹¹ Fan, M. (1996, May 19). Drug court set for bow. *Daily News*, 20.

¹² Belenko, S. (1996). *Comparative models of treatment delivery in drug courts*. Washington, DC: The Sentencing Project; Vidgal, G. L., & Center for Substance Abuse Treatment. (1995). *Planning for alcohol and other drug abuse treatment for adults in the criminal justice system. Treatment improvement protocol (TIP) series 17*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Center for Substance Abuse Treatment; Maugh, T.H., & Anglin, D. (1994). Court-ordered drug treatment does work (but some approaches are much more successful than others). *Judges Journal*, 33(1), 10-12, 38-39.

¹³ Finn, P., & Newlyn, A., (1993). *Miami's "Drug Court": A different approach*. Washington, DC: U.S. Department of Justice, National Institute of Justice.

¹⁴ Curriden, M. (1994). Drug courts gain popularity: Studies show rearrests lower for defendants treated for addiction. *ABA Journal*, 80, 16, 18.

¹⁵ Curriden, M. (1994). Drug courts gain popularity: Studies show rearrests lower for defendants treated for addiction. *ABA Journal*, 80, 16, 18.

- ¹⁶ Goldkamp, J.S., Weiland, D., & National Institute of Justice. (1993). *Assessing the impact of Dade County's felony drug court. Research in brief evaluation bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs. National Institute of Justice.
- ¹⁷ United States General Accounting Office. (1997). *Report to the Committee on the Judiciary, U.S. Senate, and the Committee on the Judiciary, House of Representatives: Drug courts: Overview of growth characteristics, and results*. Washington, DC: United States General Accounting Office.
- ¹⁸ Department of Justice, Drug Courts Program Office. (1997). Department of Justice.
- ¹⁹ National Center for State Courts (1993). *Conference of chief justices: Conference of state court administrators: Policy statement on substance abuse and state courts*. Arlington, VA: National Center for State Courts, Office of Government Relations; National Center for State Courts (1994). *Conference of chief justices: Resolution VI in support of a national symposium on the implementation and operation of court-enforced drug treatment programs*. Arlington, VA: National Center for State Courts, Office of Government Relations.
- ²⁰ Goldkamp, J., & Weiland, D. (1993). *Assessing the impact of Dade County's felony drug court: Final report*. Philadelphia, PA: Crime and Justice Research Institute; Goldkamp, J. (1994). Miami's treatment drug court for felony defendants: Some implications of assessment findings. *The Prison Journal*, 17(1), 110-166; Deschenes, E.P., & Greenwood, P.W. (1994). *Maricopa County's Drug Court: An innovative program for first-time drug offenders on probation*. Rand/RP-355 (pp. 99-115). Santa Monica, CA: RAND.
- ²¹ Goldkamp, J., & Weiland, D. (1993). *Assessing the impact of Dade County's felony drug court: Final report*. Philadelphia, PA: Crime and Justice Research Institute; Goldkamp, J. (1994). Miami's treatment drug court for felony defendants: Some implications of assessment findings. *The Prison Journal*, 17(1), 110-166.
- ²² Goldkamp, J., & Weiland, D. (1993). *Assessing the impact of Dade County's felony drug court: Final report*. Philadelphia, PA: Crime and Justice Research Institute.
- ²³ Deschenes, E.P., & Greenwood, P.W. (1994). *Maricopa County's Drug Court: An innovative program for first-time drug offenders on probation*. Rand/RP-355 (pp. 99-115). Santa Monica, CA: RAND.
- ²⁴ Department of Community Corrections (1994). *S.T.O.P. Drug Diversion Program: Program impacts*. Portland, OR: Multnomah County Department of Community Corrections.
- ²⁵ Department of Community Corrections (1994). *S.T.O.P. Drug Diversion Program: Program impacts*. Portland, OR: Multnomah County Department of Community Corrections.
- ²⁶ Haas, H. (1993). *S.T.O.P.: An early drug intervention and care management program, August 1991-January 1993*. Portland, OR: Multnomah County Circuit Court.
- ²⁷ An evaluation of the impacts of OPTS on participants and agencies is currently being conducted by the Urban Institute.
- ²⁸ Falkin, G. (1993). *Coordinating drug treatment for offenders: A case study*. New York: National Development and Research Institute.
- ²⁹ Falkin, G. (1993). *Coordinating drug treatment for offenders: A case study*. New York: National Development and Research Institute.
- ³⁰ Field, G., Karacki, M., & Washington County Community Corrections. (1992) *Outcome study of the parole transition resease project*. Salem, OR: Oregon Department of Corrections.
- ³¹ DiMascio, W.M., & Edna McConnell Clark Foundation. (1995). *Seeking justice: Crime and punishment in America*. New York: Edna McConnell Clark Foundation.

- ³² Aukerman, R.B., McGarry, P., & Center for Substance Abuse Treatment. (1994). *Combining substance abuse treatment with intermediate sanctions for adults in the criminal justice system. Treatment improvement protocol (TIP) series DHHS publication no. 12 (SMA) 94-3004*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Center for Substance Abuse Treatment.
- ³³ Gowdy, V. (1993). Intermediate sanctions. *National Institute of Justice: Research in Brief*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ³⁴ Petersilia, J., Turner, S., & National Institute of Justice. (1993). *Evaluating intensive supervision probation/parole: Results of a nationwide experiment. Research in brief*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ³⁵ Petersilia, J., Turner, S., & National Institute of Justice. (1993). *Evaluating intensive supervision probation/parole: Results of a nationwide experiment. Research in brief*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ³⁶ Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute.
- ³⁷ MacKenzie, D.L., Souryal, C., National Institute of Justice, & University of Maryland, C.P. (1994). *Multisite evaluation of shock incarceration*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice; Vigdal, G.L., & Center for Substance Abuse Treatment. (1995). *Planning for alcohol and other drug abuse treatment for adults in the criminal justice system. Treatment improvement protocol (TIP) series 17*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Center for Substance Abuse Treatment.
- ³⁸ MacKenzie, D.L., Souryal, C., National Institute of Justice, & University of Maryland, C.P. (1994). *Multisite evaluation of shock incarceration*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice; Vigdal, G.L., & Center for Substance Abuse Treatment. (1995). *Planning for alcohol and other drug abuse treatment for adults in the criminal justice system. Treatment improvement protocol (TIP) series 17*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Center for Substance Abuse Treatment.
- ³⁹ *Shock incarceration in New York, program focus*. (1994, August). National Institute of Justice.
- ⁴⁰ Kleiman, M. A. R., & Boyum, D.A. (1996). *Coerced abstinence: An approach to reducing drug abuse and crime among drug-involved offenders*. Paper prepared for the Drug and Addictions Working Group, November 26, 1996, BOTEC Analysis Corporation, Cambridge, MA.
- ⁴¹ Kleiman, M. A. R., & Boyum, D.A. (1996). *Coerced abstinence: An approach to reducing drug abuse and crime among drug-involved offenders*. Paper prepared for the Drug and Addictions Working Group, November 26, 1996, BOTEC Analysis Corporation, Cambridge, MA.
- ⁴² Kleiman, M. A. R., & Boyum, D.A. (1996). *Coerced abstinence: An approach to reducing drug abuse and crime among drug-involved offenders*. Paper prepared for the Drug and Addictions Working Group, November 26, 1996, BOTEC Analysis Corporation, Cambridge, MA.
- ⁴³ Kleiman, M. A. R., & Boyum, D.A. (1996). *Coerced abstinence: An approach to reducing drug abuse and crime among drug-involved offenders*. Paper prepared for the Drug and Addictions Working Group, November 26, 1996, BOTEC Analysis Corporation, Cambridge, MA.
- ⁴⁴ Kleiman, M. A. R., & Boyum, D.A. (1996). *Coerced abstinence: An approach to reducing drug abuse and crime among drug-involved offenders*. Paper prepared for the Drug and Addictions Working Group, November 26, 1996, BOTEC Analysis Corporation, Cambridge, MA.

- ⁴⁵ Kleiman, M. A. R., & Boyum, D.A. (1996). *Coerced abstinence: An approach to reducing drug abuse and crime among drug-involved offenders*. Paper prepared for the Drug and Addictions Working Group, November 26, 1996, BOTEC Analysis Corporation, Cambridge, MA.
- ⁴⁶ Cornish, J., Metzger, D., Woody, G., Wilson, D., McLellan, A. T. Vandergrift, B., & O'Brien, C. P. (In press). Naltrexone pharmacotherapy for opioid dependent federal probationers. *Journal of Substance Abuse Treatment*.
- ⁴⁷ Kleiman, M. A. R., & Boyum, D.A. (1996). *Coerced abstinence: An approach to reducing drug abuse and crime among drug-involved offenders*. Paper prepared for the Drug and Addictions Working Group, November 26, 1996, BOTEC Analysis Corporation, Cambridge, MA.
- ⁴⁸ Cavanagh, S., & Harrell, A. (1997). *Preliminary drug use and recidivism outcomes from the evaluation of the D.C. Superior Court Drug Intervention Program*. Presented at the 49th Annual Meeting of the American Society of Criminology, San Diego, CA: November.
- ⁴⁹ Kleiman, M. A. R., & Boyum, D.A. (1996). *Coerced abstinence: An approach to reducing drug abuse and crime among drug-involved offenders*. Paper prepared for the Drug and Addictions Working Group, November 26, 1996, BOTEC Analysis Corporation, Cambridge, MA.
- ⁵⁰ Kleiman, M. A. R., & Boyum, D.A. (1996). *Coerced abstinence: An approach to reducing drug abuse and crime among drug-involved offenders*. Paper prepared for the Drug and Addictions Working Group, November 26, 1996, BOTEC Analysis Corporation, Cambridge, MA.

CHAPTER XI.

REFERENCES

¹ For heavy users of cocaine, treatment interventions would cost one-seventh as much as enforcement to achieve the same reduction in cocaine use. The economic benefits of treatment have been found to be seven times higher than the costs of treatment. For residential treatment the economic benefits are 4.8 times greater than the costs. Rydell, C. P., & Everingham, S.S. (1994). *Controlling cocaine: Supply versus demand programs*. Santa Monica, CA: RAND; Gerstein, D.R., Harwood, H., Fountain, D., Suter, N., & Malloy, K. (1994). *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA)*. Washington, DC: National Opinion Research Center.

² Inciardi, J.A., & Center for Substance Abuse Treatment. (1994). *Screening and assessment for alcohol and other drug abuse among adults in the criminal justice system. Treatment improvement protocol (TIP) series DHHS publication no. 7 (SMA) 94-2076*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

APPENDIX A

Methodology of the Prison and Jail Inmate Surveys*

1991 Survey of Inmates in State and Federal Correctional Facilities

The 1991 Survey of Inmates in Federal Correctional Facilities (SIFCF) was conducted for the Bureau of Prisons and the Survey of Inmates in State Correctional Facilities (SISCF) for the Bureau of Justice Statistics by the U.S. Bureau of the Census.

During June, July, and August 1991, inmates in both types of facilities were confidentially interviewed about their current offense and sentence, criminal history, family and personal background, gun possession and use, prior drug and alcohol use and treatment, and educational programs and other services provided while in prison. This was the first time the Federal Bureau of Prisons, using a questionnaire developed by BJS, interviewed inmates in their population at the same time that the Survey of Inmates in State Correctional Facilities was conducted. Similar surveys of state prison inmates were conducted in 1974, 1979, and 1986.

The sample for the SIFCF was selected from a universe of 95 federal prisons operating in March 1991. The sample for the SISCF was taken from a universe of 1,239 state prisons either enumerated in the 1990 Census of State and Federal Adult Correctional Facilities or opened between completion of the census and February 29, 1991. The sample design for both surveys was a stratified two-stage selection: selecting prisons and then selecting inmates in those prisons.

* Harlow, C. W., & Bureau of Justice Statistics. (1994, September). *Comparing federal and state prison inmates, 1991*. Bureau of Justice Statistics. U.S. Department of Justice; Beck, A. J., & Bureau of Justice Statistics. (1991, April). *Profile of jail inmates, 1989*. Special Report. Bureau of Justice Statistics. U.S. Department of Justice.

Overall, 45 male facilities and eight female facilities were selected for the federal survey and all participated. For the state survey 273 prisons were selected, 226 male facilities and 51 female facilities, with four of the facilities holding both men and women.

In the second stage inmates were selected for interviewing. For the federal facilities, a systematic sample of inmates to be interviewed was selected for each facility from the Bureau of Prisons' list using a random start and a total number of interviews based on the size of the facility and the sex of the inmates held.

For state facilities, interviewers selected the sample systematically in the same manner at the facility site. As a result, about one in every nine men and one in every two women were selected for the federal survey and one in every 52 men and one in every 11 women in the state survey. A total of 6,572 interviews were completed for the federal survey and 13,986 for the state survey, for overall response rates of 93.4 percent in the federal survey and 93.7 percent in the state survey.

Based on the completed interviews, estimates for the entire population were developed using weighting factors derived from the original probability of selection in the sample. These factors were adjusted for variable rates of non-response across strata and inmates' characteristics. The sample from the federal facilities was weighted to the total known sentenced population at midyear 1991. The sample for the state survey was adjusted to midyear custody counts projected from data obtained in the National Prisoner Statistics series (NPS-1).

Data from a 1997 survey of prison inmates are due for release in the summer of 1998.

1989 Survey of Inmates in Local Jails

The 1989 Survey of Inmates in Local Jails was conducted for the Bureau of Justice Statistics by the U.S. Bureau of the Census. Through personal interviews during July, August, and September 1989, data were collected on individual characteristics of jail inmates, current offenses and sentences, characteristics of victims, criminal histories, jail activities and programs, prior drug and alcohol use and treatment, and health care services provided in jail. Similar surveys of jail inmates were conducted in 1972, 1978, and 1983.

The sample for the 1989 survey was selected from a universe of 3,312 jails that were enumerated in the 1988 National Jail Census. The sample design was a stratified two-stage selection. In the first stage, six separate strata were formed based on the size of the male and female populations. In two strata all jails were selected; in the remaining four strata, a systematic sample of jails was selected proportional to the population size of each jail. Overall, a total of 424 local jails were selected. In the second stage, interviewers visited each selected facility and systematically selected a sample of male and female inmates using predetermined procedures. As a result, approximately one of every 70 males were selected and, depending on the stratum, one of every 14, 15, or 70 females were selected. A total of 5,675 interviews were completed, yielding an overall response rate of 92.3 percent.

Based on the completed interviews, estimates for the entire population were developed using weighting factors derived from the original probability of selection in the sample. These factors were adjusted for variable rates of nonresponse across strata and inmate characteristics. Further adjustments were made to control the survey estimates to counts of jail inmates obtained from the 1988 National Jail Census and the 1989 Sample Survey of Jails.

Data from a 1996 survey of jail inmates are due for release in 1998.

APPENDIX B

The National Center on Addiction and Substance Abuse at Columbia University (CASA) is studying the connection between crime and drug use. In your position as District Attorney, you are uniquely qualified to give us valuable information on this connection. We sincerely appreciate your help.

State: _____ City/District: _____

[This 1997 questionnaire was mailed to district attorneys in the 150 largest counties of the United States and received 52 completed responses.]

Please put a check (✓) next to your choice:

1. What proportion of people sentenced in your district are convicted of the sole offense of possession of drugs (that is, people who are *not* simultaneously convicted of other offenses in addition to drug possession)?

- 0 None
15.4 Between 1% - 5%
19.2 Between 5% - 10%
28.8 Between 10% - 25%
30.8 Between 25% - 50%
5.8 More than 50%

2. Of those convicted for drug possession only, what proportion serves time in jail or prison?

- 1.9 None
19.2 Between 1% - 5%
13.5 Between 5% - 10%
26.9 Between 10% - 25%
19.2 Between 25% - 50%
19.2 More than 50%

3. Of those people convicted in your district for drug possession, what proportion were originally charged with other offenses but who plea bargained to a charge of possession?

- 6.3 None
43.8 Between 1% - 5%
6.3 Between 5% - 10%

Please return this survey to Susan E. Foster, Vice President and Director of Policy Research and Analysis via fax (212/956-8020). Thank you for your time.

The National Center on Addiction and Substance Abuse at Columbia University
152 West 57th Street New York, NY 10019-3310

APPENDIX C

QUESTIONNAIRE ON TREATMENT FOR SUBSTANCE-ABUSING OFFENDERS

This questionnaire requests general information on substance abuse programs in your state's prison facilities and is intended to capture general system-wide data. We appreciate your contribution to The National Center on Addiction and Substance Abuse at Columbia University's project.

- 1. Identify state Responses from 48 states and the Federal Bureau of Prisons Please provide the name and phone number for your the central contact

person for substance abuse treatment services:

Name _____ Phone number _____

- 2. How does your system determine whether an inmate has a substance abuse problem? 83% Self-report 70% Staff identification 54% Presentence Report

81% Objective screening instrument 52% Urinalysis 6% Other

- 3. Approximately what percentage of your state's inmate population in 199_* had a known substance abuse problem?

74% of state inmates
30% of federal inmates

- 4. Approximately what percentage of inmates, identified as needing substance abuse treatment, received treatment in 199_*?

24% of state inmates
50% of federal inmates

What limitations, if any, do you experience in servicing more inmates (e.g.: budgetary constraints, too few volunteer participants, too few counselors, limited space)

- 5. Has your agency completed any evaluation studies of treatment programs?

YES (52%) / NO (48%)

*Please indicate year for which data apply.

6. Please fill out this form for each correctional facility in your state. We are interested in knowing the types of substance abuse treatment services, if any, are available, and some details about each service. (Please check where applicable.) If no services are available, name the facility and leave the remainder of the form blank. Please photocopy this page if you have more facilities than pages provided. Also, if you want to add any information, please use a blank sheet.

Name of Facility _____

Treatment Services

12% THERAPEUTIC COMMUNITY

13% mixed with prison population

89% separate living quarters

21% OTHER INTENSIVE INPATIENT/RESIDENTIAL

32% mixed with prison population

71% separate living quarters

65% COUNSELING 84% Individual 98% Group

Leader(s) (check more than one if applicable)

29% Peer 35% Trained Prison Personnel 56% Mental Health Professional

75% Trained Substance Abuse Counselors

74% SELF HELP

Type: **95% AA 79% NA 14% Rational Recovery**

Leader(s) (check more than one if applicable)

60% Peer 46% Trained Prison Personnel 16% Mental Health Professional

69% DRUG EDUCATION

Leader(s) (check more than one if applicable)

22% Peer 39% Trained Prison Personnel 44% Mental Health Professional

29% This is a smoke-free facility.

APPENDIX D

Methodology for Calculation of Treatment Need Vs. Number of Inmates in Treatment (Chapter V.)

To estimate the number of inmates in need of treatment from 1990 to 1996, it was assumed that 75 percent of all of state inmates and 31 percent of all federal inmates for each year needed treatment. The estimate that 75 percent of state inmates need treatment is based on the 1996 CASA survey of state and federal prisons that 74 percent of inmates need treatment and the 1990 GAO estimate that 70 to 85 percent of inmates need treatment (U.S. General Accounting Office, 1991). The estimate that 31 percent of federal prisoners need treatment is based on the most recent estimates by the Federal Bureau of Prisons (U.S. General Accounting Office, 1996).

The estimated number of inmates in treatment from 1990 to 1996, was based on data from *The Corrections Yearbook, 1990-1996*. The total number of inmates in drug treatment is reported by various correctional systems in each year by type of program. For reporting systems which did not provide a total number in treatment, the sum of participants in the reported programs was used. For those systems for which data were unavailable, the average number of inmates in treatment among all reporting systems was used.

The numbers reported in *The Corrections Yearbook* are not based on a standard method of calculating treatment availability or inmate participation in programs, and vary widely by system. Prison systems and their administrators use different definitions of treatment programs and calculations of participation. For example, in some systems participants may be double counted, as they are reported as participating in both addiction groups and separate unit

treatment programs, while in other systems treatment numbers may be low as some programs are overlooked.

Number of Inmates in Drug Treatment by System 1990 – 1996							
Prison System	1990	1991	1992	1993	1994	1995	1996
Alabama		2900	1900		1100	3100	3100
Alaska	550		20 (separate unit only)	620	620	600 (addiction groups and counseling only)	400
Arizona		3249	2350	518	963	1375	1854
Arkansas	246	256	251	3595	736	430	719
California	3000	9876	9368	10100	4440	11400	12623
Colorado	800	450 (addiction groups only)	1500	1000	1100	850	975
Connecticut	5577	8930	9730	2500	2768	1807	2075
Delaware		411	411	70 (separate unit only)	1270	2377 (sum of reported programs)	2532
District of Columbia	4015	637	637	6747	842		384 (separate unit and addiction groups)
Florida	827	513	2009	1681	9647	2495	5929
Georgia	2551	71 (separate unit only)	4869	14108 ^a (sum of reported programs)	6054 ^a (sum of reported programs)	24346	6505
Hawaii	30	230	669	171	23	70	46
Idaho		12	93	350	449	429	412
Illinois	854	944	9937	10112	1835	4034	3253
Indiana				1695	1717	1594	1656
Iowa	401	664	634	710	1047	684	819
Kansas	235	596	448	345	263	254	230
Kentucky	1063	1381	4000	4000	514		1321
Louisiana	1000			140 (separate unit only)	140 (separate unit only)	140 (separate unit only)	140 (separate unit only)

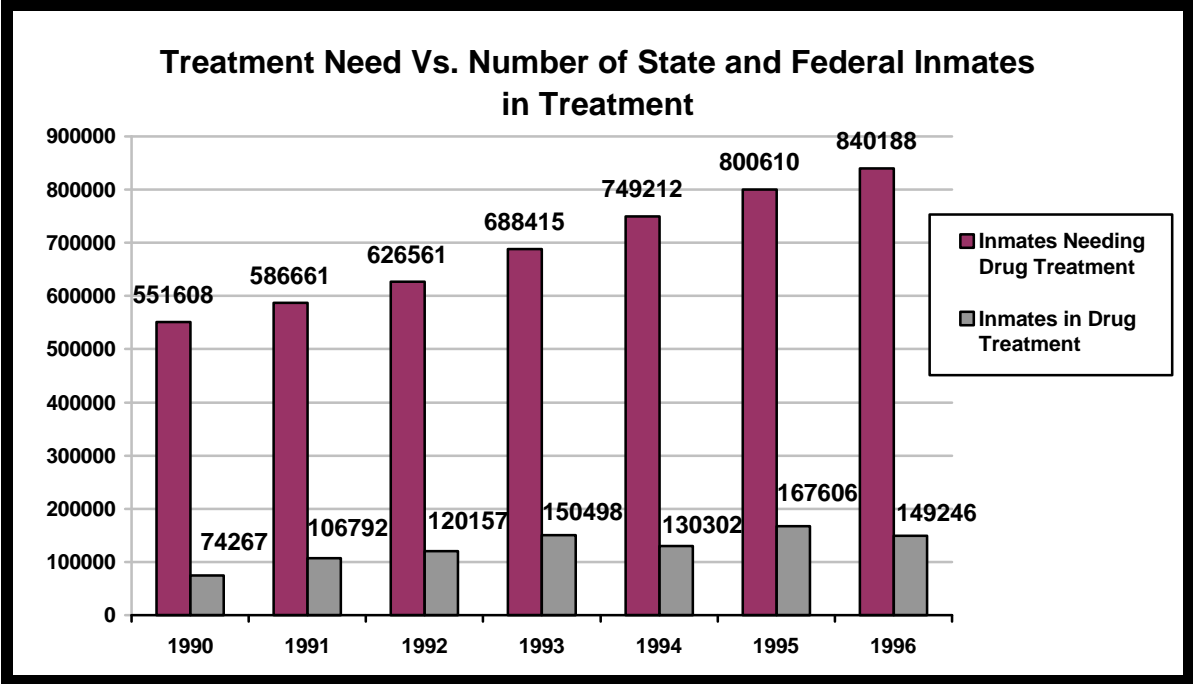
Prison System	1990	1991	1992	1993	1994	1995	1996
Maine	72		77	294	211	166	63 (addiction)

							groups and counseling only)
Maryland			1740 ^b (sum of reported programs)		1508	1277	2600 (addiction groups and counseling only)
Massachusetts	2720	3507	6050	5880	1582	1046	
Michigan	1800	1767	5000	9000	4169	769	5211
Minnesota	660	660	205	250	1236	287	295
Mississippi		567	596	556	377	434	369 (separate unit only)
Missouri	25	491	283	635	950	2000	2200
Montana	83	100	6464	82	64 (addiction groups only)	63	
Nebraska	64	191	321	183	206	265	81
Nevada	309		98	212			
New Hampshire	181	400	285	490			
New Jersey	2993	3459					
New Mexico	81				600		1650
New York	5244	7825	7163	9635	27440	30381	20215
North Carolina		312	419	1959	322	1871	1950
North Dakota	247			450	89	89	80
Ohio	897	4331	1419	5151	5329	1468	1769
Oklahoma	92	321	348	293	91	206	969
Oregon	622	472	972	862	798	1069	807
Pennsylvania	4600		7200	18500	9000	8500	9500
Rhode Island	187				48		
South Carolina	637		2026	11464	3240	4150	300
South Dakota	174	200	437	66	49	128	493
Tennessee	350		929		178	310	468
Texas	10754	8263	8526		6941	16000	17506 (sum of reported programs)
Utah		645		740		722	
Vermont	274		13	13	24	24	30
Virginia	2656	2650	258	231	1711	1100	
Washington	300	252	215	248	280	272	322
West Virginia	160	150	250	650	700	650	650
Prison System	1990	1991	1992	1993	1994	1995	1996
Wisconsin	305	220	295	620	600	520	717
Wyoming	179	187	483	420	192	3925	

Federal	3600	12000	3075	2893	16815	11340 (sum of reported programs)	10198 (sum of reported programs)
Number of reporting systems	43	39	45	45	48	45	43
In reporting systems, number of inmates in treatment	61415	80090	103973	130239	120278	145017	123416
<i>Average</i> (applied to missing systems)	1428	2054	2312	2894	2506	3227	2870
Total Number of Inmates in Treatment Programs	74,262	106,792	120,157	150,498	130,302	167,606	149,246

^a The total number of inmates reported in treatment in Georgia in 1993 and 1994 is larger than their inmate population. Thus, the sum of inmates reported in each program was used for the 1993 and 1994 Georgia totals.

^b The total number of inmates reported in treatment in Maryland in 1992 is larger than their inmate population. Thus, the sum of inmates reported in each program was used for the 1992 Maryland total.



The number of inmates needing drug treatment is calculated to be 75 percent of the total number of State inmates and 31 percent of the total number of Federal inmates for each year based on estimates from GAO, CASA and the Federal Bureau of Prisons. The number of inmates in treatment is estimated from data reported in *The Corrections Yearbook* (1990-1996).