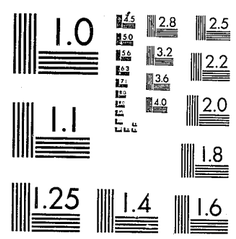

MF-1

National Institute on Drug Abuse

TREATMENT RESEARCH REPORT

Drug Abuse Treatment in Prisons

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

The Treatment Research and Assessment Reports and Monograph Series are issued by the Treatment Research and Assessment Branch, Division of Prevention and Treatment Development, National Institute on Drug Abuse. Their primary purpose is to provide reports to the drug abuse treatment community on the service delivery and policy-oriented findings from Branch-sponsored studies. These will include state-of-the-art studies, innovative service delivery models for different client populations, innovative treatment management and financing techniques, and treatment outcome studies.

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FOREWORD

The need to resolve individual drug dependency is viewed as a significant issue in correctional rehabilitation. Findings from several studies indicate that substantial numbers of prison inmates have histories of recent drug use. An obvious concern then is the extent to which the States and the Federal Government provide drug abuse rehabilitation services. This report provides information on drug treatment in prisons of the 50 States and the District of Columbia. The information was obtained directly from the States and institutions. General information regarding Federal prison drug treatment programs is also provided. The national profile of State prison drug abuse treatment programs reveals a wide variation in service delivery and numbers of clients involved. An appreciation of that programing and its elaboration should permit the drug abuse treatment community to ally more effectively with appropriate correctional agencies.

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Drug Abuse Treatment in Prisons

INTRODUCTION

This report is based on a national survey, conducted in 1979, of drug abuse treatment programs in prisons of the 50 States and the District of Columbia and presents data on all such programs operating at that time. The purpose of the report is to provide descriptive information on the provision of drug abuse treatment to inmates of State adult correctional institutions in the United States. The report also presents some information on drug abuse treatment in the Federal prisons system, although no attempt was made in the 1979 survey to develop the same kinds of data on Federal prison programs as were obtained for the State prisons. The data on numbers of inmates in treatment and in the prison populations is presented only for State institutions.

Previous studies have documented extensive histories of drug abuse among prison inmates (especially Barton 1976), and drug dependence is a major problem in prison populations. In fact, Barton estimated that some 21 percent of prison inmates have a history of daily heroin use. In addition, Barton found that 30 percent of State prison inmates had some history of heroin use and 61 percent had used illicit drugs at some time during their lives. Previous studies of drug abuse treatment in prisons have been limited in scope. Studies by Research Concepts (1973) and U.S. Department of Justice et al. (1977) examined such programs, but for a relatively small number of States. Warfel (1973) conducted a national survey a decade ago, but his study dealt primarily with treatment of heroin addiction and did not cover the full range of information addressed in the present study. This report presents systematic information on the identification of and provision for treatment of drug-dependent inmates of State prisons. It includes information on referral systems, staffing, capacity, client load, structure, and treatment approaches.

METHODOLOGY

Using the American Corrections Association directory of State prison officials, corrections administrators in each State were contacted during 1979 to obtain current data on services provided and to identify specific programs within States to be contacted for interview. Interviews were conducted with the directors of those programs to explore such program characteristics as size, structure, available resources, program duration, and target population. In addition, information about the procedures and criteria used for referral and admission of clients to the program was gathered.

For purposes of this study information was sought from any structured drug treatment program available to inmates during incarceration, including prerelease programs. A drug treatment program was defined as:

- A program providing treatment explicitly for drug abuse, operating at the institutional level, ongoing over time, and having an identifiable manager or director.
- Such a program either enrolls inmates directly from prison populations or accepts referrals of inmates through institutional sources.

Institutions at which programs were located were State maximum, medium, and minimum security facilities; diagnostic facilities; work

release centers; and in one case, a central State laundry facility.

From a total of 414 correctional institutions at the State level, 215 were identified as being served by some type of drug abuse treatment program. Since some programs served more than one institution, a lesser number (160) of treatment programs were finally identified at the time of this survey.

Officials of the State correctional agencies were contacted in all 50 States for interviews, and program managers of the 160 treatment programs identified through this process were interviewed after receiving mailed questionnaires for reference. A structured interview with 35 questions was used. It was determined through interviews at the State level that these 160 programs included all operating programs within State prisons at the time of the survey. Some additional written materials were obtained from treatment program managers after the interview.

The accuracy of each interview was verified for a random sample of 30 percent of the interviews by having the program summary descriptions sent to the program manager for review. A similar check of information provided by officials at the State level was made. Almost without exception, the information contained in the summary was confirmed as accurate.

RESULTS

Drug Abuse Treatment in State Prison Systems

Table 1 provides a State-by-State tabulation of the reported number of incarcerated adults, the number of treatment programs identified, the number of treatment slots (capacity), and the number of active participants in September 1979. Also shown is the percentage of inmates in each State enrolled in drug abuse treatment programs. The incarcerated population figures displayed in the table were based on information received from each State's corrections agency. A total of 10,179 inmates were reported as enrolled in State prison-based drug abuse treatment programs. On a national basis, this represents about 80 percent of the total capacity. However, it should be noted that only 52 percent of State prisons were served by an operating drug abuse treatment program at the time of the study. As may be seen below, other arrangements were made for the treatment of some inmates where such programs were not available.

Nationally, fewer than 1 in 20 (3.9 percent) incarcerated adults in State prisons were reported to be participants in drug abuse treatment programs at the time of this study. However, there is considerable variation in the extent of participation by State (in terms of percent of inmates enrolled) as may be seen in table 1. The great majority of States reported between 1 and 10 percent of their adult inmate population enrolled in drug abuse treatment programs. Connecticut was the State reporting the greatest percentage of inmates in drug abuse treatment (18 percent). Six other States reported between 11 and 16 percent of their adult inmate population enrolled in drug abuse treatment. Five States--Arizona, Idaho, Vermont, Texas, and Wyoming--reported no formal drug treatment program for adults. Arizona was in the process of implementing a statewide treatment program. However, details on the program were not available at the time of this study. In Idaho, inmates were able to request a substance abuse evaluation. These evaluations were conducted through the Department of Health and Welfare. If an inmate was identified as having a substance abuse problem, that person was assigned to an institutional counselor for individual treatment.

Vermont also had an individualized approach toward treatment of incarcerated substance abusers. Offenders entered the State correctional system via community correctional centers. If an entering inmate had a severe drug problem, that individual was referred from the community correctional center to another facility. Thus, minor offenders who were drug abusers were placed in community halfway houses and provided substance abuse treatment; felons or those convicted of serious crimes who had a drug abuse problem were referred to the Federal Correctional Institution at Danbury, Connecticut. Some assistance was available at the community correctional centers for those who had less severe drug abuse problems.

All drug- or alcohol-dependent inmates entering the Texas Department of Correction's system were detoxified at the local county or city jail level before assignment to a State correctional unit. Once incarcerated, inmates with an alcohol problem were eligible to participate in a highly structured treatment program administered by the Texas Commission on Alcoholism. At the time of the study there was no treatment available for other types of substance abuse.

TABLE 1.--State data summary

State	Adult inmate population[1]	Number of identified drug treatment programs	Total current (9/79) capacity of programs	Total program participants currently (9/79) enrolled in programs	Percentage of inmates enrolled
Alabama	3,375	2	89	87	2.6
Alaska	580	3	40	25	4.3
Arizona	2,020	No data			
Arkansas	2,750	1	220	220	8
California	22,315	1	2,500	1,236	5.5
Colorado	1,740	1	100	90	5.2
Connecticut	2,780	11	553	503	18.1
Delaware	1,500	2	65	52	3.5
Dist. of Col.	2,913	1	300	300	10.1
Florida	17,340	10	980	855	4.9
Georgia	11,500	3	169	167	1.5
Hawaii	470	2	31	10	2.1
Idaho	900	No data			
Illinois	10,480	5	219	150	1.4
Indiana	4,580	9	262	214	4.7
Iowa	2,100	4	136	132	6.3
Kansas	2,200	4	283	227	10.3
Kentucky	3,580	4	96	73	2
Louisiana	6,790	3	162	92	1.4
Maine	795	1	40	35	4.4
Maryland	9,690	5	811	578	6
Massachusetts	3,850	7	562	517	13.4
Michigan	15,000	3	490	463	3.1
Minnesota	2,035	4	138	116	5.7
Mississippi	1,960	1	82	82	4.2
Missouri	5,300	3	215	163	3.1
Montana	600	2	45	39	6.5
Nebraska	1,380	4	228	146	10.6
Nevada	930	1	140	97	10.4
New Hampshire	300	1	43	26	8.7
New Jersey	6,000	4	221	219	3.7
New Mexico	1,610	1	225	200	12.4
New York	20,615	3	245	213	.1
North Carolina	14,200	12	241	229	1.6
North Dakota	300	1	35	14	4.7
Ohio	9,500	4	250	209	2.2
Oklahoma	4,200	7	327	327	7.8
Oregon	3,060	2	170	[2]198	6.5
Pennsylvania	6,580	8	720	669	10.2
Rhode Island	650	2	95	72	11.1
South Carolina	5,060	1	96	81	1.6
South Dakota	560	1	90	90	16.1
Tennessee	5,000	2	83	76	1.5
Texas	25,076	0			
Utah	600	1	200	95	15.8
Vermont	400	No data			
Virginia	8,400	2	100	98	1.2
Washington	3,200	3	260	[2]324	10.1
West Virginia	1,175	2	100	100	8.5
Wisconsin	3,200	6	305	270	8.4
Wyoming	550	No data			
TOTAL	261,749	160	12,762	10,179	3.9

[1]Incarcerated population as reported by each State's director of programs. Due to differences in reporting criteria, these numbers may be at some variance with other published figures. Except where integrated (jail and prison) facilities are involved, they do not include State prisoners temporarily housed in jails. These figures reflect the known population of specific prisons in each State, and therefore prisoners who are technically in the State's custody but housed outside prison facilities were not counted.
[2]Current reported enrollment exceeds program's capacity.

In Wyoming, inmates entering the system with severe substance abuse problems were transferred to a hospital for treatment. Counseling services were available at the institutional level for less severe cases. There were, however, no structured treatment programs specifically for substance abusers in any of the State's five correctional facilities.

Inmate population figures were provided by each State's director of programs. Some apparent anomalies appear in the data, but the figures have been verified as correct. For example, North Carolina had a larger incarcerated population than the State of Illinois. It is also interesting that North Carolina had more drug abuse treatment programs than any other State. This is partially explained by the fact that the North Carolina Department of Corrections maintained a highly decentralized system containing 73 adult institutions divided into 7 geographic areas and headed by 2 geographic area command managers. Every effort was made to assign an individual with a history of drug abuse to an institution which had treatment available. The recent history of drug treatment programs in North Carolina was also a factor in explaining the number of programs still operating in this State in 1979. In 1976 North Carolina obtained start-up grants for many of its institutions to implement drug treatment programs. During the course of this study some 24 programs were identified in North Carolina. Subsequent inquiries revealed that only 12 remained as operating programs. The other 12 had ceased to operate when the start-up grant monies came to an end.

No other State has a program that compares in size with the California Rehabilitation Center. Initiated in 1961, it treats opiate abuse primarily, although not exclusively, and draws its client population from the entire State.

Types of Drug Abuse Treated

Table 2 presents the number of programs reporting treatment and the number of clients by type of substance abused. The four categories displayed in table 2 are defined and explained below.

As may be seen in table 2, programs providing treatment primarily for opiate abusers represented only a very small proportion (4 percent) of the drug treatment programs identified. These six programs had a total of 1,495 clients, with the overwhelming majority (1,236) enrolled in the California Rehabilitation Center. Thus, if the California program is excluded, relatively few inmates were receiving treatment in settings developed primarily for opiate addiction alone.

Programs not substance specific accounted for one-third (53 units) of the available treatment programs. A total of 1,988 inmates were enrolled in these programs at the time of the study. Programs not substance specific provided treatment for any drug abuse problem (excluding alcohol only).

Combined drug/alcohol treatment programs accounted for 52 percent (83 treatment units) of the programs identified. A total of 6,006 (59 percent of all inmates enrolled in treatment in State prisons) received treatment in these programs at the time of the study. A combined drug/alcohol treatment program, as defined here, provided treatment for clients having a drug abuse problem in combination with an alcohol abuse problem.

Multiple substance abuse programs treated clients who had drug abuse problems involving the concomitant use of any combination of drugs (also termed polydrug abuse) but not alcohol. Multiple substance abuse programs accounted for 11 percent (18 units) of the programs identified. A total of 690 clients (7 percent of all enrolled inmates in State prisons drug abuse programs) received treatment in these programs at the time of the study.

TABLE 2.--Number of programs by types of substance abuse treatment

Type of program	Number of programs	Number of clients
Primarily opiates	6	1,495
Not substance specific	53	1,988
Combined drug/alcohol	83	6,006
Multiple substance abuse	18	690
TOTAL	160	10,179

Source of Funding

Information on source of funding for drug abuse treatment programs in State prisons was obtained in terms of funding source and amount if a separate funding source (i.e., State or Federal) could be identified. However, in a considerable number of programs, budget information was not available either because the program was funded directly out of the institutional budget or because the program had no established budget. In a few cases, for reasons which could not be ascertained, the unit manager declined to provide budgetary information. Also, some programs within a particular State were funded out a common grant. Table 3 shows the sources of program budgets and levels of funding for programs having identifiable budgets.

Slightly more than half the programs (52 percent) had a separate, identifiable funding source. One-fourth of the programs received a separate budget to which the State contributed at least half, while 26 percent of the programs had a separate budget of which more than half came from Federal sources. Some 27 percent of the programs were supported directly out of the institutional budget of the prisons where they were located, while 21 percent had no identifiable funding source.

Table 3 also depicts the distribution of annual budgets for the 84 programs for which separately identifiable funding was noted. Fully 65 percent of the programs had budgets under $50,000, while an additional 14 percent had budgets of at least $50,000 but less than $100,000. Eighteen percent of the programs had budgets exceeding $100,000 but less than half a million dollars, while only two programs had budgets of at least half a million dollars. One of these programs was the California Rehabilitation Center (CRC) with an annual budget of $16 million.

Thus, it may be seen that the programs identified received a good proportion of their support from the States which operated them--about twice as many programs either receive their support primarily from the State or directly from the institutional budget as were primarily supported by Federal funds. The majority of the programs having separate budgets had relatively modest funding, with almost two-thirds budgeted at less than $50,000 per year.

TABLE 3.--Source of funding and program budgets (1979)

Sources of funds	Number	Percent	Annual program budget	Number	Percent
Total Federal funds	15	9.4	$1 million and over	1	1.2
Total State funds	35	21.9	$500,000 to 999,999	1	1.2
State and Federal (State provides at least 50 percent)	5	3.1	$100,000 to 499,999	15	17.8
			$50,000 to 99,999	12	14.3
State and Federal (State provides less than 50 percent)	27	16.9	$49,999 or less	55	65.5
			TOTAL	84	100
Privately funded	2	1.2			
Operated as part of institutional budget	43	26.9			
No identifiable funding	33	20.6			
TOTAL		100			

Screening and Referral of Inmates for Treatment

Identification of inmates with a drug abuse history usually occurred either in a State-maintained diagnostic and classification unit or at the local institutional level during the facility's intake interview. Twenty-eight States (55 percent) reported that identification occurred in diagnostic and classification units prior to the inmates' arrival at the facility to which he or she was assigned. Among the sources of information used by the diagnostic and classification units were presentencing and sentencing information which sometimes included court mandate for treatment. In some cases, the pretrial information available included that developed by the Treatment Alternatives to Street Crime (TASC), a federally funded program, for possible diversion of the offender. However, identification as a potential TASC client did not always result in diversion of the individual. Eight States (16 percent) made this identification after an inmate arrived at the institution to begin his or her period of confinement.

Fifteen States (29 percent) reported reliance on a combination of information obtained both prior to and during the incarceration period.

States identifying inmates with histories of drug abuse at the central classification and diagnostic unit did not necessarily do so for purposes of referral to correctional treatment.[1]

[1]For purposes of this report, the District of Columbia was treated as a State.

Moreover, placement in a correctional drug abuse treatment program setting was typically reported as dependent on security procedures, availability of space, and the inmate's need for a variety of services as well as the inmate's drug abuse history. As previously noted, not all States provided treatment for drug abuse.

Table 4 depicts the source of referrals utilized by programs identified in this study. There appeared to be three basic ways in which individuals were admitted to treatment in prison-based drug abuse programs: (1) voluntary entrance to a treatment program upon referral from the courts, from correctional staff at the institutional level, or from drug abuse treatment staff at the institutional level; (2) involuntary admission to the program through mandated referral by the courts, correctional staff, or drug abuse treatment staff at the institutional level; and (3) self-referral. Most programs admitted self-referrals, although the referrals were usually supplemented by additional evidence of drug dependence.

Mandated Referrals

Admission to treatment programs through court mandate was reported by 30 programs (18 percent) in 20 States. These States were:

Alaska	New Hampshire
California	New Jersey
Colorado	New Mexico
Connecticut	North Carolina
Delaware	Ohio
Florida	Oklahoma
Indiana	Pennsylvania
Maryland	Tennessee
Mississippi	Virginia
Montana	Washington

However, only California reported that the majority of all program participants entered the program through the court-mandated route.

Staff Referral

Staff-mandated referrals were reported by 21 programs (13 percent). However, few program directors felt that mandated treatment was effective unless the client was motivated to seek improvement. Staff referrals (correctional treatment program staff) were reported by 150 programs (94 percent). This figure included the 21 programs in which staff referrals could mandate treatment.

Self-Referral

As noted most programs (146 or 91 percent) reported that they accepted self-referrals from inmates who felt that they were in need of drug abuse treatment. However, acceptance based solely on an inmate's request for treatment was rare. Only seven programs (4 percent) reported admission to treatment based solely on self-referral, and such requests were usually evaluated in conjunction with other information about the appropriateness of treatment for the client. Some 34 percent of the programs reported that they provided medical diagnosis as part of their evaluation of clients at admission, and 52 percent used psychological testing as part of their admission process. In addition, programs usually verified drug dependence through a check of inmate records to identify a history of drug abuse. In all, 78 percent of the programs utilized a "self-report" protocol to evaluate each individual's history of drug abuse.

Counseling and Other Staff Used

Table 5 shows the number and percentage of programs with various kinds of staff available. Some 12 percent (19 programs) had reported the availability of a full-time psychologist and only 1 program had a full-time psychiatrist. Part-time psychologists were used by 9 percent of the programs and part-time psychiatrists by 3 percent. Full-time counselors were available in 81 percent of the programs and part-time counselors in 26 percent. Forty-two percent of the programs had full-time counselors with advanced degrees, while 12 percent of the programs had part-time counselors with advanced degrees. Consultants were used by 37 percent of the programs and volunteers as staff by 32 percent of the programs.

TABLE 4.--Source of referral or mandate for treatment (N=160 programs)

Source[1]	Number of programs	Percent
Court mandate/referral	30	18.7
Referral from State central diagnostic/classification unit	88	55.0
Institutional staff-mandated referral	150	93.7
Staff-mandated referrals	21	13.1
Self-referral	146	91.2

[1]Many programs receive referrals from more than one source, therefore percentages will total more than 100 percent.

TABLE 5.--Number and percent of programs by type of professional staff available

	Number of programs (N=160)	Percent
Full-time psychologist	19	11.9
Full-time psychiatrist	1	.6
Counselors (full-time)	129	80.8
Nondegree	16	10
Bachelors degree	56	35
Advanced degree	67	41.9
Counselors (part-time)	41	25.6
Nondegree	10	6.2
Bachelors degree	19	11.9
Advanced degree	19	11.9
Consultants	60	37.5
Part-time psychologist	15	9.4
Part-time psychiatrist	5	3.1
Volunteers as staff	51	31.9

TABLE 6.--Capacity for drug treatment in programs operating in State prisons

Program capacity	Number of programs	Percent of total
1 to 25	47	29.4
26 to 50	43	26.9
51 to 75	22	13.7
76 to 100	21	13.1
101 to 125	8	5
126 to 150	4	2.5
151 or more	13	8.1
Data unavailable (new programs)	2	1.3
TOTAL	160	100

Program Capacity

Table 6 displays the treatment capacity of the drug treatment programs surveyed. Overall, 83 percent of the programs had a treatment capacity of 100 clients or less, and 29 percent of the programs reported treatment capacity of 25 clients or less. The California Rehabilitation Center (CRC) program treated primarily opiate abusers and had the largest capacity of any of the surveyed programs (2,500). Of this capacity, the CRC could accommodate 500 female clients. At the time of this study, CRC was at about half its client capacity.

Use of Therapeutic Community Model

Comparison was made of the number of programs and the number of participants in treatment programs that utilized a therapeutic community treatment model relative to all other treatment models available. As table 7 shows, some 32 percent of the programs were described as being based on a therapeutic community model. These programs served 42 percent of the clients being treated in State prison programs. While variations in the basic therapeutic community models may be widely observed, the therapeutic communities had certain characteristics in common. Each

TABLE 7.--Programs utilizing therapeutic community treatment model as compared to all other treatment models

	Number of programs	Percent of total programs	Number of participants	Percent of total participants
Therapeutic community model	49	31.8	4,183	42.1
All other treatment models	105	68.2	5,745	57.9
TOTALS	[1]154	100	9,928	100

[1]Information was missing on 6 programs.

was a full-time residential treatment program with emphasis placed on intensive resocialization of the client away from the drug-abusing lifestyle and value system and the substitution of a more positive set of values and behaviors.

Specific information on other treatment models utilized was not obtained by the survey. However, the general pattern that emerged from the study data was that participants in drug treatment programs other than those described as "therapeutic community programs" were housed in the general population and came together for group counseling sessions. Emphasis was placed on awareness of membership in these other programs. This feeling of membership in the program helped to enhance identification with program goals.

Program Activities and Special Features

The services and activities which comprise a therapeutic regimen may be varied and defined differently from one program to another. Counseling in one form or another is a universal part of the treatment process, while activities such as arts and athletics may or may not be defined as "treatment." Some programs reported work assignments as part of the treatment provided, although it is not clear in which way work assignments were thought to be therapeutic, since presumably all inmates have work assignments and there is a limited variety of such assignments available. This study did not seek to establish in detail the treatment plans of each program but rather to describe them in more general ways. The graph shown in figure 1 depicts treatment program activities as reported by the managers of those programs. Some 86 percent of the programs provided individual counseling, while fully 99 percent provided group counseling. Vocational counseling/training was reported by 48 percent of the programs. Family therapy was utilized in 31 percent of the programs. Drug education was provided in 76 percent of the programs, general academic education in 26 percent, recreation in 7 percent, and art and music therapy in a very small number (1 percent of the programs). Slightly less than half (49 percent) of the program managers reported a prerelease component in their programs. An important aspect of treatment for drug dependency in prisons are the arrangements and special provisions made for transition from the prison facility to the community.

As shown in table 8, transitional living facilities were provided by 20 programs (13 percent); graduated release by 18 programs (11 percent); vocational counseling during the transitional period, 44 programs (28 percent); assistance in finding employment by 54 programs (34 percent); and contacts with community service personnel by 59 programs (37 percent).

"Aftercare" services were seen as requiring that either program staff or staff outside the program maintain followup records. In this sense, aftercare was viewed as differing from a community linkage although aftercare services were frequently provided through community agencies. Some 46 percent of the programs (N=74) reported providing aftercare services in conjunction with institutional treatment. Specifically, aftercare provisions among these 74 programs included: mandatory urinalyses (35.1 percent); participation in a drug-free community-based treatment program (68.9 percent); job placement (43.2 percent);

TABLE 8.--Special provisions for clients of prison-based drug treatment programs for exiting to the community

Feature of program	Number of programs (N=160)	Percent [1]
Transitional living facilities	20	12.5
Graduated release	18	11.2
Vocational counseling	44	27.5
Assistance in finding employment	54	33.7
Contact established with community service programs	59	36.9

[1]Percentages will total more than 100 because of multiple responses.

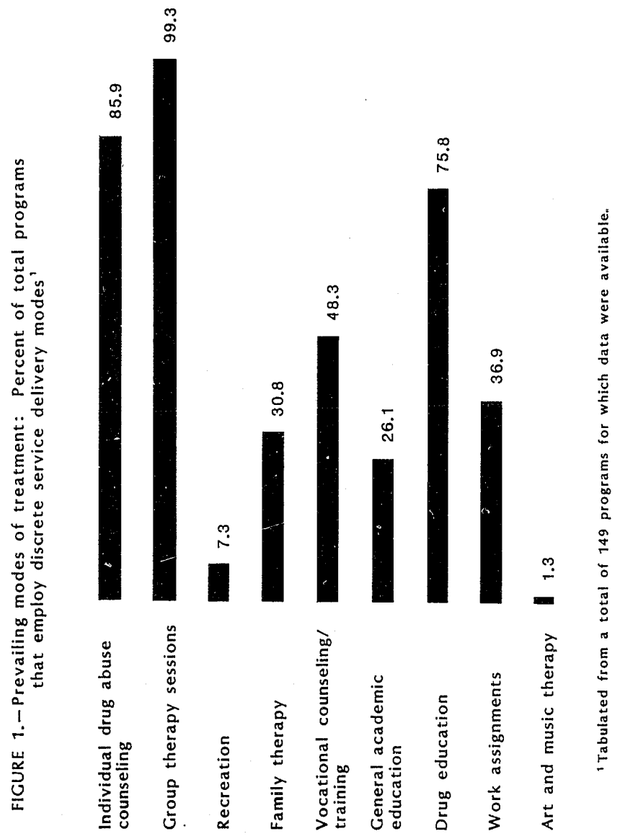

FIGURE 1.—Prevailing modes of treatment: Percent of total programs that employ discrete service delivery modes[1]

[1]Tabulated from a total of 149 programs for which data were available.

TABLE 9.--Aftercare services arranged by prison-based drug abuse treatment programs

Aftercare arrangements	Number of programs	Percent[1]
Urinalysis	26	35.1
Drug-free community-based treatment	51	68.9
Methadone maintenance	16	21.6
Job placement	32	43.2
Other post-release counseling provisions	35	47.3

[1]Percentages will total more than 100 because of multiple responses.

participation in a methadone maintenance program (21.6 percent); and assigned counseling other than as part of a treatment program was reported by 47.3 percent of the programs. These figures are shown in table 9.

FEDERAL PRISON PROGRAMS

While the primary purpose of this report is to provide information on drug abuse treatment in State prisons, drug abuse treatment in Federal prisons will be briefly considered here. The U.S. Bureau of Prisons, Department of Justice, has responsibility for operating the Federal Prison System and from time to time publishes information on the drug abuse treatment programs under its jurisdiction.

The information provided in this report was obtained from Bureau of Prisons publications and directly from Bureau of Prisons personnel during the summer of 1980. The information in this report is presented in summary form and does not address individual programs in depth. Readers wishing more specific information on programs within the Federal Prison System should refer to available publications of the U.S. Bureau of Prisons.[2]

Historically, the U.S. Bureau of Prisons has provided drug abuse treatment in the context of several types of programs. Under title II of the Narcotic Addicts Rehabilitation Act (NARA) of 1966, individuals convicted of Federal crimes who had a history of drug addiction could be committed to programs established specifically for those commitments at Federal correctional institutions. Also operating in Federal prisons were drug abuse programs and chemical abuse programs for prisoners who were not committed under NARA, but who nonetheless had problems of drug addiction or dependency. In some cases, separate programs were established for Federal offenders sentenced under the Youth Corrections Act (YCA). First offenders may be sentenced under YCA if they are no older than 26 years of age. Where the number of clients available for drug abuse programs was small, they could be admitted to chemical abuse units which provided treatment to both drug abusers and those with alcohol problems. Recently, the number of individuals committed under title II of NARA has diminished as a result of existing policy in the Federal prisons system which was to provide treatment in regular drug abuse program units rather than operating separate NARA facilities. Only one NARA unit was still in operation as of the summer of 1980.

The individual's history of drug abuse is one factor taken into account in sentencing and assignment of Federal prisoners to a particular correctional facility. Those facilities leased by the Bureau of Prisons from the Department of Defense (such as those at Eglin Air Force Base, Florida, or Maxwell Air Force Base, Alabama) are minimum security facilities, and therefore prisoners with drug abuse problems would not be assigned to those locations.

A total of 29 programs providing drug abuse treatment were identified, with some prisons having more than one program. The capacity

[2]U.S. Bureau of Prisons, Correctional Programs Division, Inmate Services Branch, 320 First Street, N.W., Washington, D.C. 20534.

of the treatment programs identified ranged from 48 to 175, with the average capacity being 101. A total of 2,644 clients were receiving treatment. Twenty-six of the units provided services to male inmates only while three provided services only to females. The program staff in each treatment unit ranged from five to nine. Sixteen of the programs reported having a full-time psychologist while 10 had only part-time psychologists. Three reported no psychologist on their staffs. In 14 of the units, an educational specialist spent at least 8 hours a week with a unit while the remainder had an educational specialist available for less than 8 hours per week.

Each program was under the supervision of a unit manager, although five unit managers had responsibility for more than one program. While the actual development and operation of drug abuse programs at the individual prison level was the responsibility of the unit managers at each institution, the Bureau of Prisons has set forth specific standards and guidance for staffing and services. Specific minimum standards for staffing and services are set forth for Bureau of Prisons drug abuse programs (U.S. Bureau of Prisons 1979). In addition to the requirements for the administrative and security personnel, each unit is required to have available a psychologist, an educational representative, counselors, and support staff. The treatment programs are structured into three distinct phases--introduction, intensive programing phase, and prerelease. Each program is required to provide a minimum standard for certifying that a client has completed treatment. That standard must include, but is not limited to, 100 hours in counseling and/or psychotherapy. Also, the client must complete a prerelease component of at least 40 hours, show good work habits, and have a satisfactory pattern of urinalysis results. If appropriate, the client must also receive preparation for aftercare.

During the introductory phase, which is to consist of at least 40 hours, the individual is to receive an intensive orientation, become aware of the treatment modalities which are available within the unit, be evaluated by the unit staff, attend drug abuse education sessions, group counseling meetings, and at least a half-day work assignment while awaiting classification. The intensive programing phase, involving at least 100 hours of programing, is to include a contractual agreement with the client spelling out the mutual expectations of the client and staff. This phase will include participation in group and individual counseling, classes or groups in personal development, psychotherapy (group or individual), social skills development training, and random weekly urinalysis to detect drug use. The prerelease phase provides the services necessary to prepare the individual to return to the community. During this phase, clients are to be provided with aftercare information, including specific arrangements, information on community resources, community support groups, and specific expectations of parole performance.

Aftercare is provided in the community through arrangements with treatment providers, usually on a contract for services basis, and also involves urinalysis on a regular basis to detect relapse. While aftercare has been required for all NARA commitments since 1966, it only became available for other drug-dependent inmates in 1972 with the passage of Public Law 92-293. Aftercare is recommended by the Bureau of Prisons for drug-dependent inmates, and it may be made a condition of parole or mandatory release. In the case of mandatory release, the in-care program staff may make recommendations to the U.S. Parole Commission that aftercare be made a condition of release unless there are compelling reasons why this should not be done. Additional programs are being established with the objective of providing drug abuse treatment at all Federal prisons.

With regard to program modality and treatment emphasis, all programs are drug free with emphasis on counseling. Major therapeutic emphases in these programs were reported to be: reality therapy (two programs); transactional analysis (one program); reality therapy/positive motivation (one program); rational behavior therapy (five programs); transactional analysis/rational behavior therapy (two programs); transactional analysis/reality therapy (one program); personal adjustment and reappraisal (one program); eclectic (14 programs). One program described its approach simply as "group counseling" and another as "therapeutic community." Presumably the programs reported as "eclectic" may utilize any of the approaches described by the other programs. The Bureau of Prisons programs are decentralized and since each unit manager is responsible for the program design and operation, programs may change structure or emphasis over time with or without a change of unit managers.

SUMMARY AND CONCLUSIONS

The information presented in this report about drug abuse treatment in State prisons revealed a wide variety of programing and generally reflected a national awareness of the need to provide treatment for drug dependency within correctional settings. Relatively few States were found to be without any structured programs and some States reported rather elaborate arrangements.

While the rate of drug dependency in prisons has been found to be high, with an estimated 21 percent of State prison inmates having a history of heroin addiction and 61 percent having some history of drug abuse, the percentage of State prison inmates receiving treatment for drug dependency (4 percent) was relatively small. Nonetheless, the overwhelming majority of States provided some form of treatment to drug-dependent inmates. There was identified a total of 160 programs serving 215 institutions (52 percent of then existing State prisons). These programs provide treatment to slightly more than 10,000 State prison inmates. Slightly more than half the programs provided treatment for drug-alcohol dependency (dependency on both drugs and alcohol), while one-third of the programs provided treatment which was not designed to be specific to any particular drug or type of drug. In addition, 11 percent of the programs treated polydrug abuse and the remaining 4 percent were primarily for opiate dependency. There was considerable variation in the size and scope of the programs, with some minimally funded and treating few clients and others providing treatment to large numbers of clients and receiving funding in the hundreds of thousands of dollars. The largest program (California) had an annual budget of $16 million.

The treatment program also varied widely in their staffing patterns and kinds of services provided. The great majority had either full-time or part-time counselors available, although relatively few programs had psychologists or psychiatrists available. Nearly a third of the programs utilized volunteers in their staffing. With regard to treatment approach, nearly one-third of the programs reported that they used a "therapeutic community model," although these programs treated 42 percent of all drug abuse clients in State prisons. Virtually all programs provided group counseling and most provided individual counseling. Prominent among the services delivered to clients were drug education (three-fourths of all programs reported this), vocational counseling and training (almost half the programs), and family therapy (slightly less than one-third of the programs). A variety of treatment services were reported by the programs as available to aid in the transition from correctional facility to community. The most frequently mentioned were contact with community service programs, job placement, and vocational counseling.

Aftercare services were provided by almost half of the programs. Nearly one-third of the programs placed inmates in community-based drug-free treatment as they exited the prison programs. It is noteworthy that 10 percent provided placement in methadone maintenance.

Thus, it may be seen that while the percentage receiving treatment in prison drug abuse programs was relatively small compared to the proportion thought to be in need of such services, a variety of treatment services were available to inmates. At the time of the study, the programs were operating at slightly over 80 percent of capacity and the number of States providing such services was expanding. Nonetheless, it is noteworthy that almost half the Nation's State prisons were not served by any identifiable drug abuse treatment program at the time of study. The Federal prison system is also organized to work with a significant number of drug dependents and provides a variety of rehabilitation approaches within the context of specific standards for the staffing and services to be provided within drug abuse treatment programs. Twenty-nine operating programs were identified treating over 2,600 Federal prisoners through a well-organized system of service delivery.

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