Keeping The Prison Clean: An Update on Pennsylvania's Drug Control Strategy

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Authors' Note: *The findings and conclusions of the research reported in this article are those of the authors and do not necessarily reflect the official position or policies of the U.S. Department of Justice.*

The use of illegal drugs in prison poses a serious challenge to prison safety. Their distribution and use can trigger serious assaults against correctional staff or other inmates. The availability of drugs, such as cocaine and heroin, often used intravenously, can pose serious health risks to the prison population by increasing the risk of contracting HIV/AIDS and other diseases. Also, when illegal drugs are available in a prison, they become highly valued contraband that undermines the organization and control of the prison. Fundamentally, illegal drug use is an unacceptable affront to the controlled environment of the prison, in which safety and effective operation depend on the elimination of such contraband.

This article recounts the efforts begun six years ago by the Pennsylvania Department of Corrections (DOC) to eliminate illegal drugs from its prisons. Also included is an update of what the DOC is doing today to keep drugs out of its prisons and a discussion about the future of prison security regarding illegal drugs.

Drug Control Strategy Background

Like many prison systems in the 1990s, the Pennsylvania DOC had an ongoing drug problem. The persistence of the problem — and its escalating severity — was signaled by the increasing frequency of assaults on correctional officers, more serious violent encounters between inmates, continued seizures of drugs and drug paraphernalia, and discoveries of collusion by staff in smuggling drugs. Most sobering was that six inmates died in custody during 1995 and 1996 of drug overdoses.

What was unclear, however, was how widespread the problem was and what the most effective response might be. In 1996, the DOC, with support from the National Institute of Justice (NIJ), embarked on an evaluation of a new broad-based drug control strategy to combat drugs throughout its five prisons. As part of a zero-tolerance drug policy, the department instituted a four-pronged program aimed at drug control: prosecuting inmates caught with drugs, halting the influx of drugs (interdiction) entering the institutions, testing inmates for drug use and implementing comprehensive treatment programs.

To accurately gauge the effectiveness of these efforts, the DOC and NIJ conducted a before and after analysis of drug use in prison by testing urine and hair specimens from a random sample of inmates.[1] The drug test data collected from a sample of inmates in 1996 showed high levels of drug use. Drug test data collected two years later, following the full implementation of the DOC's drug control strategy, showed dramatically reduced levels of drug use. In fact, Pennsylvania's prisons had become virtually drug-free, with the percentage of inmates testing positive for drugs dropping below 1.5 percent (see Table 1). The reduction of inmates testing positive for drugs was dramatic and substantial decreases in drug use were achieved in all the DOC's facilities. The drug test results were strong evidence of a sharp decline in the availability of drugs in prison.

Other evidence signaled important changes in the state's prisons. Between 1996 and 1998, despite an increase in the number of cell sweeps, the number of drug finds dropped by 41 percent across the system. The prisons became safer: Assaults on correctional staff decreased by 57 percent and inmate-on-inmate violence dropped by 70 percent. And although there were more frequent cell searches and raids, weapons seizures declined from 220 in 1996 to only 76 in 1998.

Table 1: Percentage of inmates testing positive in 1996 (before DOC's drug control initiative) and 1998 (after the initiative's implementation):

Drug	1996	1998
Marijuana	6.5	0.3
Cocaine	1.5	0.8
Opiates	0.9	0.5
Any Drug	7.8	1.4

These initial findings demonstrated that drugs could be eradicated from Pennsylvania's prisons. Since these initial results were published,[2] the DOC has continued to expand and improve its drug control efforts. Data compiled since 1998 help assess the long-term effectiveness and sustainability of each of the components of the overall strategy. These results are presented in the sections below, along with a discussion of key lessons learned throughout this effort.

What Worked

Prosecution. Beginning in 1996, the DOC, with the assistance of local law enforcement and prosecutors, began more strictly enforcing the prosecution of inmates who were caught possessing illegal drugs within the institutions. This crackdown sought to enhance the safety and security of the institutions by seriously curtailing the "underground"

market within each institution for both illegal drugs and the illegal sale of prescription medications among inmates. In addition to misconduct reports for possession of illegal drugs and serving time in the restricted housing unit for the infraction, inmates now are charged with a new drug crime and are given an extended prison sentence as a result.

The results of the department's prosecution effort have been mixed. In some areas, cooperation, coordination and subsequent prosecution have been excellent, but in other jurisdictions, efforts have faltered. Political, regional and workload issues occasionally intruded, hindering the effort. Institutions located in urban areas tended to have greater difficulty in securing prosecutors' support, often due to larger workloads and the perception that prosecuting offenders who are already incarcerated is a lower priority.

The increased effort to prosecute illegal drug activities within the institutions has resulted in a greater number of new drug offense charges against inmates (see Table 2). The number of drug charge prosecutions increased from 1998 to 2000 with 26 percent of the charges resulting in guilty pleas or verdicts. Charges were dropped or the inmate was found not guilty in only 7.5 percent of cases. There are a number of drug cases with outcomes pending.

Each prosecution undoubtedly has an impact on the individual inmate. However, it's contribution to the DOC's broad decline in drug use probably is limited: Drug use has declined even in institutions that have not been successful in prosecuting inmates. Still, it would be premature to dismiss the general deterrent effect of increased prosecutions statewide since the initiative has been widely publicized to staff and inmates, and there is credible research indicating secondary deterrent effects of the threat of prosecution in other settings.[3]

In addition, prosecution efforts may provide some secondary benefits such as regular communication and cooperation with local criminal justice agencies.

Interdiction. The DOC and NIJ joint study indicated that in 1995, marijuana was the drug of choice among inmates. The drugs seemed to be entering the institution through two major conduits: visitors and staff. Addressing the influx of drugs required a multipronged solution, including installation and use of ion-mobility spectrometry (IMS) equipment[4] for staff and visitors; deployment of K-9 drug detection teams; expanded cell, area and institutional searches; new visiting room procedures and surveillance; and increased monitoring of inmate phone calls and account transactions. IMS equipment is used to scan vacuum samples collected from visitors' outer garments. If a sample tests positive for illegal drugs, the visitor may be denied access to the institution, or alternatively, may be offered a noncontact visit. In some cases, permission to search the visitor's vehicle is requested; if consent is granted, a K-9 team is deployed. The DOC has recorded numerous instances in which this strategy has led to a drug seizure from a visitor's vehicle.

The number of K-9 drug detection teams increased from eight in 1996 to 20 in 2002. The teams have been extremely effective in eradicating drugs from the prisons. They are used for various searches of institutions, cells, common areas and packages.

The new visiting room procedures include installing new video surveillance in the visiting rooms and hiring additional staff to monitor the cameras, installing a statewide visitor tracking system, scanning all visitors with IMS equipment, and placing restrictions on inmate visiting lists.

Monitoring inmate telephone conversations can be an important source of intelligence-gathering and help curtail drug trafficking. Consequently, the DOC has installed new software and hired additional staff to monitor and examine inmate calling patterns. Another valuable source of intelligence is information derived from inmates' financial accounts in order to detect suspicious transactions that might be linked to illegal drug activity.

Each of these interdiction strategies has played a key role in halting the influx of drugs into DOC institutions. Since the implementation of these initiatives, positive drug test results have steadily declined from 5.89 percent in 1995 to 1.15 percent in 2001. Further, random positive test results have dropped from 0.46 percent in 1999 (first full year of statistics) to 0.11 percent in 2001.

DOC began its electronic drug detection program in 1996 with two portable IMS scanners. By 2001, 30 machines were in place, with at least one at each institution. Table 3 shows the four-fold increase in the number of visitors scanned between 1996 and 2001. As the number of visitors scanned has increased, the percentage of visitors who scan positive for drugs has remained relatively constant, demonstrating the continued utility of this screening strategy.[5]

K-9 searches have been an effective strategy for finding contraband both inside and before it enters the institutions. The total number of K-9 searches, shown in Table 4, has increased by 307 percent since 1996. The percentage of K-9 searches resulting in finds increased slightly until 2001.

Interdiction requires a multifaceted approach. There is a myriad of methods, solutions and tools available to halt the influx of drugs — some that use state-of-the-art technology and others based on consistent enforcement of sound policy. However, the most important consideration in implementing any drug interdiction effort is to clearly define the threat. Ask the questions: What, by whom, where and how are drugs being introduced? This focuses interdiction efforts and provides the highest return on the investment of resources. Visitors, contractors and staff bringing drugs into institutions through the visiting rooms and main gates was the most pressing threat; interdiction efforts focused on mitigating this threat have been very successful.

Continued success requires consistent adherence to established interdiction policies and strategies. However, flexibility and the willingness to make prudent operational

Table 2: Drug Prosecutions of DOC Inmates

Year	Drug Charges Filed	Guilty	Unknown/Pending	Not Guilty/Dropped
1998	13	8	5	0
1999	34	6	22	6
2000	38	14	22	2
2001	22	4	18	0

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decisions while remaining committed to the program goals are equally important. For example, a 1998 evaluation of the data suggested that a growing number of visitors were being denied visits as a result of IMS scanning procedures. Since some individuals may come into contact with drug residue through no fault of their own, the DOC recognized the value of adopting a more flexible approach. At the visiting room officer's discretion, visitors testing positive for drug residue were permitted a noncontact visit as an alternative to being denied access. By granting a noncontact visit, the DOC drug interdiction program goals remained intact while still allowing inmates visits.

Drug Testing. In late 1998, the Random Inmate Selection Process (RISP) system, a comprehensive automated system for randomly selecting inmates for drug tests and for maintaining records for all inmates within the department, was implemented. The system tracks inmates who test positive for drug use and automatically schedules follow-up testing once per month for 12 months.

As a result of an initial random positive test, an inmate is restricted for 180 days to noncontact visits and serves time in disciplinary custody. A second offense for a random positive test results in one year of noncontact visits plus disciplinary custody; a third offense results in a permanent ban on contact visits and disciplinary custody time.

Additionally, the RISP system is the repository for all "for cause" inmate testing and all other types of drug tests such as blood and hair tests. Tests include tracking inmates who have previous random positive test results, are eligible for parole or are under investigation, are new commitments or are parole violators. Other targeted test categories include results from instant test cups used for inmates on outside detail.

Results from the RISP drug-testing program are an important measure of the continued effectiveness of the department's overall drug interdiction strategy. Table 5 indicates that while the total number of random positive tests has increased since 1999, the percentage testing positive has decreased. These data show that DOC institutions have remained more than 99 percent drug-free since 1999.

Table 3: Electronic Detection Results (1996-2001)

Electronic Drug Detection	1996	1997	1998	1999	2000	2001
Visitors Scanned	19,036	30,020	24,848	90,110	89,337*	104,292
Visitors Scanned Positive	254	600	1,021	1,926	2,079	2,192
% Visitors Scanned Positive	1.3	2	4.1	2.1	2.3	2.1
Visitors Denied	254	600	1,021	1,926	953*	369*
% Visitors Denied	1.3	2	4.1	2.1	1.1	0.4

*Decreases due to changes to the electronic drug detection policy and procedure.

Table 4: K-9 Unit Search Results (1996-2001)

K-9 Unit Searches	1996	1997	1998	1999	2000*	2001
Total Searches	10,557	22,752	18,073	21,666	19,300	42,993
Total Finds	33	91	167	240	231	260
% Finds	0.3	0.4	0.9	1.1	1.2	0.6

* The number of K-9 searches decreased during 2000 because of the opening of the canine academy and the reassignment of several dog handlers.

There were a total of 5,759 targeted tests performed since 1999. The total number of targeted drug tests increased between 1999 and 2000 but decreased between 2000 and 2001 due to a policy change in follow-up testing.[6] Of the total number of targeted positive test result inmates since 1999, 81.6 percent were new commitments or parole violators. This number has decreased slightly during the three-year period, suggesting that fewer new commitments and parole violators are under the influence of detectable drugs upon entering or re-entering DOC institutions.

Random drug testing is an essential part of tracking the performance of the overall drug control strategy. Since 1996, the DOC has implemented random drug testing of inmates in all institutions. Results from these random tests indicate that inmates in Pennsylvania prisons are 99.89 percent drug-free. The department has used these data to carefully monitor drug control measures in specific prisons and the utility of these data cannot be overstated.

In addition to serving as an important measure of overall drug control effectiveness, random drug testing has a deterrent effect on drug use. The randomized selection of inmates is well-understood by inmates and staff, as are the swift and certain sanctions attached to a positive drug test.

The biggest challenge the DOC now faces is reducing the cost of testing. The department is evaluating several alternatives, including use of pupil-scanning technology to detect impairment.

Treatment. Treatment for alcohol and other drug abuse is an important element in the DOC's drug control strategy. The department offers three major types of alcohol and other drug treatment, including education, outpatient treatment and therapeutic communities. Educational programs, often facilitated by inmates, and outpatient services are the programs serving the most offenders with drug and alcohol issues. The DOC has made a considerable investment in therapeutic communities (TC) during recent years. This investment is based on national research findings as well as evaluation results from the DOC's studies, which indicate that TCs are a particularly effective form of treatment for seriously addicted offenders. The DOC operates TCs in 10 state institutions, providing treatment for 1,000 inmates each year. In April 1998, the department opened the Chester State Correctional Institution, a facility dedicated to treating inmates with serious alcohol and other drug problems. Inmates released from Chester are placed in community corrections facilities where treatment continues. In addition to the Chester facility, the DOC maintains 355 residential treatment beds across six different institutions. Operating since February 1998, the Residential Substance Abuse Treatment (RSAT) program treats approximately 1,200 inmates each year, including those in the general population, as well as offenders who relapse into drug use while on parole (see Table 6).

Essential to the success of the DOC drug treatment programs are screening and assessment, maintaining a continuum of care across programs and facilities, and evaluation to determine program effectiveness. Demonstrating the effects of treatment in terms of reduced offending will require more time and additional data. In partnership with Temple University and the Vera Institute of Justice in New York, the DOC is conducting evaluations of both the RSAT and TC treatment programs. Each evaluation should pro-

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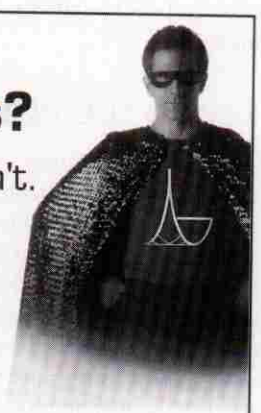

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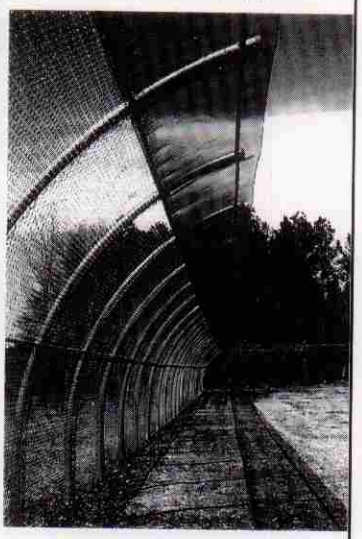

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Keys to Successful Drug Control

Viewed separately, each part of the DOC's overall drug control strategy provides important lessons for prison policy and operations. The programs and policies aimed at prosecution, interdiction, testing and treatment undergo repeated assessment and have been continually modified to enhance their effectiveness. The sustained success of the effort, however, rests on the fundamental principles that underlie the programs put in place. Throughout the effort, the DOC's overriding goal has been to create and sustain a culture of sobriety for inmates, visitors and staff. To implement the changes necessary to reach this goal, the department has embraced three operating principles for its drug control initiative. First, the system must establish clear policies that guide all programs, ensuring consistency across institutions. Second, the effort requires commitment by staff at every level. Finally, the effort must be comprehensive, including all institutions and addressing interdiction, prosecution, testing and treatment. These principles will guide the DOC as it confronts the continuing challenge of maintaining a safe and drug-free correctional environment.

Building on the success of these efforts, the DOC continues to assess and refine its strategy. The department is implementing a knowledge management system that will enhance its data reporting and analysis capabilities, making this information a more effective resource in maintaining the culture of sobriety that is at the core of the strategy's success. In addition, by identifying risk populations more accurately and targeting resources more effectively, the DOC hopes to make significant reductions in the overall cost of its drug control programs. Finally, through effective partnerships, including those with the broader community, the department can ensure the program continuity necessary for successful reintegration of offenders, thereby completing the work that begins inside the institution.

ENDNOTES

[1] Overall sample sizes are 917 (1996) and 1,031 (1998). Because of its more predictable rate of growth, head hair is the preferred biospecimen for hair assays. Body hair was substituted in those cases where head hair could not be harvested. Results shown in Table 1 are based on head hair samples only (514 in 1996 and 660 in 1998).

[2] Feucht, T. and A. Keyser. 1999. Prisons can reduce drug use. *NIJ Journal*, 10-15. JR000241.

[3] See, for example, the work by prosecutors in Boston to use the threat of prosecution to rid the streets of gun violence. (See research report, *Reducing Gun Violence: The Boston Gun Project's Operation Ceasefire* by David M. Kennedy, Anthony A. Braga, Anne M. Piehl and Elin J. Waring, October 2001, National Institute of Justice, NCJ 188741.

[4] IMS is an analytic process through which specific substances and chemical compounds are detected within seconds by analyzing the unique patterns and movement of specific molecular particles.

[5] In response to complaints about IMS scanning, DOC has decreased the number of visitors denied access but increased the number of noncontact visits.

[6] The testing policy was adopted in 2000. Initially, policy dictated weekly tests for the first six months after a positive test result, followed by six months of monthly testing.

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Table 5: Departmentwide Drug Test Results by Test Type (1995-2001)

Year	Number of Tests	Number of Positives	% of Positives	Number of Tests	Number of Positives	% of Positives	Number of Tests	Number of Positives	% of Positives
1995	N/A	N/A	N/A	N/A	N/A	N/A	29,494	1,736	5.89
1996	N/A	N/A	N/A	N/A	N/A	N/A	50,235	1,547	3.08
1997	N/A	N/A	N/A	N/A	N/A	N/A	69,797	2,363	3.39
1998	N/A	N/A	N/A	N/A	N/A	N/A	105,347	1,886	1.79
1999	80,013	369	0.46	68,427	1,962	2.87	148,440	2,331	1.57
2000	93,135	292	0.31	75,426	2,068	2.74	168,561	2,360	1.40
2001	98,752	110	0.11	61,426	1,729	2.81	160,178	1,839	1.15
Prior to 1999, drug tests were not broken down into random and targeted categories.									

Table 6: Departmentwide Treatment Program Totals (1995-2001)

Treatment Program	1995	1996	1997	1998	1999	2000	2001
Capacity at Chester	N/A	N/A	N/A	706	1,096	1,096	1,096
No. inmates at Chester	N/A	N/A	N/A	672	993	873	1,032
No. TC programs	5	7	8	10	12	13	18
No. inmates in TC programs	250	450	570	610	700	750	1,029
No. RSAT programs	N/A	N/A	2	2	6	6	6
No. RSAT program beds	N/A	N/A	120	120	375	335	335
No. inmates in RSAT programs	N/A	N/A	0	60	217	413	638
No. inmates in AOD programs	9,500	11,824	11,986	13,894	15,077	15,775	16,100

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