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The National Center on
Addiction and Substance Abuse
at Columbia University

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**Trends in Substance Abuse and Treatment Needs
Among Inmates**

Final Report

Submitted to the National Institute of Justice

by

**The National Center on Addiction and Substance Abuse at
Columbia University (CASA)**

Grant 2000-IJ-CX-0019

August 2002

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FINAL REPORT

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Trends in Substance Abuse and Treatment Needs Among Inmates

**Final Report to the National Institute of Justice
Grant No. 2000-IJ-CX-0019**

EXECUTIVE SUMMARY

INTRODUCTION AND OVERVIEW OF THE INMATE POPULATION

Substance abuse and the enforcement of anti-drug laws have fundamentally affected the growth of America's prisons and jails over the past 20 years and the types of inmates they house. Using data from the most recent national surveys of prison and jail inmates sponsored by the U.S. Department of Justice Bureau of Justice Statistics, this report presents a comprehensive analysis of the substance use patterns of inmates and the relationship between substance abuse and the growth in the inmate population. Updating and expanding our analyses of earlier national inmate survey data¹, this report explores the relationship between type and intensity of substance abuse and other health and social problems, analyzes the current access to treatment and other services, and makes estimates of the need for different types of treatment services in correctional systems.

The Inmate Population: Overview

Between 1980 and 2000, the total number of inmates in the United States nearly quadrupled, from 501,886 to 2,071,686.^{* 2} The state prison population increased by 318 percent (from 295,819 to 1,236,476 inmates), the federal prison population by 512 percent (from 23,779 to 145,416 inmates), and the number of local jail inmates by 241 percent (from 182,288 to 621,149).³

Substance use and abuse and involvement with drug crime are endemic among those behind bars in the United States. Our analysis reveals that nearly 1.7 million of the 2 million adult Americans in prison or jail (83 percent) are seriously involved with drugs or alcohol.[†] Eighty-two percent of state inmates, 86 percent of federal inmates, and 85 percent of jail inmates fall into one or more of the following categories: they were convicted of substance-related crimes such as drug selling 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 or alcohol abuse

* The estimate is based on year-end 2000 counts for state and federal prisoners, and mid-year 2000 counts for jail inmates.

† Unless otherwise noted, all 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 state, federal, and local inmates. The most recent survey of state and federal prison inmates was conducted in 1997 and of local jail inmates in 1996.

(Table E.1).^{*} These percentages increased from the 1991 prison and 1989 jail inmate surveys, where 81 percent of state inmates, 80 percent of federal inmates, and 77 percent of jail inmates were classified as substance-involved.⁴

	State	Federal	Jail
Ever used illegal drugs regularly ^a	69	56	64
Convicted of a drug law violation	24	64	23
Convicted of driving while under the influence	2	0	7
Under the influence of drugs and/or alcohol at the time of crime	51	33	60 ^b
Committed crime to get money to buy drugs	19	16	19 ^b
Three or more positive CAGE responses	24	16	27
Substance-Involved Offenders: (Percent who fit into at least one of the above categories) ^d	82	86	85 ^b

^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 These percentages cannot be added because of overlap.

Substance Abuse and Crime

The connections between the use of illegal drugs and the abuse of alcohol and crime have been well documented.⁵ These connections affect prisons and jails in several distinct ways. Arrests for drug and alcohol offenses are common and many of these offenders spend time in custody. Chronic drug and alcohol problems are common among those arrested for violent or property crimes, and alcohol has been linked to violent behavior. A substantial proportion of offenders charged with nondrug crimes were either under the influence of drugs or alcohol at the time of the offense, or committed their crime to get money for drugs.

In 1999, eleven percent of all arrests in the U.S.--1,549,500--were for driving under the influence of an intoxicant (primarily alcohol).⁶ There were also 673,400 arrests for drunkenness and 683,600 for liquor law violations.⁷ Eleven percent of arrests--1,557,100--were for violations of drug laws.⁸ Twenty-one percent of such arrests were for selling (326,991), 79 percent (1,230,109) for possession.⁹ Drug use is common among those arrested for violating drug laws. About 81 percent of adults arrested for selling drugs test positive at the time of arrest, including 56 percent for cocaine and 12 percent for opiates like heroin.¹⁰

Data from the National Institute of Justice Arrestee Drug Monitoring Program (ADAM), a quarterly survey of drug use patterns among adult arrestees in 34 cities, has consistently found high rates of recent drug and alcohol use.¹¹ We analyzed drug and alcohol use patterns from the ADAM urine test and interview data for calendar year 1997. Across all sites, 65 percent of adult arrestees tested positive for at least one of 10

^{*} Regular drug use is defined throughout this report as using a drug at least weekly for a period of at least one month. A history of alcohol abuse is defined as having had three or more positive responses to the CAGE questions.

drugs.*¹² Cocaine (including crack) is the drug most often detected among arrestees: 38 percent tested positive.¹³ Overall, 79 percent of arrestees are "drug-involved:" they tested positive for an illegal drug, they reported using drugs recently, they had a history of drug dependence or treatment, or said they were in need of treatment at the time of their arrest. Yet, only about one-sixth of arrestees who had ever used cocaine had received treatment for cocaine abuse, and fewer than one-third of those who had ever used heroin had been treated for heroin abuse.

For adult misdemeanor arrestees (the group that primarily feeds the local jail system with sentenced inmates), 61 percent of arrestees in 1997 tested positive for any drug, including 36 percent for cocaine. Among adult felony arrestees (the population that feeds the prison system), 67 percent tested positive for any drug, including 33 percent testing positive for marijuana, 40 percent testing positive for cocaine, and nine percent for heroin or other opiates. Nearly one-third of arrestees admitted dependence on drugs or alcohol at the time of their arrest, and 27 percent said they could use treatment for drug problems at the time of their arrest, including 15 percent who said they could use treatment for crack abuse.¹⁴ Only four percent were in treatment at the time of their arrest.

Violent Crime. Our analysis reveals that a substantial proportion of inmates incarcerated for violent crimes are substance-involved. Among violent offenders, 76 percent in state prison, 71 percent in federal prison, and 78 percent in jail (convicted inmates only) are substance-involved -- they 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 or alcohol at the time of their crime. These percentages represent increases in violent offender substance-involvement from the 1991 and 1989 prison and jail survey data, when the prevalence was 73 percent, 65 percent, and 65 percent for state, federal, and jail inmates, respectively. The increase for violent offenders in jail is particularly marked.

Violent offenders in state prisons generally have a high prevalence of prior drug use, but lower than those of property or substance crime inmates. More than one third (37 percent) of violent inmates had used cocaine, 20 percent crack, and 17 percent heroin. Violent offenders in federal prison are more likely than property and substance offenders to have used heroin or crack.

Alcohol is particularly associated with inmates incarcerated for violent crimes. Twenty percent of state inmates convicted of a violent offense were under the influence of alcohol alone when they committed their crime, compared with 16 percent of property offenders and 13 percent of drug offenders. Three out of five alcohol-involved offenders were serving time for a violent crime in state prison, compared to 43 percent of regular drug users and 47 percent of the overall state inmate population.

Property Crime. The majority of inmates serving time for property offenses are involved with drugs and alcohol. Our analysis finds that 86 percent of state, 56 percent of federal, and 78 percent of convicted jail property offenders are substance-involved: they 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 or alcohol at the time of their crime. These numbers are generally higher than 1991 prison

* The ADAM system tests for: opiates, cocaine (including heroin), phencyclidine, barbiturates, amphetamines, methadone, benzodiazepines, methaqualone, propoxyphene, and marijuana.

and 1989 jail data, which showed that 80 percent of state and 70 percent of jail property offenders were substance-involved (the rate for federal offenders was unchanged).

In state prisons, 19 percent of all inmates committed their crimes to get money to buy drugs, including 31 percent of property crime offenders, 11 percent of violent crime offenders, and 29 percent of drug law violators.¹⁵ These percentages were similar to those found in the previous inmate surveys.

Fifty-two percent of **state inmates** incarcerated for a property crime were under the influence of drugs, alcohol, or both at the time of their offense: 18 percent under the influence of drugs, 16 percent under the influence of alcohol, and 18 percent both drugs and alcohol. Half of property crime inmates had used cocaine, 36 percent crack, and 25 percent heroin.* These figures are similar to 1991 prison data, with the exception of an increase in crack use at the time of offense, which rose from 25 percent to 36 percent.

Among **federal inmates**, 16 percent committed their crime to get money for drugs, including 10 percent of property offenders, 20 percent of violent offenders, and 18 percent of substance offenders. Compared to 1991 prison data, fewer property offenders were committing crimes for drug money in 1997 (10 percent, versus 18 percent in 1991). More than one fifth (22 percent) of federal inmates incarcerated for a property crime were under the influence of drugs, alcohol, or both at the time of their offense: 13 percent under the influence of drugs only, five percent alcohol only, and four percent both drugs and alcohol. These numbers represent significant decreases from the 1991 prison inmate survey, which showed that 34 percent of federal inmates incarcerated for property crimes were under the influence of drugs, alcohol, or both at the time of their offense: 18 percent under the influence of drugs only, nine percent alcohol only, and seven percent both drugs and alcohol.

In 1996, more than half (55 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: 16 percent under the influence of drugs only, 17 percent alcohol only, and 20 percent both alcohol and drugs. Compared to 1989 jail data, these figures reveal that while property offenders in jail were less likely to be under the influence of alcohol or drugs in 1996 (55 percent, versus 47 percent in 1989), they were much more likely to be under the influence of *both* drugs and alcohol during their offense (20 percent, versus 11 percent in 1989).

SUBSTANCE USE PATTERNS

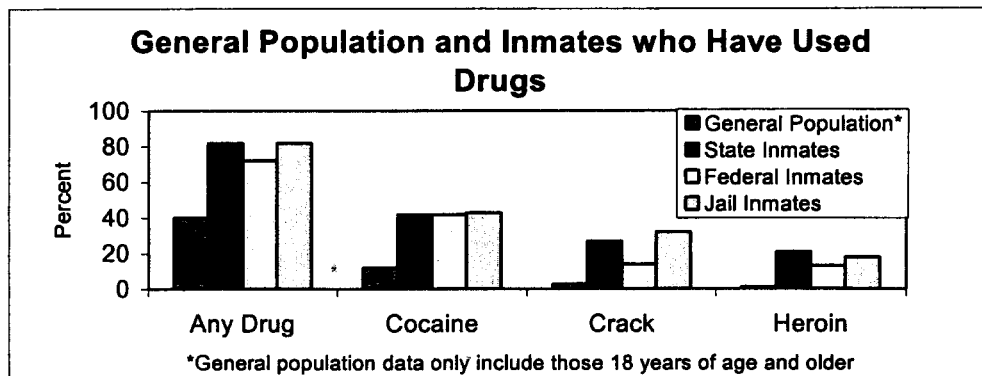
Illegal Drug Use

Prison and jail inmates have a substantially higher prevalence of drug use than the general population. Eighty-three percent of state inmates, 72 percent of federal inmates, and 82 percent of jail inmates report having ever used illegal drugs, compared with 40 percent of the general adult population (Figure E.A). Forty-two percent of **state inmates** have used cocaine, 27 percent crack, and 21 percent heroin. By comparison, in the adult population in 1999 13 percent had ever used cocaine, three percent crack, and two percent heroin.¹⁶ In addition to the high prevalence of overall use, 69 percent of state inmates report histories of regular drug use. Among state inmates, 19 percent had ever used cocaine regularly; 25 percent crack; and 13 percent heroin.

* An inmate may have reported use of more than one drug. Thus, percentages add to greater than 100.

A substantial percentage of state inmates used drugs during the month prior to their arrest (69 percent, an increase from 62 percent in 1991): 52 percent of state inmates were regular users of a drug during this month, an increase from 45 percent in the 1991 survey

Figure E.A



Another measure of substance involvement is being under the influence of drugs or alcohol at the time the inmate committed his or her offense. Fifteen percent of **state inmates** were under the influence of drugs and no other substance at the time they committed the offense for which they were sentenced. An additional 19 percent were under the influence of alcohol alone, and 17 percent were under the influence of both drugs and alcohol. Combined, more than half (51 percent) of state inmates were under the influence of some substance when they committed the crime for which they were incarcerated, a slight increase from the 1991 survey (49 percent).

Substance use is less common among **federal inmates** than among state prisoners; federal prisons have a much higher percentage of drug law violators than do state prisons. According to the 1997 inmate survey, 72 percent of federal inmates have used drugs, including marijuana, sometime in their lives. Almost three-fifths of federal inmates (56 percent) have regularly used an illicit substance in their lives: 25 percent regularly used cocaine, 10 percent crack, and eight percent heroin.¹⁷

The percentage of federal inmates using drugs during the month prior to their arrest is also substantial (56 percent) but smaller than among state inmates. Forty percent of federal inmates were regular users of a drug during the prior month: 27 percent used marijuana, 13 percent cocaine, and four percent heroin. Both overall regular drug use and regular use in the month before the offense increased substantially from the 1991 survey, when 42 percent of federal inmates had ever used regularly and 28 percent had used regularly the month prior.

One-third (33 percent) of federal inmates were under the influence of some substance when they committed the crime for which they were incarcerated, up from 23 percent in 1991. Thirteen percent of federal inmates were under the influence of drugs only at the time they committed the offense for which they were sentenced; an additional 11 percent were under the influence of alcohol alone; and nine percent were under the influence of both alcohol and drugs.

Among all **jail inmates**, almost two-thirds (64 percent) reported regular illegal drug use in their lifetime, up from 58 percent in the previous survey. Forty-seven percent of convicted jail inmates had used drugs regularly in the month before their offense

(compared to 39 percent in 1989). Nearly one-third (31 percent) had ever regularly used cocaine or crack, including 20 percent who had used cocaine products regularly in the month before they were arrested.

Sixty-one percent of convicted jail inmates were under the influence of a substance during their crime (an increase from 54 percent in the 1989 survey): including 16 percent under the influence of drugs only; 25 percent alcohol only; and 20 percent both drugs and alcohol

On average, state prison inmates began using illegal drugs at the age of 16, and federal inmates at age 19. Assuming that inmates had used drugs steadily since first use, state inmates had an average of 16 years of drug use at the time of admission, and federal inmates 18 years.

Illegal drug use has a number of other consequences for inmates in addition to their criminal behavior. For example, about half of state and jail inmates had ever driven a motor vehicle while under the influence of drugs, and about 40 percent had arguments with family or friends, and one-third had gotten into a fight while under the influence of drugs. Thirty-one percent of state prison and 24 percent of jail inmates reported at least three drug-related problems.

Alcohol Use

Inmates have substantially higher rates of drinking than the general adult population. Seventy-one percent of state, 65 percent of federal, and 59 percent of jail inmates ever drank regularly. About one-quarter in all three systems drank daily or almost daily during the year prior to incarceration. Nearly half of inmates ever drove a vehicle while under the influence, and more than one-third had gotten into a fight while drinking. Overall, 31 percent of state, 20 percent of federal, and 28 percent of local jail inmates reported at least three alcohol-related problems.

The CAGE questionnaire is a four-item screening instrument that has been validated as an indicator for alcohol problems.^{18*} The 1996-1997 inmate surveys were the first to include the CAGE questions. Nearly one-quarter of state inmates (24 percent) and 27 percent of jail inmates answered "yes" to at least three of the CAGE items, indicating the presence of an alcohol problem. In contrast, an estimated 7.4 percent of the general adult population meet the diagnostic criteria for alcohol abuse or alcoholism.¹⁹ There are indications that serious alcohol problems exist even among inmates who are primarily involved with illegal drugs. About one-third of regular drug users in state prisons or local jails also had three or more positive CAGE responses.

The inmate surveys contain detailed questions on the type and amount of alcohol consumed at the time of their offense. Using standard measures of absolute alcohol equivalence²⁰, we converted the consumption amounts to a standardized drink equivalent to 0.5 ounces of absolute alcohol. Among those who were drinking, consumption rates were quite high. State inmates who were drinking at the time of their offense reported consuming the equivalent of 28 half-ounce drinks of absolute alcohol, compared with 19 drinks for federal inmates. Seventy-four percent of state and 58 percent of federal inmates

* The four items are: Have you ever felt you should Cut down on your drinking? Have people ever Annoyed you by criticizing your drinking? Have you ever felt bad or Guilty about your drinking? Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

consumed at least ten drinks. These drinks were consumed over an average period of seven and six hours respectively. About half the state inmates and 36 percent of federal inmates were drinking for at least five hours.

Violence has been closely linked to alcohol use and intoxication. Although there was no substantial difference in the length of time spent consuming alcohol, violent inmates drank more in this period, suggesting higher levels of intoxication (assuming violent and nonviolent inmates are of similar weight). State inmates incarcerated for a violent crime consumed an average of 11 half-ounce absolute alcohol drinks, compared with eight drinks for nonviolent inmates. Thirty-four percent of violent state inmates, compared with 25 percent of nonviolent inmates, reported drinking at last ten drinks. Federal inmates were less likely to drink overall, and had lower levels of consumption.

Typologies of Substance Use

We developed two new methods for partitioning the inmate population according to substance use patterns, and then analyzed the characteristics of inmates in these categories.

In the first typology, we classified inmates into five mutually exclusive categories based on their drug and alcohol use patterns (Table E.2). Conceptually, this typology was designed to distinguish inmates with no or minimal involvement with illegal drugs from those who had regular involvement.

Table E.2

*Classification of Inmates by Substance Involvement (%)
(Estimated Number in Custody in 1999)*

	State	Federal	Jail ^a
Regular drug users	69 (853,168)	56 (81,433)	67 (416,170)
Alcohol-involved offenders	9 (111,282)	5 (7,271)	14 (86,961)
Non-using drug law violators	4 (49,459)	23 (33,446)	4 (24,846)
Drug experimenters	7 (86,553)	4 (5,816)	7 (43,480)
Non-drug users	10 (123,648)	9 (13,087)	7 (43,480)

^aAll inmates

Regular Drug Users. Inmates who had ever used any drug at least once a week for a period of one month or more are classified in this group. Most of these inmates were also regular drug users in the month prior to their arrest (73 percent of regular drug users in state prison; 69 percent in federal prison; 70 percent in jail (based on convicted jail inmates). Compared with other inmates, regular drug users have higher rates of

* The drugs included in the inmate survey are: heroin, other opiates or methadone outside a treatment program, methamphetamine, other amphetamines without a doctor's prescription, methaqualone (quaaludes), barbiturates without a doctor's prescription, crack, cocaine other than crack, phencyclidine

social instability, unemployment, and criminality. They are more likely to have lived in a foster home or other child-care institution, have friends and family who abused drugs and committed crimes, and are the least likely to have been employed in the month before their arrest and the most likely to have illegal income.

Alcohol-Involved Offenders. These inmates are defined as those who have never used drugs regularly and were either under the influence of alcohol (and no other drug) at the time of their offense, were incarcerated only for drunk driving and no other offense, were not a non-using drug law violator, or had three or more positive responses to the CAGE questions. Only nine percent of state and five percent of federal inmates were classified as alcohol-involved, compared with 14 percent of jail inmates. Alcohol-involved offenders in state and federal prison are most likely to have committed a violent crime. They are also less well educated than the general prison population, but have higher rates of employment than regular drug users.

Nonusing Drug Law Violators. These inmates have been convicted of a drug law crime such as drug sale or possession, but have never used drugs regularly and were not under the influence of drugs at the time they committed their crime. Non-drug using drug law violators are likelier than drug- or alcohol-abusing inmates to be married and to have children. They are least likely to have friends who committed crimes or to have a family member who served time in prison, tend to have lower rates of other problems, and their parents were less likely to have been substance abusers. Nonusing drug law violators are far more common in federal prison (23 percent compared with four percent in state prisons or jails).

Drug Experimenters. Drug experimenters are inmates who have used illegal drugs, but never used them regularly, and were neither drug law violators nor alcohol-involved offenders. Fewer than ten percent of inmates fell into this category.

Nondrug Users. These are defined as inmates who reported never using an illegal drug and are neither drug law violators nor alcohol-involved offenders; only ten percent of state, nine percent of federal, and seven percent of jail inmates were nondrug users.

The second schema focuses on patterns of illegal drug use, and is designed to incorporate a dimension of drug use severity and recency of drug use. This type of schema may be more useful for determining levels of drug treatment needs among inmates who have used drugs. The assumption is that the more drugs and the more frequently the use, the more intensive the treatment needs.²¹ There are five mutually exclusive categories, scaled from least to most severe drug use pattern:

This severity scale incorporates three dimensions: (1) the types of drug used (distinguishing multiple drugs from single drugs, and marijuana from other drugs), (2) the recency of use (distinguishing use in the month prior to the offense from previous use), and (3) frequency of use (daily, weekly, monthly). The five severity categories, ranked from least to most severe, are:

1. Never used hard drugs* and did not use marijuana in month prior to offense (may have prior marijuana use)
2. In the month prior to the offense, used marijuana but has never used hard drugs

hydrochloride (PCP), lysergic acid diethylamide (LSD) or other hallucinogens, marijuana or hashish, or "any other drug."

* Defined as any illegal drug other than marijuana.

3. Used hard drugs, but not in the month prior to the offense
4. In the month prior to the offense, used a hard single drug weekly or monthly
5. In the month prior to the offense; used hard drugs daily (single or multiple) or used multiple hard drugs weekly or monthly

According to this typology, about half of inmates in each system fell into the most severe or third most severe category. For example, 27 percent of **state inmates** reported recent daily use of hard drugs or used more than one hard drug (Table E.3). An additional 25 percent had used hard

drugs, but not in the month prior to the offense. **Federal inmates** had less severe drug use, with 39 percent reporting never having used hard drugs, nor recent marijuana use.

Overall, 61 percent of state, 52 percent of federal, and 63 percent of jail inmates had ever used hard drugs.

Projecting these prevalence rates to the inmate population at the end of 2000, there were 334,000 state inmates in the most severe drug use category, 26,000 federal inmates, and 161,000 local jail inmates.

	State	Federal	Jail^a
1. Never used hard drugs and did not use marijuana in month prior to offense	30	39	29
2. In month prior to offense, used marijuana, but has never used hard drugs	9	8	8
3. Used hard drug(s) but not in the month prior to the offense	25	25	29
4. In month prior to offense, used a single hard drug weekly or monthly	9	9	8
5. In month prior to offense, used hard drug(s) daily or used multiple hard drugs weekly or monthly	27	18	26

^a Convicted inmates only.

INMATE CHARACTERISTICS BY SUBSTANCE USE PATTERN

It is important to understand differences among inmates with various substance abuse patterns in order to plan and develop for effective and comprehensive interventions. Given that resources for correctional treatment are likely to remain scarce relative to need, it becomes important to distinguish subgroups of inmates who may need long-term intensive treatment from those whose drug and other problems are relatively minor and may only need short-term interventions or transitional assistance. The characteristics of substance-involved inmates also differ in state and federal prisons and in local jails. In order to craft more effective policies and programs in our correctional systems, we must also understand the other service needs of different types of drug offenders.

Using the two classifications described above, we analyzed and compared the differences among inmates with different types and severity of substance involvement. The characteristics include: demographic and socioeconomic characteristics, family history, peer groups, and criminal history.

First Typology

Demographic Characteristics. Alcohol-involved offenders are older than the general inmate population in both prison systems. Racial/ethnic composition varies substantially by substance use category. Regular drug users generally echo the racial distribution for the general inmate populations.* Alcohol-involved offenders in state prisons and jails are more likely to be white non-Hispanic (45 percent in state prisons, 49 percent in jails) and less likely to be Black non-Hispanic (33 percent in states, 25 percent in jails). Black non-Hispanics and Hispanics are overrepresented among nonusing drug law violators in state prisons and local jails, as are Hispanics in federal prisons (46 percent of federal nonusing drug law violators). The racial composition within substance use categories did not change substantially from the 1989-1991 surveys.

Education. Substance-using inmates, like inmates in general, are less likely than the general U.S. adult population to have finished high school, and there is little variation by substance use pattern. Thirty-nine percent of regular drug users and 43 percent of alcohol-involved offenders in state prison have less than four years of high school and no GED. Federal prison inmates tend to be somewhat better educated; 26 percent have less than four years of high school and no GED. Among regular drug users in federal prison, 27 percent have less than four years of high school and no GED. Almost half (forty-five percent) of regular drug users in jail have not completed four years of high school.

The low rates of educational achievement point to the need for educational training for substance-involved inmates to allow them a better chance to succeed in the community following release.

A majority of inmates were employed in the month prior to their arrest, and overall employment rates are similar to the 1989-1991 surveys. However, a higher percentage of inmates reported part-time rather than full-time employment in more recent surveys. Alcohol-involved inmates tend to have higher employment rates, which may reflect racial or age differences. Regular drug users are less likely than other inmates to have been employed before their arrest. For example, in state prison, 64 percent of regular drug users were employed compared with 73 percent of drug law violators and 77 percent of alcohol-involved inmates.

Illegal Income. Regular drug users are more likely to have acquired income through illegal activity in the month prior to their incarceration than the general inmate population (32 percent compared to 26 percent of all state inmates, 36 percent compared to 28 percent of all federal inmates). The percentage of inmates who acquired income through illegal activity was higher across all categories when compared to jail and prison data from 1989-1991.

Public Assistance.[†] In all three correctional systems, regular drug users are most likely to have received income from public assistance. In state prison, 33 percent of regular drug users acquired income through public assistance in the month prior to incarceration, compared with 25 percent of alcohol-involved offenders and 22 percent of

* We use the mutually exclusive categories: white non-Hispanic, black non-Hispanic, Hispanic, and Other non-Hispanic.

† "Public Assistance" is defined as answering yes to the following survey questions: During the month before your arrest, did you personally receive any income from social security or SSI; welfare, charity or other public assistance care including AFDC (or ADC), food stamps, or WIC.

nonusing drug law violators. Similar patterns were found for federal and local jail inmates, although federal inmates are much less likely to report public assistance income.

Family Structure. In state prison, regular drug users are less likely than drug law violators or alcohol-involved offenders to have been raised by both parents (42 percent vs. 50 and 55 percent respectively), and more likely to have spent time in foster care or similar settings (16 percent vs. six and ten percent). Similar patterns were observed in federal prison and jails, especially compared with alcohol-involved offenders.

Inmate Children. Many inmates have young children, and there has been increasing recent attention toward the impact of parental incarceration on these children.²² The data indicate that female state and local jail inmates are more somewhat more likely to have young children, but that with the exception of alcohol-involved inmates, substance abuse history is not related to number of young children. Alcohol-involved inmates tend to be the least likely to have young children. In state prisons, for example, 20 percent of females have children aged six to 10 and 28 percent aged five or younger, compared with 17 percent and 24 percent of males respectively.

Parental Substance Abuse. Inmates with substance involvement are more likely than other inmates to report a history of their own parent's abuse of alcohol and drugs. Having a parent with a substance abuse problem is a risk factor for developing one's own substance abuse problem.²³ Having an incarcerated parent is a risk factor for substance abuse by children as well as contact with the criminal justice system: 42 percent of regular drug using inmates had a close family member who had served time in prison.²⁴

Regular drug users and alcohol-involved offenders are the most likely to report that their parents abused drugs and/or alcohol. In state prison, 36 percent of regular drug users and 31 percent of alcohol-involved offenders report that their parents abused substances, compared to thirteen percent of nonusing drug law violators. The substance abuse characteristics of inmates' parents within substance use categories did not change substantially from the 1989-1991 surveys.

Family Criminal History. Intergenerational cycles of criminal involvement are also common among inmates with drug or alcohol involvement.²⁵ In state prison, 51 percent of regular drug users had a close family member who served time in prison or jail, compared to 41 percent of alcohol-involved offenders and 32 percent of nonusing drug law violators. In jails, 50 percent of regular drug-using inmates have had a family member who served time in jail or prison, compared to 37 percent of alcohol-involved offenders and 34 percent of nonusing drug law violators. These data suggest that parental drug abuse and criminality may put children at considerable risk for later serious problems with drugs and the law. This cycle of drug abuse and criminality suggests that the children of current inmates are also vulnerable.

History of Victimization. Being a victim of childhood physical or sexual abuse has been associated with higher risk of adult substance abuse problems.²⁶ Accordingly, it is not surprising that inmates with histories as regular drug users are much more likely than other inmates to have experienced physical and/or sexual abuse. In state prison, 21 percent of regular drug users have histories of physical/sexual abuse, compared to 17 percent of alcohol-involved offenders and six percent of nonusing drug law violators. The percentages of reported physical/sexual abuse in state prisons (across all groups) represent increases over 1991 data, which showed that 15 percent of regular drug users,

12 percent of alcohol-involved offenders, and 3 percent of drug law violators reported such abuse.

Peer Groups. The participation in illegal activities among the friends of inmates suggests that friendship groups are strongly associated with deviant behavior. The data are consistent with research on juvenile delinquency that finds that peer involvement in deviant behaviors is a key risk factor for substance abuse and delinquency. Among state inmates, 86 percent of regular drug users have friends who participate in illegal activities, compared to 56 percent of alcohol-involved, and 42 percent of nonusing drug law violators. Friends' drug use and drug dealing are also much more commonly reported among regular drug users in state prison: 80 percent of regular drug users had friends who used drugs and 48 percent had friends who sold drugs. By contrast, 43 percent of alcohol-involved offenders in state prison report that their friends used drugs and only 16 percent report that their friends sold drugs.

The high rate of illegal activities among friends of drug-using inmates points to the importance of the social environment into which an inmate returns after release. Inmates who returns to an environment marked by high rates of peer criminality and drug use may be much more likely to resume such activities.

Second Typology

Demographic Characteristics. Across all three correctional systems, inmates who are recent primary marijuana users tend to be much younger than other inmates with a mean age of 24.1 in jails, 27.1 in state prisons, and 30.7 in federal prisons. Inmates who were recently using only a single hard drug weekly or less often also tended to be younger than average. Females are underrepresented in the recent marijuana use subgroup -- only two percent of this category in state prison and four percent in jails were female. Female inmates are most common in the most severe drug use category: ten percent of state and 16 percent of jail inmates in who recently used hard drugs on a frequent basis were female. Finally, across all correctional systems, black non-Hispanics are overrepresented among recent marijuana only users. Nearly three-quarters of state and federal prison inmates in that category were black non-Hispanic, as were 60 percent of jail inmates.

Education, Employment, and Income. The recent marijuana use group again was distinct in terms of educational background. They were the most likely inmates not to have earned a high school diploma or GED. (48 percent of state, 34 percent of federal, and 62 percent of jail inmates). Probably reflecting, at least in part, lower educational achievement, the marijuana only users were least likely among prison inmates to have been employed in the month prior to their arrest. However, inmates in the most severe drug use category also tended to have relatively low rates of employment. Paralleling the employment data, inmates in the marijuana only and heaviest drug use categories tended to be most likely to have earned illegal income in the month prior to their arrest, especially among state prison and jail inmates. For example, 41 percent of state inmates in the heaviest drug use category earned illegal income, as did 36 percent of the marijuana only group, compared with 24 percent or less in the other drug use categories.

The highest proportion of inmates reporting receiving public assistance was in the most severe drug use category. Inmates in the recent marijuana only category had a relatively low percentage reporting receipt of public assistance. Coupled with their low

employment rates, these data suggest that this subgroup relied more on illegal income for support than other inmate subgroups.

Family Structure. Inmates in the recent marijuana only category were most likely to have lived only with their mother while growing up. This probably reflects the high proportion in this category of African-Americans, who tend to be more likely to be raised in single parent households than other racial and ethnic groups.²⁷ However, having spent time in a foster home or institutional environment as a child was more associated with heavier drug use: Inmates in the three highest drug severity categories reported the highest prevalence of foster home experience.

The intergenerational cycle of drug use is evident from these data. The likelihood of having parents who abuse drugs and/or alcohol increases as the severity of inmate drug use increases. Although the relationship is not as stark as with parental drug use, inmates with more severe drug involvement tend to be more likely to have had a close family member who served time in prison. The lowest proportions were seen among inmates who neither used hard drugs nor had recent marijuana use.

History of Victimization. Consistent with our previous analyses, we found that a higher severity of drug use was associated with a greater likelihood of being abused. Although only 8-13 percent of inmates in the lower two drug severity categories reported such abuse, the prevalence jumps to over 20 percent for the other drug severity categories among state prison and jail inmates. Although overall rates of abuse are lower among federal prison inmates, the same pattern was found.

Friendship Groups. There is a strong correlation between peer behaviors and drug use. Illegal activity and drug use by friends were much less likely among inmates who never used hard drugs nor had recent marijuana use. In contrast, among inmates in the highest severity drug use category, most had friends who engaged in illegal activity or drug use. For example, among state inmates, 89 percent of those in the most severe drug category had friends who engaged in illegal activity, and 84 percent had friends who used drugs. Only 49 percent of inmates in the least severe drug use category had friends involved in illegal activity, and 36 percent had friends who used drugs. The same patterns were found for drug selling activity among friends. These data suggest the importance of reentry planning and aftercare programming that tries to ensure that inmates returning to their communities find new prosocial peer groups.

SUBSTANCE ABUSE AND CRIMINAL HISTORY

We analyzed the criminal history patterns of inmates with different substance abuse histories, and found a close link between them. Drug and alcohol users are much more likely than other inmates to have been previously convicted as a juvenile, to have served time for a minor offense, and to have been on probation or parole when they were arrested for their current offense. They also have more extensive criminal histories in general.

State Inmates

The recycling of drug- and alcohol-involved inmates through the criminal justice system greatly adds to the growing prison population. The number of prior convictions is strongly correlated with the likelihood that an inmate is a drug or alcohol abuser.

Overall, 51 percent of first offenders have used drugs regularly, compared to 88 percent of inmates with eleven or more prior convictions.

Regular drug users have much more extensive criminal records than those without drug involvement, no matter what type of crime they committed. The percentage of state inmates who have two or more prior convictions is about twice as high for those with a history of regular drug use, regardless of the offense for which they are currently incarcerated. For example, among property crime inmates, 39 percent of those who are regular drug users have two or more prior incarcerations, compared with 29 percent of property offenders who have never used drugs regularly. Similarly, 33 percent of violent offenders who are regular drug users had two or more priors, compared with 19 percent of those with no history of regular drug use.

Generally, in all correctional systems, the more severe the history of drug involvement (as measured by frequency, recency, and type of drug use) the greater the number of prior convictions and incarcerations. Among state inmates, 40 percent of those with no hard drug use or recent marijuana use had no prior sentences to incarceration or probation and 28 percent had three or more priors. In contrast, only 19 percent of the state inmates who had recent hard drug use and 13 percent who had frequent or multiple hard drug use had no priors, and 45 percent and 58 percent, respectively, had three or more priors. The exception to this pattern is between Types 3 and 4, which have similar conviction histories. This may reflect even though Type 3 inmates did not report recent hard drug use, their prior hard drug use may have associated with high rates of conviction and incarceration.

Federal Inmates

Although federal inmates are generally less likely to have prior convictions or incarcerations, similar patterns were found: substance-involved federal inmates have a much higher likelihood of being recidivists. As with state inmates, the more prior sentences a federal inmate has, the more likely that inmate is to be a regular drug user. While only 34 percent of federal inmates with no priors have histories of regular drug use, 68 percent of those with two priors and 74 percent of those with eleven or more priors had such histories.

As with the state inmates, regular drug users in federal prison have more prior incarcerations than those who are not regular drug users, no matter what type of crime they committed. The percentage of federal inmates who have two or more prior incarcerations is more than twice as high for those with a history of regular drug use, regardless of the offense for which he or she was incarcerated.

Jail Inmates

Local jail inmates have lower recidivism rates than state inmates and higher rates than federal inmates. However, as with state and federal prisoners, inmates who regularly use drugs or alcohol have higher rates of recidivism than other jail inmates. The more prior sentences a jail inmate has, the more likely that inmate is a regular drug user. While only 49 percent of jail inmates with no prior convictions have histories of regular drug use, 67 percent of those with two prior convictions and 87 percent of those with eleven or more prior convictions have histories of regular drug use.

Regular drug users in local jails have more prior incarcerations than those who report no regular drug use, regardless of the type of offense. Among jail inmates who committed property crimes, 54 percent of those who are regular drug users had two or more prior incarcerations, compared with 21 percent of those who have never used drugs regularly.

Juvenile Criminal History

Many current inmates first became involved with criminal activity and the justice system when they were juveniles. Regular drug users were considerably more likely than other inmates to have had at least one juvenile sentence. In state prison, 20 percent of regular drug users had been sentenced and served time at least once as a juvenile, compared with 12 percent of alcohol-involved offenders and eight percent of nonusing drug law violators. Although fewer federal inmates had juvenile records, the trends were similar. In jail, 16 percent of regular drug users, eight percent of alcohol-involved offenders, and five percent of nonusing drug law violators had such records.

Probation and Parole

Many inmates were already under the supervision of the criminal justice system when they committed the offense for which they were incarcerated. Among state inmates, regular drug users were slightly more likely than other inmates to have been serving a probation sentence at the time of their current offense (24 percent). Alcohol-involved offenders and nonusing drug law violators were equally likely to have been on probation at the time of arrest (20 percent for both). In federal prison, 15 percent of regular drug users and alcohol-involved offenders, and 11 percent of nonusing drug law violators were on probation when they committed their offense. Jail inmates were generally more likely to have been on probation, especially regular drug users (35 percent) and alcohol-involved inmates (38 percent).

Regular drug users in all systems were most likely to have been on parole when they committed their current offense. In state prison, one-quarter (27 percent) of regular drug users, 17 percent of alcohol-involved offenders, and 20 percent of nonusing drug law violators were on parole when they were arrested for their current offense. Similar patterns were found among federal prison and local jail inmates.

Overall, 50 percent of regular drug users in state prisons and 37 percent of alcohol-involved inmates were *either* on probation or parole at the time of their offense. In federal prison, the rates were 32 and 27 percent respectively, and in jails 49 percent and 46 percent.

These findings point to one difficulty of treating inmates with severe drug use patterns: their extensive criminal histories makes it harder for them to be employed and to be reintegrated back to their communities and families following release from incarceration.

TREATMENT PARTICIPATION

We have seen that a substantial proportion of the nation's prison inmates have significant histories of substance abuse linked to extensive criminal histories. But unless they are incarcerated for a violent crime or major drug trafficking offense, most

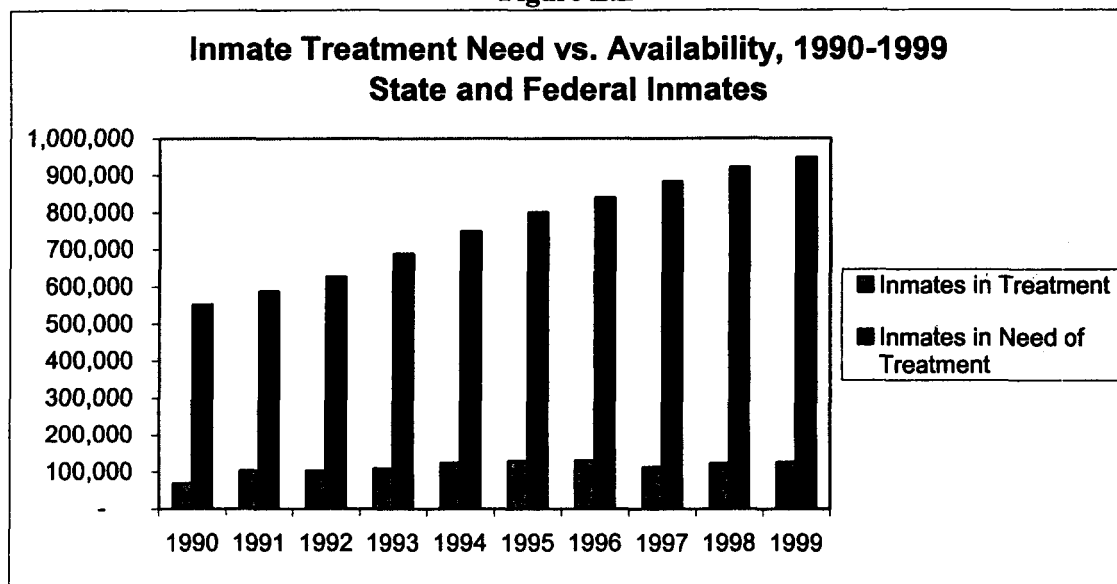
substance-involved inmates return to their communities. The average state prison sentence in 1998 was 57 months, of which only about 27 months are actually spent in prison and the remaining time on parole.²⁸ The chances of reducing recidivism and turning the ex-inmate into a productive member of society could be greatly enhanced if the inmate is given treatment and other services in prison, followed by aftercare in the community, with the goal of reducing dependence on drugs and alcohol and providing the educational and vocational skills needed to obtain a legitimate job.²⁹

We analyzed the substance abuse treatment experiences of inmates prior to and since their incarceration. Treatment participation in prisons and jails is limited, and has not increased since the 1991 inmate surveys. Relatively few inmates receive long-term intensive treatment.

In previous analyses of inmate survey data, we estimated that only one in four state inmates who were identified with a drug or alcohol problem (24 percent) received any substance abuse treatment over the course of a year, similar to the U.S. General Accounting Office estimate that fewer than 20 percent of identified substance abusers were enrolled in any type of prison-based treatment program.³⁰ This treatment includes short-term drug education or self help groups (which are not considered treatment programs by most clinicians), as well as longer-term intensive treatment. Residential treatment or long-term counseling is even rarer in prison settings.

Our updated analyses of national corrections treatment data indicate that the number of inmates needing treatment has continued to rise, while the low percentage of inmates in treatment has not changed. Between 1990 and 1999, as the total number of prison inmates needing treatment increased from 551,608 to 948,769, the number in treatment increased from 69,256 to 125,383 (Figure E.B).

Figure E.B



Note: The number of inmates needing drug treatment is calculated to be 75 percent of the total number of 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. Source: Beck, A. J., & Mumola, C. J. (1999). *Prisoners in 1998. Bureau of Justice Statistics Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Beck, A. J. (2000). *Prisoners in 1999. Bureau of Justice Statistics Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Camp, G. M., & Camp, C. G. (2000). *The Corrections Yearbook: 2000*. Middletown, CT: Criminal Justice Institute.

More importantly, between 1994 and 1999, as the number of inmates in need of treatment rose from 749,212 to 948,769, the number in treatment changed only slightly.³¹ In 1990, an estimated 13 percent of inmates needing treatment were in treatment; by 1999, the figure remained 13 percent.

Drug Treatment

The extent to which prison treatment is reaching those in need can also be measured by examining treatment participation data from the inmate survey. Despite the growing prevalence of substance involvement among inmates, treatment participation while in custody has decreased since the previous survey in 1991. In **state prisons**, only 24 percent of inmates had received any type of intervention (including self-help groups or drug education programs) since admission, down from one-third of inmates in the 1991 survey. Among regular drug users, 38 percent had received any treatment, compared with 44 percent in 1991. Only ten percent of state inmates had received any clinically or medically based treatment since admission (15 percent of regular drug users).

Federal prison inmates were about equally likely as state inmates to have received drug treatment, but participation has increased somewhat since 1991. Twenty-four percent of federal inmates reported receiving any type of intervention, up from 21 percent in 1991. Nine percent received clinical treatment in 1997. Among regular drug users, 39 percent had received any intervention, compared with 40 percent of regular drug users in 1991.

Finally, treatment participation for **jail inmates** was much lower than for those in prison, primarily reflecting shorter stays and the greater difficulty of providing treatment and other services in the local jail setting.³² Only eight percent of jail inmates reported receiving any type of drug intervention since admission, and only three percent received clinical treatment. Among regular drug users, 15 percent had received any type of intervention.

As expected, regular drug using inmates in all correctional systems were somewhat more likely to have ever participated in substance abuse intervention. For example, in state prisons 43 percent of regular drug using inmates had ever participated in clinical substance abuse treatment and 64 percent in either clinical treatment or self-help interventions, compared with 34 percent of drug law violators and 55 percent of state inmates overall. Yet only 15 percent of state inmates with a history of regular drug use had participated in clinical drug treatment since their admission (26 percent had been in a self-help group or drug education program). In local jails, only four percent of regular drug users received clinical treatment since their admission, although 45 percent had ever received clinical drug or alcohol treatment in their lifetime.

Alcohol Treatment

Participation rates in treatment or self-help/education programs for alcohol problems since admission were similar to the rates for drug treatment. For example, in state prisons, 24 percent of inmates had received any type of treatment or participated in a self-help group or alcohol education program. Among federal inmates 20 percent participated, and among jail inmates only nine percent. Alcohol treatment or program experience while previously on probation or parole was very similar to treatment for drug problems. Compared with data from the 1991 inmate survey, participation in treatment or

other programs for alcohol problems has decreased in state prisons (30 percent in 1991) and increased in federal prisons (15 percent in 1991).

As one would expect, in both systems alcohol-involved offenders are the most likely to have ever received alcohol treatment--more than half reported such treatment. Almost one-third of regular drug users in state prison and 14 percent of regular drug users in federal prison had participated in alcohol abuse treatment--suggesting the complexities and interrelatedness of substance abuse problems.

Alcohol treatment is not as common among jail inmates, with 15 percent having ever participated in an alcohol abuse treatment program. However, 20 percent of jail inmates say that they have been an alcoholic, including 24 percent of regular drug users, 37 percent of convicted alcohol-involved offenders, and three percent of nonusing drug law violators.

Types of Substance Abuse Interventions

Self-help groups are the most common type of correctional program used to address substance abuse problems in state prisons and local jails. Twenty-two percent of state prison inmates, 11 percent of federal inmates, and eight percent of jail inmates had attended self-help or peer-support groups while incarcerated. The prison percentages are higher than in 1991, when 17 percent of state and 9 percent of federal prisoners reported having attended such services. Twelve percent of state prison inmates, 17 percent of federal inmates, and three percent of jail inmates had attended drug education groups while incarcerated.

Only five percent of state inmates, four percent of federal inmates, and one percent of jail inmates received counseling for substance abuse problems since their admission.

Although TCs have received the most research attention, the number of TC and other residential beds in correctional facilities is quite limited and relatively few inmates are enrolled in such programs. Among state and federal prison inmates, only seven percent reported receiving treatment in a residential setting since their admission, as did only two percent of jail inmates.

OTHER ISSUES AFFECTING TREATMENT DELIVERY

The delivery of effective treatment to inmates is complicated by the numerous other problems typical of substance-involved inmates. Substance-abusing inmates have many health problems, and the costs of treating these problems can draw vital prison and jail health care dollars from substance abuse treatment services. The high prevalence of educational and vocational deficits means that, absent aftercare and transitional services, inmates reentering the community face a difficult time even if they have received treatment while in custody.

Given the connections among crime, poverty and poor health, it is not surprising that many inmates enter prison in need of medical services.³³ Health services of particular relevance for drug-addicted offenders include mental health services and services for the treatment of HIV and other infectious diseases. A substantial proportion of drug- or alcohol-abusing offenders enter prison with dental problems, various infections, nutritional deficiencies, liver problems, violence-related injuries, and other

physical and mental trauma.³⁴ For drug-using women offenders, sexually transmitted disease treatment services and pre- and post-natal care are often needed.

Psychological Health

It is well-established that offenders have high rates of mental health disorders as well as co-morbid substance abuse and mental health.³⁵ Beyond the psychological issues that may surface in conjunction with the physiological and behavioral affects of substance abuse, many substance abusers have prior psychological problems that need to be addressed. For example, the 1996 jail and 1997 prison inmate surveys indicate substantial rates of childhood physical or sexual abuse, especially among women inmates and regular drug users. In state prison, 57 percent of women (62 percent of regular drug users and 42 percent of others) and 16 percent of men (18 percent of regular drug users and 13 percent of others) report having ever been physically and/or sexually abused. In federal prison, 41 percent of women (55 percent of regular drug users vs. 28 percent of other women) and seven percent of men -- nine percent of regular users, four percent of other males) had been physically and/or sexually abused. In jails, 46 percent of women and 13 percent of men had been physically and/or sexually abused.

Drug- and alcohol-involved inmates are more likely to have had prior mental health treatment or to have taken medication for a mental health problem compared with non-using drug law violators. Among **state inmates**, 32 percent of regular drug users and 28 percent of alcohol-involved inmates reported some indication of a mental health problem, compared to 12 percent of drug law violators. However, 28 percent of non-users also had such histories of mental health treatment or medication. In **federal prison**, the comparable figures were 20, 23, eight, and 17 percent. These numbers represent consistent increases in mental health treatment among drug- and alcohol-involved inmates over figures from the 1991 prison survey data.

Among **jail inmates**, drug abusers are the most likely group to be in need of mental health services. Thirty-three percent of regular drug users indicated some evidence of a current or past mental health problem, compared with 14 percent for drug law violators and 22 percent for alcohol-involved offenders.

Physical Health

Among **state inmates** receiving a tuberculosis (TB) test since admission, 13 percent tested positive overall. Among those ever tested for HIV, two percent were positive. Twenty-eight percent had been injured since admission, seven percent had a health problem that required surgery, and 15 percent had at least one other medical problem (not including cold, virus, or flu). Overall, 49 percent of inmates (whether or not substance-involved) had one or more of these medical problems. There were no differences in these health indicators by specific substance use categories (data not shown).

The findings were similar for **federal inmates**: overall, 48 percent had one or more medical problems. Federal and state inmates had similar prevalence of positive TB tests, injuries, or other health problems and these conditions did not vary by substance involvement.

Finally, substance involvement was somewhat related to some medical problems among **jail inmates**. Eleven percent of jail inmates had been injured since admission,

and 34 percent had had one or more medical problems.* Substance-involved jail inmates were slightly more likely to have had non-injury medical problems since admission (39 percent vs. 32 percent of those not substance-involved).

Education, Employment, and Income

Drug- and alcohol-involved inmates frequently have educational deficits and sporadic work histories that can affect long-term recovery and complicate transition back to the community.³⁶ Once released from prison, an inmate who has few marketable skills and limited opportunities for employment is more susceptible to relapse into drug and alcohol abuse and resumption of illegal activity.

Most prison systems offer some form of vocational training and educational programming in addition to the regular prison work assignments in which most prisoners are required to participate. However, there has been little research on the effectiveness of these programs in general or for substance-involved inmates specifically. A further complication is that for many inmates their physical or mental health problems make it difficult for them to sustain employment or successfully complete educational programs. For example, 21 percent of substance-involved state inmates report having a physical or mental health condition that limits the amount or type of work they can do.

According to the 1997 **state inmate** survey, 38 percent of all inmates received some academic education within prison since their admission. Approximately one-fourth participated in high school level educational programs (23 percent). Ten percent of state inmates received college level education in prison. Less than one-third of both men and women (31 percent) had received vocational training in prison.³⁷

There is only slight variation in rates of participation in education and vocational training across substance user/offender categories. Regular drug users in state prison are the most likely to have participated in both educational (37 percent) and vocational training programs (32 percent); these percentages show decreases in program participation (particularly educational programs) compared to 1991 prison survey data.

However, among substance-involved state inmates, only 43 percent of those without a high school diploma had received educational training since admission (57 percent of federal inmates, and only 17 percent of local jail inmates). Among substance-involved state inmates who were unemployed prior to their arrest, only 29 percent had received any vocational training (26 percent of federal and five percent of jail inmates). Access to vocational and educational programs is limited in local jails, reflecting in part the relatively short and uncertain length of stay.

Participation rates were similar in the **federal prisons**: 29 percent had received some vocational training and 45 percent participated in an educational program. Slightly under one-fourth (23 percent) participated in high school level educational programs and 13 percent of inmates received college level education in federal prison.

In **jails**, given that inmates are incarcerated for relatively short periods of time, extensive educational and vocational training may be impractical. However, even a brief training program that helps the inmate access such activities after release could greatly enhance employability, thus helping the inmate to stay drug- and crime-free.

* Unlike the state and federal inmate survey, the medical problem question on the jail survey includes colds or flu.

Housing

Access to affordable, drug-free housing is important for inmates returning to the community following incarceration.³⁸ But inmates reentering the community face many obstacles to finding adequate housing. Ties to their families or friends may have been severed during incarceration. Released inmates seldom have the financial resources to put down a deposit for an apartment or house rental, and public housing may be denied because of their criminal records. Few inmates leave prison directly into a job. Landlords may also inquire about past criminal activity and refuse to rent to ex-inmates.

Inmates tend to come from low socioeconomic strata and have relatively high rates of prior homelessness. Among **state inmates** 13 percent of regular drug users were homeless at the time of their arrest, as were 24 percent of jail inmates who were regular drug users. Including those inmates who were living in a homeless shelter, rooming house, hotel or motel, or group living situation, 15 percent of substance-involved state inmates, compared to six percent of non-involved inmates, had an indication of a potential housing problem. Most of this difference reflects the impact of regular drug use: 16 percent of regular drug users and seven percent of other inmates had a housing problem.

Summary

The higher the severity of drug involvement, the greater the number of other service needs. For example, among state inmates, 24 percent of those in the most severe drug use category (used hard drugs daily in the month before the offense, or multiple hard drugs) had three or more other problem areas.* By comparison, only 14 percent of state inmates in the second least severe drug use category, and 12 percent of those who never used drugs or had used only marijuana in the past, had three or more problem areas. Similar patterns were found among federal and local jail inmates.

WOMEN INMATES

Women have become increasingly involved with drugs and drug crime, and female drug law violators are the fastest growing segment of the prison population. From 1980 to 2000, the number of women incarcerated in prison and jails increased by 575 percent (from 24,180 to 163,102), while the number of men increased by 284 percent (from 477,706 to 1,835,924).³⁹ Women accounted for 6.7 percent of all inmates in 1999.⁴⁰ The average annual increase in the number of state and federal inmates from 1990-2000 was 8.1 percent for women and 6.2 percent for men.⁴¹ Similar to men, 84 percent of female inmates are involved with drugs or alcohol (up slightly from 80 percent in 1991), but drug use is more likely to be closely associated with the crimes of female than of male inmates.

Women in prison and jail are more likely to be incarcerated due to drug law violations than are men. In state prison, by 1999, 34 percent of all women were convicted of a drug law violation, compared to 20 percent of men.⁴²

* Ever physically or sexually abused, other psychological problems, educational needs, employment problems, history of HIV or TB infection, or housing needs.

In federal prison, women offenders are even more likely to be drug law violators. Between 1980 and 1997, the proportion of women who were drug law violators increased from 21 percent to 72 percent, compared to an increase from 22 percent to 57 percent for men. In local jails between 1983 and 1996, the proportion of women incarcerated for a drug law violation increased from 13 percent to 30 percent (compared to an increase from nine to 22 percent for men), accounting for nearly half of the overall growth in female inmates.⁴³

The proportion of **state inmates** who have a history of regular drug use is slightly higher for women than men (73 percent vs. 69 percent); both of these percentages are higher than they were in the 1991 inmate survey (65 percent of women; 62 percent of men). However, women are more likely than men to have been under the influence only of drugs when they committed their crime (23 percent vs. 14 percent), and 30 percent of women in state prison committed their crimes to get money for drugs, compared to 18 percent of men. In 1991, only 24 percent of women in state prison committed their crimes to get money for drugs (compared to 17 percent of men).

A history of drug abuse is not as common among women in **federal prison**. Women in federal prison are less likely than men to have been regular drug users. 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. Convicted women in **jail** are more likely than men to have used drugs regularly in the month before their crime (53 percent vs. 47 percent), and to have committed their offense to get money for drugs (27 percent vs. 18 percent). These numbers represent a slight increase from the 1989 inmate survey for both women and men.

In state prison in 1997, 25 percent of women received drug treatment while in prison, compared to 19 percent of male inmates. This indicates a decrease in state prison drug treatment for women since 1991, when 37 percent of women reported receiving such treatment. In federal prison in 1997, 17 percent of women received drug treatment, compared to 15 percent of males. As was the case in state prisons, fewer women received treatment in federal prisons compared to 1991,

For women inmates, involvement with drugs may be motivated by different underlying individual and social circumstances. Many drug abusers, both male and female, experience compounding mental health problems. The use of drugs among women may be triggered by different experiences than the drug use of men. Research suggests that histories of physical and sexual abuse, and other issues that are likely to affect the mental health of an individual, are more closely connected to women's drug use. Women who abuse substances often suffer more intense emotional distress, psychosomatic symptoms, depression, and self-esteem problems than their male counterparts.⁴⁴

Histories of sexual and physical abuse further complicate the substance abuse treatment of women in prison and jail. A history of childhood abuse--especially sexual abuse--may be associated with the development of alcohol problems for women.⁴⁵ Alcoholic women are twice as likely as alcoholic men or nonalcoholic women to have been beaten or sexually assaulted as a child.⁴⁶ Victims of sexual abuse are more likely to participate in risky sex.⁴⁷ Substance-abusing women in prison and jail have experienced abuse at much higher rates than incarcerated men.⁴⁸ In state prison, women are seven

times more likely than men to have been sexually abused. In jail, they are nine times more likely to have been sexually abused.

For both men and women, involvement in drugs and alcohol is likely to lead to general neglect of their health. For women, however, health issues are often more prevalent, serious, and complicated, particularly those caused by sexually transmitted diseases (STD).⁴⁹ Not only are drug-using women more likely to participate in risky sexual behaviors than drug-using men, they are also more susceptible to contracting STDs through such activity. Women are disproportionately affected by STDs, as infection is more often asymptomatic and therefore goes unrecognized and untreated.⁵⁰ Untreated STDs in women are more likely to lead to serious health complications, such as pelvic inflammatory disease, cervical cancer, and infertility.⁵¹ Further, untreated STDs are associated with increased rates of HIV-transmission.⁵² HIV/AIDS infection is more common and growing more rapidly among women inmates than among men. Between 1991 and 1999, the number of HIV-positive female state inmates jumped by 107 percent (from 1,159 to 2,402) compared to a 37 percent increase for males (from 16,150 to 22,175).⁵³ Women in state prison are more likely than men to be infected with HIV (3.5 percent compared to 2.2 percent).

For women inmates, HIV education and prevention skills are essential to impart knowledge of the consequences of drug use and to teach skills that will allow women to protect themselves from the transmission of HIV. Such skills include negotiating with a partner to use condoms and asking a partner about his or her sexual or IDU history. Further, it is important that HIV education and treatment programs address the sexual abuse histories as well as other social and psychological factors that may contribute to increased risk for HIV transmission.

More than half of substance-involved women have children under 18 who lived with them prior to incarceration: 67 percent of state, 77 percent of federal, and 54 percent of jail inmates. Finally, nearly half of female state prison inmates (48 percent) have children age 10 or younger and 28 percent have children age 5 or younger, a higher prevalence than for male inmates. Females in local jails are even more likely to have young children (55 percent 10 or younger and 39 percent 5 or younger). Treatment for women will be most effective if it addresses the financial and practical needs of these incarcerated mothers by offering family services and transition and aftercare programs. Not only do these parental responsibilities have important implications for treatment, but the children of these substance-involved inmates are at high risk for substance abuse and criminality in their own lives.

Substance-involved women inmates are less likely than nonusing women, and much less likely than men, to have worked prior to their imprisonment.⁵⁴ In state prison, less than half (48 percent) of substance-involved women were employed prior to incarceration. In federal prison, 61 percent were employed, and in jails, 38 percent.

The parental responsibilities of most substance-involved women in prison and jail underscore their need to acquire vocational and educational skills. Most incarcerated mothers expect to return to their children after release and do not expect to receive any financial or emotional support from the fathers of these children.⁵⁵ Vocational and educational training would enable incarcerated women to get jobs that can assist them in raising their children once they are released.

SUBSTANCE ABUSE AND HIV/AIDS IN PRISONS AND JAILS

Substance-involved inmates have relatively high rates of HIV infection and behaviors that put them at risk for HIV and AIDS. Corrections budgets may be increasingly strained in the coming years with the cost of treating HIV-related illnesses linked to chronic drug abuse. At the same time, the presence of large numbers of at-risk substance abusers provides an opportunity for the correctional system to educate inmates about reducing their risk behaviors and to give them the tools to lower the chances of HIV infection after they are released into the community.

HIV and Injection Drug Use

Injection drug use (IDU) is the second most common means of exposure to HIV in the United States, accounting for approximately one-third of AIDS cases among adults.⁵⁶ Among inmates, IDU is estimated to be the most common means of exposure to HIV.⁵⁷ One-fifth (20 percent) of all state inmates and 12 percent of federal inmates report histories of IDU. Among regular drug users in prisons, however, 28 percent of state and 20 percent of federal inmates had injected drugs. These rates are slightly lower than they were in 1991. The IDU rate climbs to 40 percent among those who had used drugs in the month prior to committing the offense. Similar percentages of all inmates had histories of heroin (17 percent) or cocaine (16 percent) injection, so cocaine users are also at risk for HIV infection and AIDS. Some studies have indicated that cocaine IDUs have higher rates of needle sharing than heroin IDUs.⁵⁸

A history of needle sharing, a very high-risk behavior for HIV transmission, is also common among inmates, especially in state prisons. Nine percent of state inmates (and 13 percent of regular drug users) and five percent of federal inmates (9 percent of regular drug users) report having ever shared needles to inject drugs. However, these percentages represent decreases in rates of needle sharing compared to 1991 inmate survey data.

Thus, among the over 1.2 million inmates in state prisons at the end of 2000 were approximately 250,000 with histories of IDU and 111,000 with histories of needle sharing, up from 170,000 and 85,000 in 1991 respectively. Given the high HIV prevalence rates among IDUs and needle-sharers, prisons may face enormous future costs of providing medical care to inmates infected with HIV or with AIDS.

Non-injection drug use can also put offenders at risk for HIV. Crack smokers in the criminal justice system have a relatively high risk of HIV infection from engaging in sex with multiple partners.⁵⁹ 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.⁶⁰ In 2000, state prisons contained an estimated 280,000 inmates who had used crack, including more than 200,000 who had used crack regularly.

At the end of 1999, there were an estimated 25,757 HIV-positive inmates in state and federal prisons--the HIV prevalence rate was 2.3 percent in state prisons and 0.9 percent in federal prisons.⁶¹

In addition to high HIV infection rates, the number of prison inmates with confirmed AIDS increased from 179 in 1985 to 6,642 in 1999, although with the advent of new antiviral medications the growth in new AIDS cases has stabilized.⁶² In 1999, the

percent of inmates with confirmed AIDS (0.6 percent) was still five times higher among state and federal inmates than in the general U.S. population (0.12 percent).⁶³

Like state prison inmates, large numbers of local jail inmates have histories of IDU and related high-risk behavior, and many inmates are already HIV-positive or have AIDS. Nationally, 17 percent of jail inmates report that they have injected drugs, and seven percent have shared needles. At the end of 1999, about 1.7 percent of inmates in surveyed local jails were either HIV-positive (8,615 inmates) or had AIDS (1,888 inmates).⁶⁴ Larger jail jurisdictions held a greater share of HIV/AIDS-infected inmates--with about 2.3 percent of their populations affected.⁶⁵

Most state and federal prisons and jail facilities provide at least some instructor-led AIDS education programs. However, prison-based HIV education and prevention services often rely too heavily on written HIV education materials. Few facilities offer any peer education programs that have been found to be effective in the reduction of HIV risk behaviors upon release from prison. Additionally, African-Americans and Hispanics are at disproportionate risk of incarceration for drug-related crimes and for HIV infection, yet corrections-based HIV programs are not always sensitive to important aspects of culture, race (as well as gender) that affect the response to HIV risk reduction programs.

Few correctional systems have implemented key elements of the National Commission on AIDS guidelines for prison-based HIV services. For example, prisons often do not provide information on cleaning injection equipment or proper condom use. Programs that are available are often rarely available or provide little psychosocial or supportive services. HIV/AIDS programs are also underdeveloped in most jail facilities. Overall, HIV education programs that teach risk reduction techniques, understand the barriers to behavioral change, and evaluate inmate HIV knowledge are needed to address the drug-related HIV risks among inmates. Further, there must be more empirical research about effective models for providing needed services.

ESTIMATING THE NEED FOR DRUG TREATMENT AMONG INMATES

Our analyses of the most recent inmate survey data clearly point to extensive and growing histories of drug and alcohol involvement among incarcerated populations. It is also apparent that a minority of inmates with substance abuse problems participate in treatment programs while incarcerated. Further, we have seen that the substance-involved inmate population is heterogeneous: inmates have different intensities of substance involvement, and different constellations of other problems that require service intervention. Moreover, substance-involved inmates also have many other social, health, and economic problems that complicate the delivery of effective treatment services.

Because it is unlikely that correctional systems will ever be able to provide "treatment on demand" to all inmates, especially long-term and intensive treatment, it is important to distinguish among different levels of treatment need. Not all inmates need intensive residential treatment, and some inmates can be served with short-term interventions. By examining the patterns of drug use severity, drug-related consequences, and other problem areas, we tracked inmates into several different levels and types of treatment needs. The proposed model parallels the American Society of Addiction Medicine (ASAM) Patient Placement Care Criteria, which provides guidelines for placement of patients with drug problems in a hierarchy of five treatment settings ranging from early intervention through intensive inpatient treatment.⁶⁶ The ASAM

placement criteria recognize the need for more intensive care and additional services where the drug problems and their consequences are more severe. Other researchers have linked a hierarchy of treatment intervention level to both severity of drug dependence and the severity of other social and health problems.⁶⁷

Our treatment needs model assumes that the more severe the drug use, the more intensive the necessary treatment.⁶⁸ We also hypothesize that inmates with a greater number of other health and social problems will require more intensive intervention. For purposes of these analyses, we focus on drug treatment and do not take into account alcohol use. Most inmates have used alcohol and many have abused alcohol, but we assume that drug treatment interventions will also deal with alcohol problems. Separate analyses would be needed to estimate the number of inmates needing different types of alcohol treatment.

We start with two dimensions to determine the intensity of drug treatment needed: the severity of the inmate's drug problem on one axis and the number of other problems on the other axis.* A third dimension is added within each cell: whether the inmate has reported experiencing three or more drug-related problems in their lifetime. The purpose of this other measure is to add "depth" to the estimated drug severity measure so that we do not rely solely on quantity/frequency measures of drug use, but also take into account the extent to which the inmate has experienced negative consequences as a result of his or her drug use.

We propose four levels of treatment need:

- no treatment indicated (for inmates showing low levels of drug use, drug-related problems, and other problems);
- short-term intervention;
- outpatient treatment;
- residential treatment (for inmates with recent histories of frequent hard drug use, three or more drug-related problems, and a relatively high number of other problems).

We recognize that these treatment needs assignments are somewhat subjective and that others could make other assumptions about the types of treatment needed for inmates with different characteristics. We present these findings as one reasonable scenario to illustrate the potential types of treatment needs in the inmate population. Correctional officials and policy makers may be more or less conservative or cost-conscious in estimating the treatment needs for their correctional system. The basic underlying concept should not change, however: more extensive drug use, more drug-related problems, and more other problems should indicate a need for more intensive treatment.

Using this framework, we calculated prevalence estimates for each of the cells in the grid for the three correctional systems (state, federal, and local jail), based on the 1995-7 inmate survey data. We calculated prevalence rates separately for male and female inmates because most systems house males and females in separate facilities, and treatment programs would have to be sited separately as well.

* Other problems include evidence of psychological, educational, employment, housing, health, or a history of sexual or physical abuse.

Tables E.4 through E.6 present the prevalence estimates for each treatment type. In **state prisons**, our analyses yield an estimate that at the end of 2000, there was a need for 363,295 residential beds and 216,061 outpatient slots for males and 42,558 residential beds and 13,140 outpatient slots for females. Female state prison inmates have a much higher estimated need for residential treatment (52 percent of female inmates) than males (32 percent). We estimate that about 30 percent of male state inmates and 23 percent of females needed no drug treatment intervention.

Table E.4

***Estimated Drug Treatment Resource Needs,
2000, by Gender
State Prison***

	Male		Female	
	N	%	N	%
Residential	363,295	31.5	42,558	52.3
Outpatient	216,061	18.7	13,140	16.1
Short-Term Intervention	233,835	20.2	6,789	8.3
No Drug Treatment Needed	341,918	29.6	18,880	23.2
Total	1,155,109	100.0	81,367	100.0

Table E.5

***Estimated Drug Treatment Resource Needs,
2000, by Gender
Federal Prison***

	Male		Female	
	N	%	N	%
Residential	29,583	21.9	2,487	24.3
Outpatient	19,458	14.4	1,650	16.1
Short-Term Intervention	34,130	25.3	1,209	11.8
No Drug Treatment Needed	52,000	38.5	4,900	47.9
Total	135,171	100.0	10,245	100.0

Table E.6

*Estimated Drug Treatment Resource Needs,
2000, by Gender
Jail*

	Male		Female	
	N	%	N	%
Residential	167,067	30.8	34,743	49.3
Outpatient	101,622	18.7	13,560	19.3
Short-Term Intervention	117,291	21.6	5,627	8.0
No Drug Treatment Needed	157,140	28.9	16,485	23.4
Total	543,120	100.0	70,414	100.0

A lower percentage of **federal prison** inmates were projected to need treatment than state inmates. Our analyses indicate that 22 percent of male federal inmates (29,583) need residential treatment, as do 24 percent of females (2,487). Almost two-fifths (39 percent) of male federal inmates and 48 percent of females are estimated to need no drug treatment intervention.

In local **jails**, the treatment need prevalence estimates are similar to those for state prisons. We estimate that in 2000 there was a need for 167,067 male and 34,743 female residential beds, and 101,622 and 13,560 female outpatient slots.

Given the relative lack of treatment availability in prisons and jails, It should not be surprising that the estimated treatment needs are well beyond the actual number of treatment beds or slots currently available in prisons and jails. The challenge for correctional systems, legislators, and policy makers will be to achieve substantial expansion of treatment capacity. Although the initial funding outlay and logistical issues would be considerable, we believe that an extensive expansion of treatment access is needed to begin to meet the demand for such services. The long-term payoffs in terms of reduced recidivism, easier transition to the community following release, and reduced drug abuse are likely to be substantial.⁶⁹

CONCLUSIONS

To a large extent, the growth in the inmate population reflects law enforcement and criminal justice policies toward drug offenders and the close links between substance abuse and crime. Our analyses of the 1995-1997 national inmate surveys find that the preponderance of inmates have histories of alcohol or drug involvement: 82 percent of state, 86 percent of federal, and 85 percent of local jail inmates had violated drug or alcohol laws, were under the influence of drugs or alcohol during their offense, committed a crime to get money to buy drugs, have a history of drug or alcohol abuse and addiction, or share some combination of these characteristics. Using two different classification schemes, we found that inmates vary in the type, intensity, and recency of their drug and alcohol use.

Chronic alcohol use is also common among inmates. About one-quarter of inmates used alcohol daily or almost daily during the year prior to their offense. One-quarter of state and local inmates had three or more positive responses to the CAGE screening instrument, indicative of an alcohol problem. No matter what type of crime they had been incarcerated for, about half of inmates were under the influence of drugs, alcohol, or both, at the time they committed their offense. Inmates who were drinking at the time of their offense consumed large amounts of alcohol, especially those committing violent crimes. All drug use prevalence indicators increased from the previous inmate surveys conducted between 1989 and 1991.

From 1980 to 1997, the proportion of the state prison population who were incarcerated for drug law violations more than tripled, from six percent to 21 percent, while the proportion incarcerated for violent and property crimes declined. Similar patterns occurred in federal prisons and local jails.

Given the financial resources needed to support addiction, involvement with highly criminal drug-using subcultures, high conviction and incarceration rates for drug law violators, and the presence of mandatory minimum sentencing laws in most states, chronic untreated drug and alcohol abuse is likely to lead to rearrest and reincarceration. High rates of recidivism among substance-involved inmates have also contributed to the growth of our prisons and jails.

With important implications for the more effective delivery of corrections-based treatment and other health and social services, we found that a history of involvement with drugs or alcohol distinguished inmates on a number of dimensions. Compared with other inmates, substantial proportions of substance-involved inmates were unemployed at the time of their offense, had no high school diploma, earned money through illegal income, spent time as a child in foster homes or institutions, had parents and peers who were involved in substance abuse and crime, or had histories of victimization from physical or sexual abuse. Women inmates in particular have a high prevalence of victimization from abuse.

Despite encouraging findings on the efficacy of prison-based residential substance abuse treatment (linked to aftercare services in the community) and the ever-increasing number of inmates in need of such treatment, the availability of treatment remains substantially lower than the need. Treatment participation rates in state and local facilities actually appear to have declined somewhat since the previous national inmate surveys. And most of this treatment is relatively short-term, non-intensive drug education, or 12-step groups such as Alcoholics Anonymous or Narcotics Anonymous, rather than the more intensive long-term psychotherapeutic or residential treatment needed by many inmates.

Our estimates of the projected need for treatment slots suggests that correctional systems need to greatly expand treatment capacity. In all correctional systems, a majority of inmates need drug or alcohol treatment, and large numbers need intensive residential treatment. Current capacity is woefully inadequate, and expanding treatment access will be a real challenge for correctional systems. Finding the resources to fund new capacity, recruiting and training treatment staff, locating space, motivating inmates to engage in treatment, determining the optimal timing of treatment delivery during incarceration, and resolving the tension between punitive and rehabilitative models of corrections are considerable barriers to overcome.

Designing and administering effective substance abuse treatment services in correctional settings also requires attention to a range of inmate needs. Prison treatment alone, although necessary, is not sufficient to break the drug-crime cycle for many inmates. Even if more treatment were available, many substance-abusing inmates have other problems, such as mental or physical health needs and educational and vocational deficiencies that complicate the treatment and recovery process. The many social and legal consequences of incarceration must also be recognized as they impact the continuation of treatment and employability of inmates after they are released on parole. Research on prison-based residential treatment indicates that long-term impacts are greatly enhanced when released inmates engage in aftercare treatment services in the community.⁷⁰

As corollaries to expanded treatment capacity, correctional systems must improve the process of assessment. Incoming inmates should be routinely assessed for substance abuse and related problems using clinically validated instruments. More research and more sophisticated data collection and analysis are needed on the operations and impact of correctional treatment and aftercare services. Treatment programs for inmates and parolees should continue to be tested and evaluated to determine which modalities work best for which offenders. More research on the key elements of treatment that reduce relapse and reduce recidivism should also be encouraged. It is also important to learn more about how to increase inmate participation in treatment, education, and job training programs. Finally, corrections departments must improve and increase staff training 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 more effectively assist inmates in the recovery process. Parole and Probation departments must also assure that their staff is trained to deal with alcohol and drug abuse, and to assist parolees and probationers in locating addiction services and staying in treatment. State substance abuse, health, and education policy makers need to expand training for substance abuse counselors to increase the number of qualified counselors available for expanded corrections-based treatment. Treatment and recovery issues raised by the particular needs and problems faced by inmates should be incorporated into substance abuse counseling curricula.

Most of these changes in policies need to be developed and implemented at the state and local level if they are to reduce the economic and social costs of incarcerating substance abusers and addicts in state prisons and local jails. But continuing federal leadership is also needed to (1) support national research on correctional treatment and the impacts of alternatives to incarceration; (2) guide the development of and provide funding for program demonstrations; (3) disseminate information about best practices and research findings to policy makers; (4) help provide training and technical assistance for practitioners in the criminal justice and treatment communities; and (5) provide funding for expanding treatment access for prison inmates and offenders in other parts of the criminal justice system.

Expanding access to substance abuse treatment and other services during and after incarceration will require a major shift in priorities and in the way we conceive of crime and punishment, as well as a substantial initial financial investment in expanded treatment and other services. However, the potential rewards are enormous in terms of reduced crime, incarceration, recidivism, and addiction.

Chapter I

INTRODUCTION AND OVERVIEW OF THE INMATE POPULATION

Over the past 20 years, substance abuse and the enforcement of anti-drug laws have fundamentally affected the growth of America's prisons and the types of inmates they house. Using data from the most recent national surveys of prison and jail inmates sponsored by the U.S. Department of Justice Bureau of Justice Statistics, this report presents a comprehensive analysis of the substance use patterns of inmates and the relationship between substance abuse and the growth in inmate populations. Updating and expanding analyses of earlier inmate survey data¹, we explore the relationship between type and intensity of substance abuse and other health and social problems, analyze the access to treatment and other services, and make quantitative estimates of the need for different types of treatment services in correctional systems.

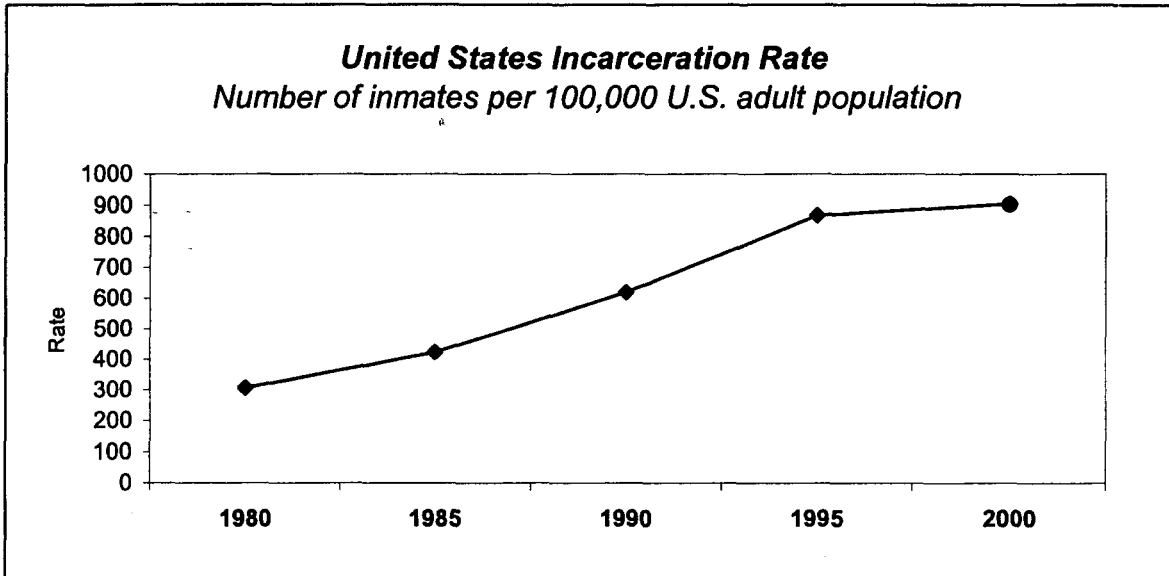
The Inmate Population: Overview

Between 1980 and 2000, the total number of inmates in the United States nearly quadrupled from 501,886 to 2,071,686.^{* 2} The state prison population increased by 318 percent (from 295,819 to 1,236,476 inmates), the federal prison population increased by 512 percent (from 23,779 to 145,416 inmates), and the number of local jail inmates increased by 241 percent (from 182,288 to 621,149).³ As a consequence, the cost of constructing, maintaining, and operating prison and jail facilities increased from \$4.3 billion in 1980 to approximately \$43 billion in 2000.⁴ Although the rate of increase in incarceration has begun to slow⁵, the United States still has one of the highest incarceration rates in the world. In 1980, there were 221 state and federal prison and local jail inmates for every 100,000 residents; by 2000, that figure had increased to 690.⁶

* The estimate is based on year-end 2000 counts for state and federal prisoners, and mid-year 2000 counts for jail inmates.

Jails detain few younger offenders (less than one percent of jail inmates are under the age of 18), and less than one-half of one percent of state and federal inmates are juveniles.⁷ In a direct comparison to the adult population in the United States, there were 905 inmates per 100,000 adults in 2000 (Figure 1.A).*

Figure 1.A



Source: Beck, A. J., & Karberg, J. C. (2001). Prisoners and jail inmates at midyear 2000. *Bureau of Justice Statistics Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Snell, T. L. (1995). *Correctional populations in the United States, 1993*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; U.S. Census Bureau. (2000). [Online]. *U.S. Census 2000: Resident population*. Available: <http://www.census.gov>.

Substance use and abuse and involvement with drug crime are endemic among those behind bars in the United States. Our analysis reveals that nearly 1.7 million of the 2 million adult Americans in prison or jail (83 percent) are seriously involved with drugs or alcohol.[†]

* The United States rate is based on an 18 and older population of 205,576,000 in 2000.

[†] Unless otherwise noted, all 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 state, federal, and local inmates. The most recent survey of state and federal prison inmates was conducted in 1997 and of local jail inmates in 1996. Appendix A summarizes the methodology used in these surveys. Applying the 83 percent weighted average proportion derived from our analysis of these latest prison and jail survey data yields an estimate of 1.7 million substance-involved offenders out of the 2.1 million inmates in 2000.

Eighty-two percent of state inmates, 86 percent of federal inmates, and 85 percent of jail inmates fall into one or more of the following categories: they were convicted of substance-related crimes such as drug selling 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 or alcohol abuse.* These percentages represent increases over 1991 BJS prison inmate survey data and 1989 BJS jail data, which showed that 81 percent of state inmates, 80 percent of federal inmates, and 77 percent of jail inmates were classified as substance-involved.⁸

Table 1.1 summarizes the percentages of inmates in each of these categories. Since there is substantial overlap in these categories, the percentages cannot be added. Among state and local inmates, the highest prevalence in the substance-involved categories were having ever used illegal drugs regularly (69 percent of state inmates) or being under the influence of drugs and/or alcohol at the time of the offense (51 percent of state inmates). Among federal inmates, 64 percent were incarcerated for a drug law violation, and 56 percent had ever used drugs regularly. In Chapter III, we analyze in detail the patterns of illegal drug and alcohol use among inmates.

Table 1.1
Percent of Inmates Who Are
Substance-Involved Offenders

	State	Federal	Jail
Ever used illegal drugs regularly ^a	69	56	64
Convicted of a drug law violation	24	64	23
Convicted of driving while under the influence	2	0	7
Under the influence of drugs and/or alcohol at the time of crime	51	33	60 ^b
Committed crime to get money to buy drugs	19	16	19 ^b
Three or more positive CAGE responses	24	16	27
Substance-Involved Offenders: (Percent who fit into at least one of the above categories) ^d	82	86	85 ^b

^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 These percentages cannot be added because of overlap.

^d Regular drug use is defined throughout this report as using a drug at least weekly for a period of at least one month. A history of alcohol abuse is defined as having had three or more positive responses to the CAGE questions.

Substance Abuse and Crime

The connections between the use of illegal drugs and the abuse of alcohol and crime have been well documented.⁹ These connections affect prisons and jails in several distinct ways. Arrests for drug and alcohol offenses are common and many of these offenders spend time in custody. Chronic drug and alcohol problems are common among those arrested for violent or property crimes, and alcohol has been linked to violent behavior. A substantial proportion of offenders charged with nondrug crimes were either under the influence of drugs or alcohol at the time of the offense, or committed their crime to get money for drugs.

Alcohol and Drug Law Violations

The most obvious way in which drugs impact our criminal justice system is through the large numbers of arrests for violations of alcohol and drug laws. The majority of drug law violators are also drug users, often selling drugs to support their own addiction. The likelihood of arrest, prosecution, and conviction is especially high for those chronic drug users and addicts who regularly sell drugs to support their habit. Beginning in the mid-1980s, many cities increased their enforcement activities against street-level drug dealing, using undercover "buy-and-bust" techniques to arrest thousands of low-level drug sellers and users.¹⁰ In many communities, driving under the influence of alcohol (DUI) and public intoxication are an important focus of local law enforcement.

More than 14 million individuals were arrested in the United States in 1999.¹¹ In 1999, eleven percent of all arrests in the U.S.--1,549,500--were for driving under the influence of an intoxicant (primarily alcohol), a two percent increase since 1995. In addition to DUI arrests, 673,400 arrests were made for drunkenness and 683,600 for liquor law violations.¹² In addition,

among all adults arrested for any charge, some 14 percent reported an addiction to alcohol at some time in their lives; 10 percent at the time of their arrests.¹³

In 1999, 11 percent of arrests--1,557,100--were for violations of drug laws.¹⁴ Twenty-one percent of such arrests were for selling, trafficking, or manufacture (326,991), 79 percent (1,230,109) for possession.¹⁵ This represents a change compared to data from 1995, when a somewhat higher proportion of arrests were for drug sale (25 percent) and a comparatively lower proportion were for possession (75 percent). Drug use is common among those arrested for violating drug laws. About 81 percent of adults arrested for selling drugs test positive at the time of arrest, including 56 percent for cocaine and 12 percent for opiates like heroin.*¹⁶

Public concern about illegal drugs and associated crime has led to vigorous state, federal, and local law enforcement efforts targeted at those who sell, distribute, manufacture, or possess illegal drugs.¹⁷ The success of these efforts to arrest, convict, and punish drug law violators, and the drug dependence of most such violators, has both profoundly increased and changed the character of America's prison population over the past 15 years.

Drug and alcohol law violations represent only one dimension of the much larger relationship between substance use and criminal behavior. Drug and alcohol use are common among all offenders, not just those charged with drug or alcohol crimes. America's prisons and jails contain tens of thousands of violent and property offenders who have drug or alcohol problems that are related to their criminal behavior.

Data from the U.S. Department of Justice Arrestee Drug Monitoring Program (ADAM), a quarterly survey of drug use patterns among adult arrestees in 34 cities, has consistently found high rates of recent drug and alcohol use.¹⁸

* Arrestees may test positive for more than one drug.

We analyzed drug and alcohol use patterns from the ADAM urine test and interview data for calendar year 1997. Across all sites, 65 percent of adult arrestees tested positive for at least one of 10 drugs.*¹⁹ Cocaine (including crack) is the drug most often detected among arrestees: 38 percent tested positive.²⁰ In addition, 11 percent of arrestees in 1997 reported ever being dependent on crack cocaine. Overall, 79 percent of arrestees are "drug-involved:" they tested positive for an illegal drug, they reported using drugs recently, they had a history of drug dependence or treatment, or said they were in need of treatment at the time of their arrest. Yet, only about one-sixth of arrestees who had ever used cocaine had received treatment for cocaine abuse, and fewer than one-third of those who had ever used heroin had been treated for heroin abuse.

No matter what the severity or type of the offense, drug use is common among arrestees.

Misdemeanor Arrestees[†]

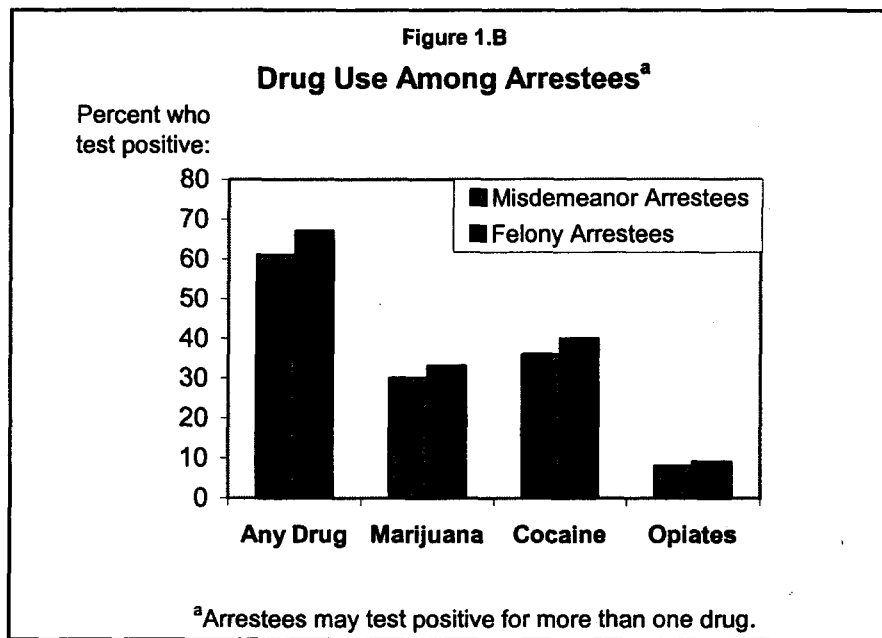
For adult misdemeanor arrestees (the group that primarily feeds the local jail system with sentenced inmates), 61 percent of arrestees in 1997 tested positive for any drug, including 36 percent for cocaine and eight percent for opiates (Figure 1.D). Many misdemeanants reported that they had been or were currently dependent on drugs or alcohol: 29 percent reported ever being dependent on a drug or alcohol and 21 percent said they could use drug treatment at the time of their arrest, including 12 percent who could use treatment for crack. Despite these rates of lifetime drug or alcohol dependence, only four percent of misdemeanants reported being in treatment at the time of their arrest and only 18 percent had ever received drug treatment.²¹

* The ADAM system tests for: opiates, cocaine (including heroin), phencyclidine, barbiturates, amphetamines, methadone, benzodiazepines, methaqualone, propoxyphene, and marijuana.

† Misdemeanor crimes are generally offenses for which the maximum allowable penalty does not exceed one year in the local jail.

Felony Arrestees*

Among adult felony arrestees (the population that feeds the prison system), 67 percent in 1997 tested positive for any drug, including 33 percent testing positive for marijuana, 40 percent for cocaine, and nine percent for heroin or other opiates (Figure 1.B). In interviews, nearly one-third of arrestees admitted dependence on drugs or alcohol at the time of their arrest, and 27 percent said they could use treatment for drug problems at the time of their arrest, including 15 percent who said they could use treatment for crack abuse.²² Only four percent were in treatment at the time of their arrest. Only 20 percent of adult felony arrestees had ever been in substance abuse treatment.²³



Source: The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). CASA analysis of National Institute of Justice. (1998). *Arrestee Drug Abuse Monitoring (ADAM), 1997*. [Data file]. Washington, DC: National Institute of Justice.

* Felonies are those more serious crimes for which the minimum penalties are more than a year in state prison.

Violent Crime*

Our analysis reveals that a substantial proportion of inmates incarcerated for violent crimes are substance-involved. Among violent offenders, 76 percent in state prison, 71 percent in federal prison, and 78 percent in jail (convicted inmates only) are substance-involved -- they 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 or alcohol at the time of their crime. These percentages represent increases in violent offender substance-involvement from the 1991 and 1989 prison and jail survey data, when the percentages were 73 percent, 65 percent, and 65 percent for state, federal, and jail inmates, respectively. The increase for violent offenders in jail is particularly marked.

Alcohol. Alcohol addiction and abuse are closely connected to violent crime.²⁴ Twelve percent of adults arrested for violent crimes report that they could use treatment for alcohol; 11 percent admit having been dependent on alcohol at some time in their lives.²⁵ These data probably understate alcohol's connection to violent crime. Research suggests that as much as half of violent crimes are connected with concurrent alcohol abuse.²⁶

Alcohol is more closely linked to murder, rape, and assault than any illegal drug,²⁷ and has been implicated in most homicides arising from disputes or arguments.²⁸ It has been found to be a contributing factor in incest, child molestation, spouse abuse, and other family violence.²⁹ Alcohol use by both attacker and victim is common in incidents of rape, assault, robbery with injury, and family violence.³⁰ Alcohol was found to be a key factor in the rising homicide rates in the United States between 1960 and 1980.³¹

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

Although much research has demonstrated the connection between alcohol and violent behavior, the connection is complex. We still know little about the specific causal role that alcohol plays in violence.³² Alcohol operates in environmental, social, situational, and cultural contexts that influence the potential for violent outcomes in drinking situations.³³ Further, alcohol affects individuals differently, based on their physiology, psychology, history, gender, and other personal and cultural factors.³⁴

Researchers have found it difficult to cut through these complexities to specify the particular effects of alcohol on violence. However, despite the uncertainty about the exact nature of any causal connection, the association between alcohol and violence is well-documented.

Some possible explanations for this connection are:

- Being drunk may provide a justification--or "alibi"--for behaviors normally proscribed by society.³⁵
- The connection between alcohol use and aggression, particularly rape, may be facilitated by alcohol's contribution to the misreading of signals by both the offender and the victim.³⁶
- By reducing inhibitions, alcohol may impair attention to internal behavioral cues and the consideration of consequences.³⁷
- Alcohol may decrease frontal lobe functioning, affecting one's ability to handle new or threatening situations and to develop alternative strategies to solve problems.³⁸
- Alcohol may have an affect on neurochemical systems that mediate aggressive behavior.³⁹

Crimes of violence are particularly associated with inmates who are alcohol abusers. Those inmates who were alcohol-involved--that

Table 1.2

	Inmates' Current Offense Type by Substance Involvement (%)					
	All Inmates		Regular Drug Users		Alcohol-Involved Offenders	
	State	Federal	State	Federal	State	Federal
Substance ^a	21	62	23	64	8	21
Violent	47	15	43	17	61	46
Property	22	7	24	5	14	11
Other	10	16	10	15	17	23

^a Includes drug law violations and alcohol abuse violations.

is, were not regular drug users but were under the influence of alcohol at the time of their offense or committed a DUI only--are more likely than regular drug users to be incarcerated for a violent offense (Table 1.2).*

In state prison, three of five (61 percent) alcohol-involved offenders are serving time for a violent crime, compared to 43 percent of regular drug users and 47 percent of the overall state inmate population. In federal prison, nearly half of alcohol-involved inmates (46 percent) are serving time for a violent crime, compared to 17 percent of regular drug users and 15 percent of all inmates.

In local jails, in contrast, alcohol-involved offenders are less likely to be serving time for a violent crime. While 33 percent of regular drug users and 26 percent of all jail inmates are incarcerated for a violent offense, only seven 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.

Table 1.3

*State and Federal Inmates Under the Influence of
Drugs or Alcohol at the Time of Their Crime (%)*

	Drugs Only		Alcohol Only		Both Drugs and Alcohol		Any Substance	
	State	Federal	State	Federal	State	Federal	State	Federal
All Offenses	15	13	19	11	17	9	51	33
Substance	23	16	13	8	16	10	52	34
Violent	11	17	20	11	19	10	50	38
Property	18	13	16	5	18	4	52	22

In 1997, 20 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. An additional 19 percent of state and 10 percent of federal inmates incarcerated for a violent crime

* Regular drug use is defined as using a drug at least weekly for a period of at least one month.

committed the crime under the influence of both alcohol and illicit drugs (Table 1.3). Comparatively, only 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 violent inmates were under the influence of crack alone; and two percent of state and three percent of federal were under the influence of other forms of cocaine alone. Overall, 50 percent of state inmates who committed violent crime were under the influence of drugs, alcohol or both at the time of their offense.

In 1997, 52 percent of inmates in state prison for homicide, 52 percent for assault, and 56 percent for robbery committed their crimes while under the influence of drugs or alcohol.⁴⁰ In federal prisons, more than one third (38 percent) of inmates who committed violent crimes were under the influence of drugs, alcohol, or both at the time of their offense. Over half 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 was between alcohol and violence: 27 percent were under the influence only of alcohol; an additional 14 percent were under the influence of both alcohol and drugs; and 14 percent were under the influence only of drugs (Table 1.4). In 1989, only 10 percent of jail inmates convicted of violent crimes were under the influence of drugs alone.

Illegal Drugs.
Abuse of illegal drugs is also connected to crimes of violence. A study of homicides committed in New York State in 1984

Table 1.4

***Convicted Jail Inmates
Under the Influence of Drugs or Alcohol
at the Time of Their Crime (%)***

	Drugs Only	Alcohol Only	Both Drugs and Alcohol	Any Substance
All Offenses	16	25	20	61
Substance	24	6	36	66
Violent	14	27	14	55
Property	16	18	21	55

estimated that 24 percent of homicides in New York City and 42 percent of the homicides in the rest of New York State were drug- or alcohol-related.⁴¹ Analysis of the 129 drug-related homicides that took place outside of New York City estimated that 59 percent resulted from the psychopharmacological effects of a drug or of alcohol; 20 percent were found to be related to the drug trade; and three percent were committed for economic reasons. The remaining 17 percent either fell into more than one of these categories or were categorized as "other."⁴² A subsequent study in New York City during the late 1980s found that 53 percent of homicides were drug-related, with a majority of these involving crack and related to the activities of drug selling organizations.⁴³

The rising incidence of homicide and other violent crimes in the late 1980s and early 1990s has been attributed to use and distribution of crack.⁴⁴ The emergence of crack in many urban areas in the mid- to late-1980s was accompanied by substantial increases in homicide rates, attributable to the interplay of social and economic forces as well as to the volatile crack distribution markets that were typical at that time.⁴⁵

Cocaine, crack, methamphetamine, and PCP are the drugs most associated with psychopharmacological violence. These drugs can cause irritability and physical aggression, unlike marijuana or heroin, which depress activity. One survey of Toronto cocaine users found that 17 percent reported becoming violent or aggressive following cocaine ingestion and one-third of frequent users had aggressive feelings associated with cocaine use.⁴⁶

Crack-related violence appears to be primarily related to battles among crack dealers for turf and market share as well as between crack dealers and users; the flaunting of newly acquired wealth; and the need to maintain discipline among dealers.⁴⁷ Some research finds that systemic

* The authors note that because of data limitations the analysis could not be conducted for New York City homicides, and that the rates of drug- or alcohol-related homicides in the state were probably underestimated.

violence is more common among crack dealers than among heroin drug markets, where economic-compulsive violence to buy drugs is more common.⁴⁸ Crack dealers were more violent and committed more nondrug crimes than other types of drug dealers; this violence is not necessarily caused by crack, and may reflect participation in criminal activity that predated the crack dealers' involvement with crack.⁴⁹

Ethnographic research on East Harlem crack dealers revealed a frantic, chaotic, and violent subculture with frequent beatings, shootings, and thefts, both within and across crack-dealing organizations. The dealers viewed their violent behavior as necessary to succeed in this underground economy, to prevent the theft of drugs or money, to gain or maintain respect, and to resolve disputes in the absence of legal means of redress.⁵⁰

Economic factors also play an important role among some violent crack users. A 1990 study in Miami found that 59 percent of serious delinquents committed violent crimes to obtain money to purchase drugs.⁵¹

In 1997, 54 percent of adults arrested for violent crime tested positive for at least one drug, including 28 percent for cocaine and five percent for heroin and other opiates.* Six percent of violent adult arrestees reported they have ever been dependent on crack; three percent on powdered cocaine; and three percent on heroin.⁵² Heroin was far less likely than alcohol or crack to be implicated in violent crime among arrestees.

Table 1.5
State Inmates: Drug Use History by Offense Type (%)

	Marijuana	Heroin	Cocaine	Crack	Any Drugs
All Offenses	76	21	42	27	82
Substance	78	25	50	35	85
Violent	75	17	37	20	80
Property	81	25	50	36	86

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

Violent offenders in state prisons generally have a high prevalence of prior drug use, but lower than those of property or substance crime inmates (Table 1.5). More than one third (37 percent) of violent inmates had used cocaine, 20 percent crack, and 17 percent heroin.

Violent offenders in federal prison are more likely than property and substance offenders to have used heroin or crack (Table 1.6).

Table 1.6

Federal Inmates: Drug Use History by Offense Type (%)

	Marijuana	Heroin	Cocaine	Crack	Any Drugs
All Offenses	64	13	42	14	72
Substance	65	11	46	15	70
Violent	76	24	41	20	76
Property	47	11	29	9	56

Property Crime*

The majority of inmates serving time for property offenses are involved with drugs and alcohol. Our analysis finds that 86 percent of state, 56 percent of federal, and 78 percent of convicted jail property offenders are substance-involved: they 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 or alcohol at the time of their crime. These numbers are generally higher than 1991 prison and 1989 jail data, which showed that 80 percent of state and 70 percent of jail property offenders were substance-involved (the rate for federal offenders was unchanged).

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

Most drug abusers who enter the criminal justice system and are sentenced to prison or jail have limited resources with which to purchase drugs. Unlike middle- or upper-class drug users whose salaries allow them to purchase drugs, arrested and incarcerated drug users come mostly from the lower socioeconomic strata of society. They typically are unemployed or underemployed, have no savings or investments, and cannot support their drug habits from their salaries alone, even if they are working.

There are several common ways for indigent drug abusers to get drugs or the money to buy them, all of which place them at high risk of arrest. They can sell drugs and then keep some of the drugs for their own use or use their earnings to buy drugs, trade sex for drugs or earn money through prostitution, or commit property crimes to get the money to buy drugs. Ethnographic research has documented a lifestyle for the chronic illicit drug user that is often characterized by a constant search for drugs and the money to purchase drugs, with petty and property crime often a part of everyday existence.⁵³

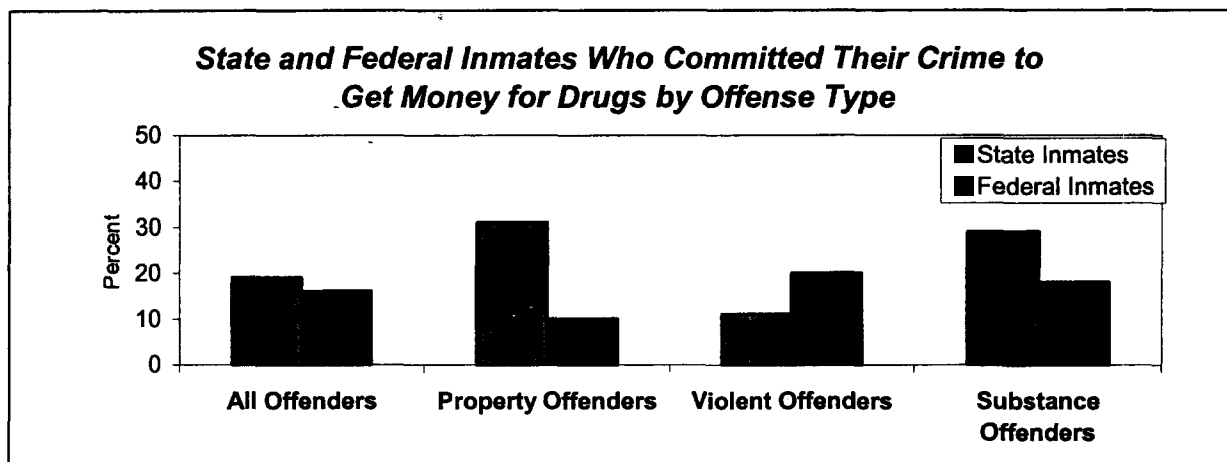
Accordingly, drug abusers often commit income-generating crime in order to get money for drugs: shoplifting, selling stolen property, forging checks, committing fraud, and burglary. Although it is difficult to make precise estimates of the amount of property crime that is drug-related, a high percentage of property crime arrestees and inmates are either under the influence of drugs, were recently and regularly using drugs, or report that they committed the crime to get money for drugs. These data suggest that much of property crime in America is drug-related.

Among adult arrestees charged with property offenses in 1997, 67 percent tested positive for at least one drug (including marijuana), 43 percent for cocaine, 10 percent for heroin or other opiates. Thirteen percent had been dependent on crack at some time in their lives, four percent

on cocaine, seven percent on heroin. Twelve percent admitted having ever been dependent on alcohol.⁵⁴ Only 20 percent had ever received drug treatment.

In state prisons, 19 percent of all inmates committed their crimes to get money to buy drugs, including 31 percent of property crime offenders, 11 percent of violent crime offenders, and 29 percent of drug law violators⁵⁵ (Figure 1.C). These percentages were similar to those found in the previous inmate surveys.

Figure 1.C



Fifty-two percent of state inmates incarcerated for a property crime were under the influence of drugs, alcohol, or both at the time of their offense: 18 percent under the influence of drugs, 16 percent under the influence of alcohol, and 18 percent both drugs and alcohol. Half of property crime inmates had used cocaine, 36 percent crack, and 25 percent heroin.* These figures are similar to 1991 prison data, with the exception of an increase in crack use at the time of offense, which rose from 25 percent to 36 percent. 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 (See Table 1.3, p. 10).

* An inmate may have reported use of more than one drug. Thus, percentages add to greater than 100.

Among federal inmates, 16 percent committed their crime to get money for drugs, including 10 percent of property offenders, 20 percent of violent offenders, and 18 percent of substance offenders (Figure 1.C). Compared to 1991 prison data, it appears that fewer property offenders were committing crimes for drug money in 1997 (10 percent, versus 18 percent in 1991), whereas more violent (20 percent vs. 14 percent) and substance (18 percent vs. 8 percent) offenders reported committing crimes to get money for drugs.

More than one fifth (22 percent) of federal inmates incarcerated for a property crime were under the influence of drugs, alcohol, or both at the time of their offense: 13 percent under the influence of drugs only, five percent alcohol only, and four percent both drugs and alcohol. Property offenders were more likely than any others to use cocaine, crack, and heroin (See Table 1.3). These numbers represent significant decreases from the 1991 prison inmate survey, when 34 percent of federal inmates incarcerated for property crimes were under the influence of drugs, alcohol, or both at the time of their offense: 18 percent under the influence of drugs only, nine percent alcohol only, and seven percent both drugs and alcohol.

In 1996, more than half (55 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: 16 percent under the influence of drugs only, 17 percent alcohol only, and 20 percent both alcohol and drugs (See Table 1.4). Compared to 1989 jail data, these figures reveal that while property offenders in jail were less likely to be under the influence of alcohol or drugs in 1996 (55 percent, versus 47 percent in 1989), they were much more likely to be under the influence of *both* drugs and alcohol during their offense (20 percent, versus 11 percent in 1989).

Probationers and Parolees

Recent attention to the difficulties inmates face in reentering society following incarceration⁵⁶ have highlighted the fact that most offenders are under community supervision rather than incarcerated. However, given the high rates of substance abuse among all offenders⁵⁷ and the lack of access to substance abuse treatment for those in the community⁵⁸ it is not surprising that substantial numbers of inmates are admitted because of continuing drug use or behavior related to their drug use. Prisons and jails are merely the "back ends" of a continuous criminal justice process. To better understand substance abuse and its effects on our prisons and jails, we also need to understand the problem from a broader perspective by looking at the activities and populations that feed the prisons and jails.

Many convicted offenders are sentenced to probation instead of incarceration, or are released from prison to parole supervision before the end of their sentence. At the end of 2000, over 4.5 million adults were on federal or state probation and parole (3,839,500 on probation; 725,500 on parole); this represents an increase of more than a half a million probationers and parolees since 1996.⁵⁹ Probationers and parolees comprise 70 percent of those under criminal justice supervision. A significant substance abuse problem exists within this population. Many parolees with histories of heroin or cocaine use become re-involved in drugs and criminal activity soon after their release.⁶⁰ Experience with aftercare programs has demonstrated that newly released parolees must immediately be given access to treatment and other services in order to reduce the chance of relapse.⁶¹

One study found that 26 percent of probationers and 43 percent of parolees were in need of substance abuse treatment services.⁶² More than half (55 percent) of intensive supervision probationers tested positive for drugs other than marijuana in one urinalysis study. When

marijuana is included, over two-thirds (68 percent) tested positive for drugs.⁶³ Of those adults on probation at the end of 1996, 17 percent (540,661) had been convicted of DUI.⁶⁴

A substantial portion of inmates are admitted to prison because of probation or parole violations, often related to substance abuse. In 1997, of the 549,733 inmates committed to state prison, 34 percent were parole or other conditional release violators. In contrast, among the 34,444 inmates committed to federal prison in 1997, only nine percent were parole violators.⁶⁵

In many cases, drug and/or alcohol use is connected to new crimes committed while on probation or parole. Over half of both probation violators and parole violators (56 percent and 54 percent, respectively) had used drugs in the month before the commission of the current offense for which they are serving a sentence. Forty-one percent of both probationers and parolees had been using drugs daily prior to their offense.⁶⁶

Many probation and parole violators were under the influence of drugs or alcohol or both when they committed their new offense. Over half (53 percent) of probation violators were under the influence of some substance when they committed their new offense: 19 percent under the influence of drugs only; 17 percent, alcohol only; and 17 percent, both drugs and alcohol. Almost half (49 percent) of parole violators were under the influence of a substance when they committed their new offense: 21 percent under the influence of drugs only; 16 percent, alcohol only; 12 percent, both drugs and alcohol. Further, approximately one-fifth of both probation violators and parole violators in state prison admitted to committing their crime to get money for drugs.⁶⁷

While under probation or parole supervision, many offenders are required to submit to periodic drug testing and to abstain from using drugs. Yet few probationers or parolees are given access to drug treatment. Thus, it is not surprising that many are brought back to court on

technical violations for having positive drug tests. Repeated technical violations often result in a resentence to prison for probationers or return to prison for parolees. In many state prison systems, a large proportion of inmates are incarcerated for technical violations. 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.⁶⁸

In California, which has the largest state prison population in the nation, 41 percent of inmates at the end of 1999 had been admitted because of a parole violation.⁶⁹ The California Department of Corrections has reported that the use or possession of drugs was a factor in 64 percent of parole violations.⁷⁰

Summary

Drug and alcohol use and abuse impact the criminal justice system in a number of ways. The large growth in incarceration in the United States since 1980 reflects a number of factors that relate to substance abuse. Many offenders are arrested for violations of alcohol and drug laws. In addition, substance use and abuse are prevalent among offenders in jails and prisons. A More than 80 percent of state, federal and jail inmates have used illegal drugs regularly, were convicted of substance related crimes, were under the influence of drugs or alcohol at the time of their crime, committing a crime to get money for buy drugs or have histories of alcohol abuse. The number of inmates reporting substance related issues has increased since 1991.

Chronic drug and alcohol problems are common among those arrested for property crime, and alcohol is closely linked to violent crime. Data from the Arrestee Drug Monitoring Program (ADAM) found high rates of recent drug and alcohol use for both felony and misdemeanor arrestees. Very few offenders with histories of drug abuse have been in treatment. Further, a substantial number of violent and property offenders in state, prison and jail facilities are

substance-involved. Substantial proportions of property offenders committed their crime to get money for drugs, and property and violent offenders were as likely as inmates convicted of drug crimes to be under the influence of drugs or alcohol at the time of their offense.

Substance use and abuse is also a serious problem for offenders on probation or parole. Most offenders are under community supervision and many are returned to correctional facilities for behavior related to drug and alcohol use. As the rates of return to prisons and jails for probationer and parolees continue to rise, the need for substance abuse treatment and aftercare services in the community becomes more apparent. Many probation or parole violators are under the influence of some substance when they committed a new offense.

In the next chapter we will examine how substance abuse has been related to the growth in the inmate population.

Chapter II

THE GROWTH IN THE INMATE POPULATION: THE ROLE OF SUBSTANCE ABUSE

Over the past two decades, public concerns about crime and violence have put significant pressure on criminal justice officials and state, federal, and local legislators to increase law enforcement, prosecution, and punishment. As a result, state and federal legislatures have enacted more punitive criminal laws, especially with respect to illicit drugs; law enforcement agents have made more arrests; plea bargaining restrictions have led to more convictions; and judges have imposed more and stiffer sentences authorized or mandated by tougher criminal laws.¹

Alcohol and drug abusers and drug law violators have been particularly affected by these changes. Public reaction to the heroin epidemic of the 1970s and the crack cocaine epidemic in the late 1980s prompted the enactment of new antidrug laws and stiffer penalties. Inmates who are alcohol and drug abusers and addicts are the most likely to be reincarcerated, and the severity of sentences usually increases for repeat offenders.

In the remainder of this chapter, we explore the substance-related factors that have driven the growth in incarceration rates, including more arrests, high conviction rates, stringent sentencing practices, and high recidivism rates.

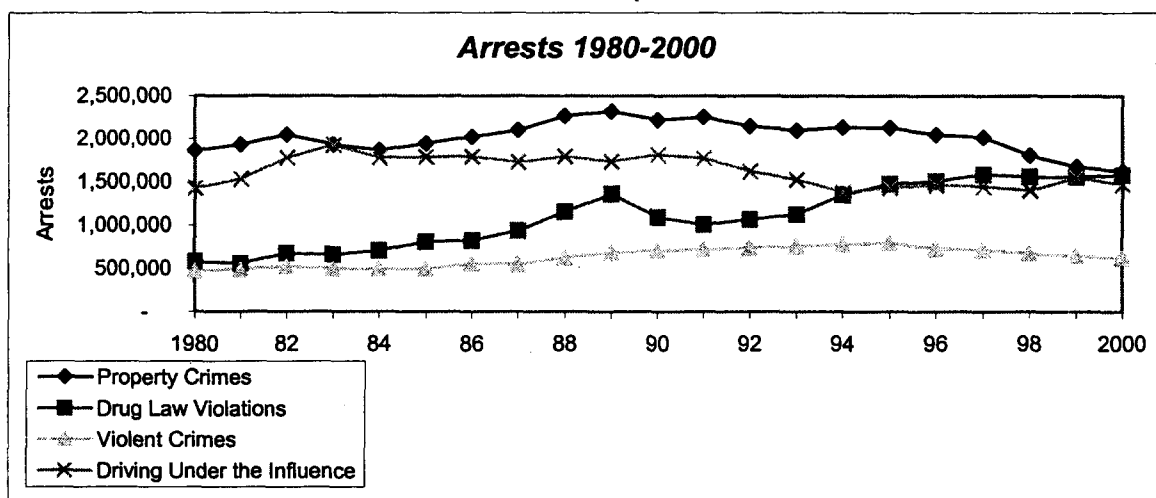
More Drug Law Violators are Being Arrested*

Beginning in the 1980s, many urban police departments expanded their antidrug enforcement activities, emphasizing arrests of lower-level street dealers. Between 1980 and 2000, the number of arrests nationwide increased by 34 percent, from 10,441,000 to 13,980,297.²

* 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

One of the largest increases in arrest rates has been for drug law violations--up 172 percent during this time period, from 580,900 to 1,579,566.³ Between 1980 and 2000, arrests for drug law violations grew at more than 14 times the rate of property crime arrests (down 13 percent) and more than 5 times the rate of increase for violent felonies (up 32 percent).⁴ Although the number of arrests for driving under the influence (DUI) remained stable between 1980 and 2000, there were an estimated 1,471,289 DUI arrests in 2000, eleven percent of all arrests in the United States (Figure 2.A).⁵ An additional nine percent of all arrests in 2000 were for liquor law violations (683,124) or public drunkenness (637,554).⁶

Figure 2.A



Source: U.S. Department of Justice and 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 and Federal Bureau of Investigation. (2001). *Crime in the United States, 2000: Uniform crime reports*. Washington, DC: U.S. Department of Justice, Federal Bureau of Investigation.

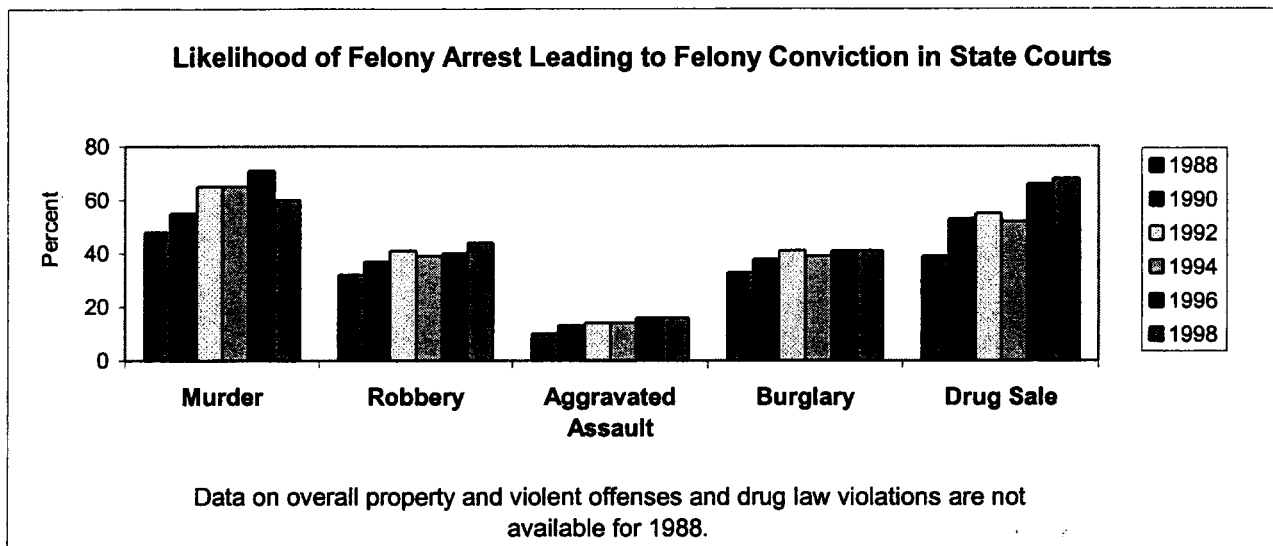
More Arrestees are Being Convicted

Increased enforcement efforts have also been accompanied by tougher prosecutorial policies and plea bargaining restrictions. As a result, arrested drug law violators and other felony offenders are now likelier to be convicted and sentenced to prison than they were 10 years ago.

number of arrests may increase as crime rates decrease due to changes in law enforcement strategies or the number of police officers on patrol.

State Courts. Most of the increase in conviction rates for drug law violators occurred in the late 1980s and early 1990s. While adult arrests for drug selling were up 15 percent between 1988 and 1998 (from 287,857 to 330,529), the number of felony convictions increased by 74 percent (from 111,950 to 195,183).^{* 7} In 1988, only 39 percent of state drug sale felony arrests resulted in a felony conviction.[†] By 1998, this had increased to 68 percent and has remained around that level. The likelihood of conviction for arrested drug sellers is greater than for any other felony crime except murder and rape.⁸ Conviction rates for other felony crimes have shown trends similar to drug selling, with the likelihood of conviction increasing from 1988 to 1992 and then stabilizing (Figure 2.B).⁹

Figure 2.B



Source: Durose, M.R., Levin, D.J., & Langan, P.A. (2001). Felony sentences in state courts, 1998. *Bureau of Justice Statistics Bulletin*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

* The term *drug selling* refers to the sale, traffic or manufacture of an illicit drug.

† 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 their value for documenting trends in state courts.

Federal Courts. Conviction rates in the federal courts tend to be much higher than in the state courts, and have remained fairly stable over time for drug crimes and other offenses.¹⁰ Overall, about 87 percent of U.S. District Court (federal court) cases from October 1998 and September 1999 resulted in a conviction; the rates did not vary much by type of crime.

However, because increased federal enforcement efforts brought more cases into the federal courts, there has been a surge in the number of convictions. Between 1982 and 1999, the number of felony convictions increased by 93 percent overall (from 34,193 to 66,055).¹¹ Among drug law violators, the number of convictions increased by almost 230 percent (from 6,979 convictions per year to 23,476), over three times the rate of all federal felony convictions. Nearly all drug law violation convictions in federal courts are for selling, trafficking, or manufacture (21,698 out of the 23,476 in 1999).¹²

More Convicted Felons are Being Sentenced to Prison

Not only are drug law violators and other felony offenders being arrested and convicted more often, they are now more likely to be sent to prison. This has been spurred by the enactment of more severe penalties and mandatory prison sentences for drug law violators and other felons.

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 and New York State first enacted mandatory sentences for drug law violators in 1973.¹³ But since the mid-1980s, states have increased the number of offenses requiring mandatory sentences and enhanced penalties for drug law violations.

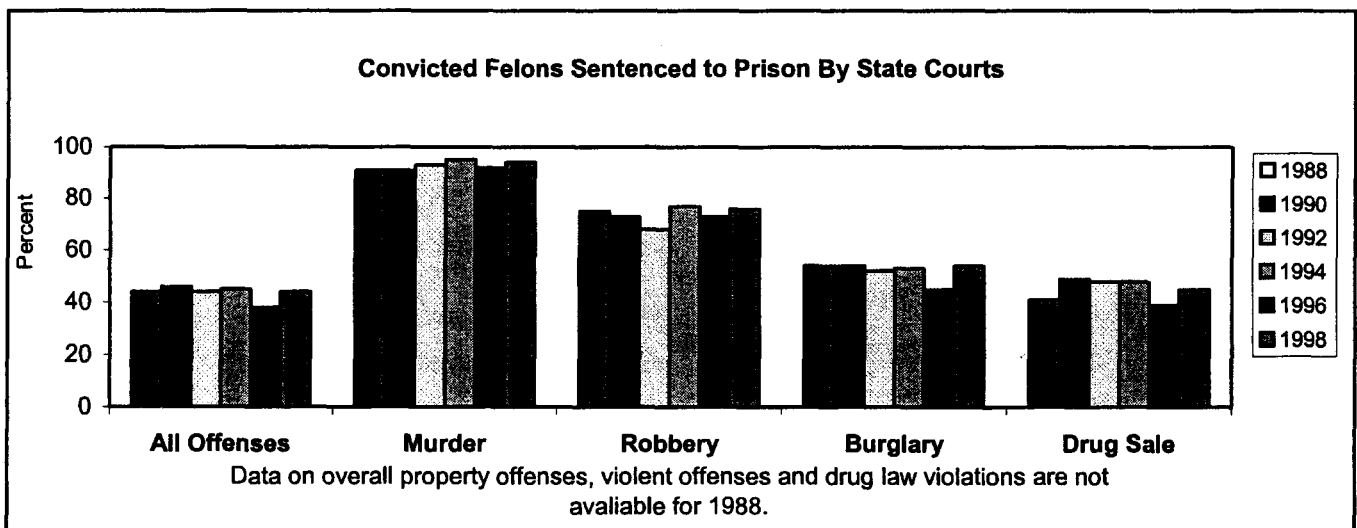
By 1996, most states and the federal government had laws mandating prison sentences for drug law violators and other felons who had previous convictions.¹⁴ In 1986 and again in

1988, Congress increased existing penalties for drug law violators under the Anti- Drug Abuse Acts.¹⁵ In 1989, under a new sentencing guidelines system, Congress set mandatory minimum prison sentences and substantial penalties for drug selling and possession for the federal judicial system.

State Prison Sentences. Slightly over two-fifths (42 percent) of all convicted felony drug law violators in the state courts are sentenced to prison, a rate similar to property offenders, and an additional 26 percent are sentenced to jail.¹⁶ By comparison, 59 percent of violent felony offenders are sentenced to prison, by far the highest rate.¹⁷ From 1990 to 1998, the percent of convicted drug sellers sentenced to prison in state courts fell slightly from 49 to 45 percent, while conviction rates remained stable for felony offenses overall.

Overall, the percentage all offenses resulting in a prison sentence fell slightly from 46 to 44 percent, with an additional 24 percent sentenced to a local jail term (Figure 2.C).

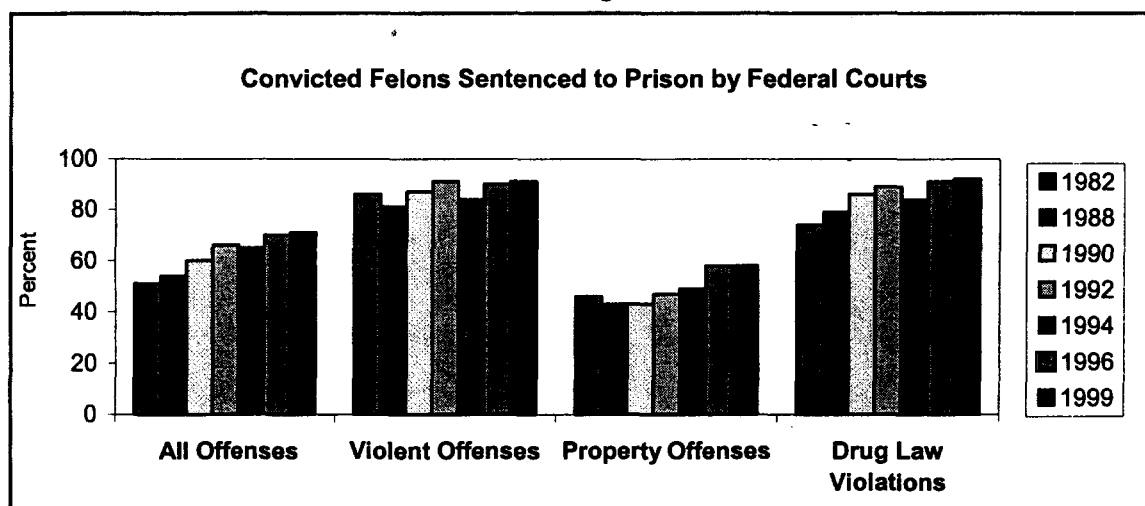
Figure 2.C



Source: Durose, M.R., Levin, D.J., & Langan, P.A. (2001). Felony Sentences in State Courts, 1998. *Bureau of Justice Statistics Bulletin*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Federal Prison Sentences. From 1982 to 1999, the percentage of convicted federal drug law violators sentenced to prison rose from 74 to 92 percent. In contrast, the percentage sentenced to prison increased from 51 to 71 percent for all convicted offenders, from 46 to 58 percent for property offenders, and from 86 to 91 percent for violent offenders (Figure 2.D). Thus the proportion of federal drug law violators sentenced to serve time in federal prison is now about the same as for those convicted of violent offenses.¹⁸

Figure 2.D



Source: U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1996). *Federal criminal case processing, 1982-1993*. Washington, DC: Author; U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (2001). *Federal criminal case processing, 1999*. Washington, DC: Author.

Drug Selling vs. Drug Possession. Under state and federal law, sale of any amount of an illegal drug is a felony.* In contrast, a drug possession case can be a felony or misdemeanor depending on the amount of the drug possessed. Drug possession might also result in a felony charge if the offender is charged with "possession with intent to sell", meaning the prosecutor believes that the offender did not just possess the drugs for his or her personal use.

Drug possession cases that result in felony convictions and prison sentences are usually those where the offender possessed a relatively large amount of drugs, was charged with

* The exception is the sale of marijuana, which in many states must be above a certain weight to be a felony.

possession with intent to sell, had a prior felony conviction, or was on parole or probation at the time of their arrest. In addition, in the state courts, offenders charged with selling drugs sometimes plead guilty to drug possession (sometimes to a misdemeanor), which avoids a trial and allows a lower sentence. Although the available inmate data on offense type do not specify the original indictment charge, it is likely that some inmates convicted of drug possession were originally charged with selling drugs.

In the state prisons in 1998, 11 percent of all inmates reported being convicted of drug selling and nine percent reported being convicted of drug possession without a drug selling charge. Of these drug possession cases, only one percent were first-time offenders.¹⁹

The federal prison system, with its mandatory minimum sentences for drug possession as well as drug selling, has a higher percentage of first-time drug possession cases. In 1998, 45 percent of all inmates in federal prison reported being convicted of drug selling and 11 percent of all inmates reported being convicted of drug possession without a drug selling charge. Of the drug possession cases, only six percent were first-time offenders.²⁰

Drug Law Violators are Serving Longer Prison Terms

Although sentence lengths have generally been decreasing in recent years for most offenses (except murder) they have remained stable or increased for drug offenders. Since the 1980s, state legislatures and Congress have passed numerous laws to establish longer prison terms for violent felons, repeat felony offenders, and drug law violators. These laws require mandatory minimum sentences, or require inmates to serve a larger proportion of their sentence in prison (see Appendix B for a description of the impact of these laws).^{*} Federal prison inmates sentenced for drug selling have been especially affected by changes in sentence lengths.

^{*} Often called "Truth in Sentencing," these laws began emerging in the 1980s and require inmates to serve higher proportions of their sentences before being eligible for release on parole. Most state prison sentences set a

State Prisons. From 1988 to 1992 in state courts, the mean prison sentence imposed for convicted drug sellers rose from 66 months to 72 months, then decreased to 54 months in 1998.* Not surprisingly, mean sentence lengths are substantially higher for drug sellers than for those sentenced for drug possession (54 months vs. 35 months).²¹ On average, sentenced drug law violators serve 41 percent of their maximum terms in state prison (Table 2.1).²²

Table 2.1

***Sentence Length in State Prison
by Offense Type***

	Average number of months sentenced to prison (maximum term):					Percent of maximum sentence served in prison: 1998
	1988	1992	1994	1996	1998	
All offenses	76	79	71	62	57	47
Violent offenses	^a	125	118	105	100	54
Murder	239	251	269	257	263	52
Rape	183	164	158	120	147	58
Robbery	114	117	116	101	106	51
Aggravated assault	90	87	79	69	66	57
Property offenses	^a	67	57	49	44	45
Burglary	74	76	69	60	52	45
Drug law violations	^a	67	61	51	47	41
Possession	^a	55	50	41	35	40
Selling	66	72	66	55	54	41

^a Data unavailable. Source: Bureau of Justice Statistics (1988, 1992, 1994, 1996, 1998). *Felony sentences in state courts*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Federal Prison. From 1982 to 1998, the average sentence length imposed on all federal prisoners increased from 48 months to 59 months.† This overall increase was primarily due to increased sentence length for drug law violators, which increased from 55 months to 79

"minimum" and "maximum" term, and at least the minimum term must be served before becoming eligible for parole. The offender is then under parole supervision until the expiration of the maximum sentence. If an offender has a prior felony conviction, the minimum sentence that must be served usually increases. 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. 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.

* Sentence length data for state courts prior to 1988 are incomplete.

† Federal criminal case processing data are incomplete prior to 1982.

months.²³ Over this period, average prison terms for most other federal prison inmates decreased: for those convicted of violent crimes, mean sentence length decreased from 133 months to 84 months; for property

Under Federal Sentencing Guidelines, 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.²⁵

crimes, from 31 months to 26 months. On average, sentenced drug law violators serve 44 percent of their maximum terms in federal prison (Table 2.2).²⁴

Table 2.2

***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	1994	1996	1998	1996
All offenses	48	61	62	59	36
Violent offenses	133	88	93	84	61
Murder	162	117	128		44
Rape	113	68	79		^a
Robbery	153	95	110		59
Property offenses	31	25	24	26	60
Burglary	75	60	34		40
Drug law violations	55	80	85	79	44
Possession	26	22	77	84	36
Selling	59	83	85	78	45

^a Too few cases to obtain statistically reliable data.

Source: Bureau of Justice Statistics. (1999). *Federal criminal case processing, 1982-98*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

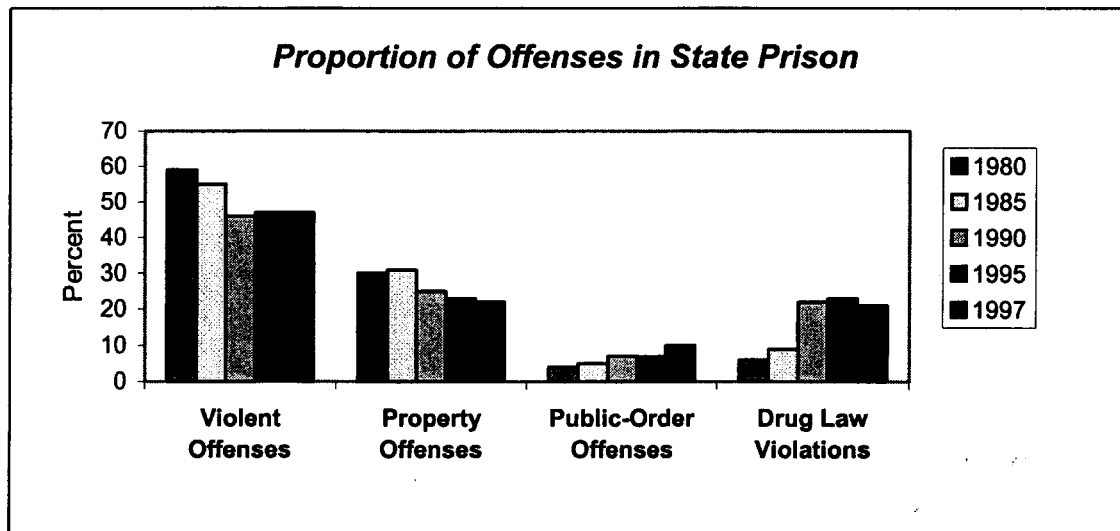
Drug Law Violators Constitute a Greater Proportion of the Prison Population

Drug law violators have become a growing proportion of the prison inmate population.

The distribution of the four major offense categories--violence, property, drug, and public order--changed dramatically among the nation's prisons and jails from the 1980s through the 1990s.

State Prisons. From 1980 to 1997, the proportion of state prisoners who were drug law violators rose nearly fourfold, from six to 21 percent.²⁶ The proportion incarcerated for public order offenses (which include public intoxication and disorderly conduct, which often relate to alcohol and drug abuse) rose from four to ten percent. All other offense types declined slightly as a proportion of the state prison population (Figure 2.E). During this period, drug law offenders accounted for 30 percent of the increase in state prison population.

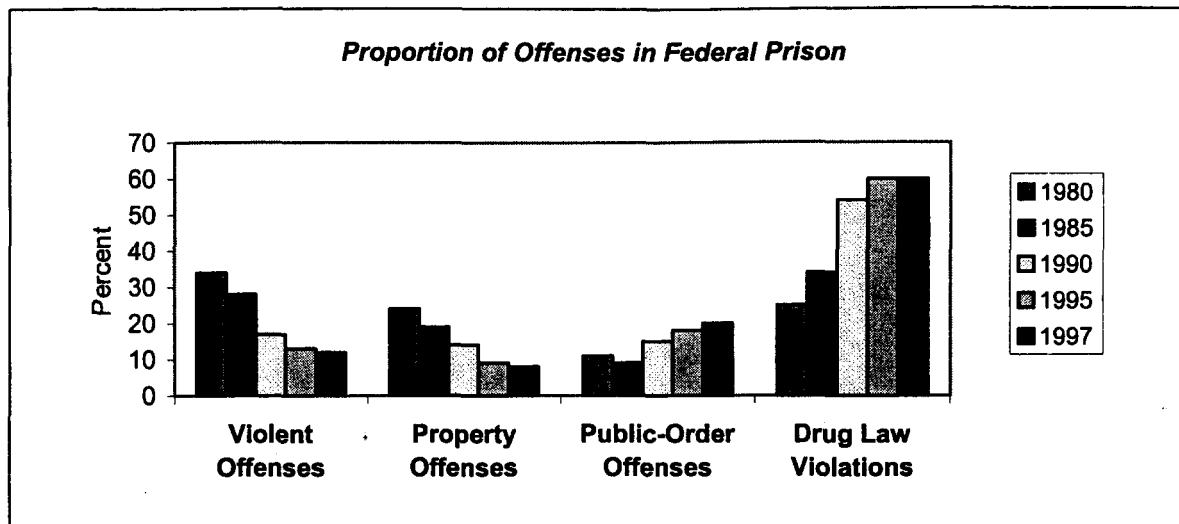
Figure 2.E



Source: U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1999). *Correctional populations in the United States, 1996*. Washington, DC: Author; U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (2000). *Correctional populations in the United States, 1997*. Washington, DC: Author.

Federal Prison. From 1980 to 1997, the proportion of federal prisoners who were drug law violators grew from 25 to 60 percent.²⁷ Drug law violators accounted for 68 percent of the total growth of federal inmates during this period.²⁸ As with the state population, all offenses, with the exception of public order (which are often drug- and alcohol-related), fell slightly as a proportion of the federal inmate population (Figure 2.F).

Figure 2.F



Source: U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1999). *Correctional populations in the United States, 1996*. Washington, DC: Author; U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (2000). *Correctional populations in the United States, 1997*. Washington, DC: Author.

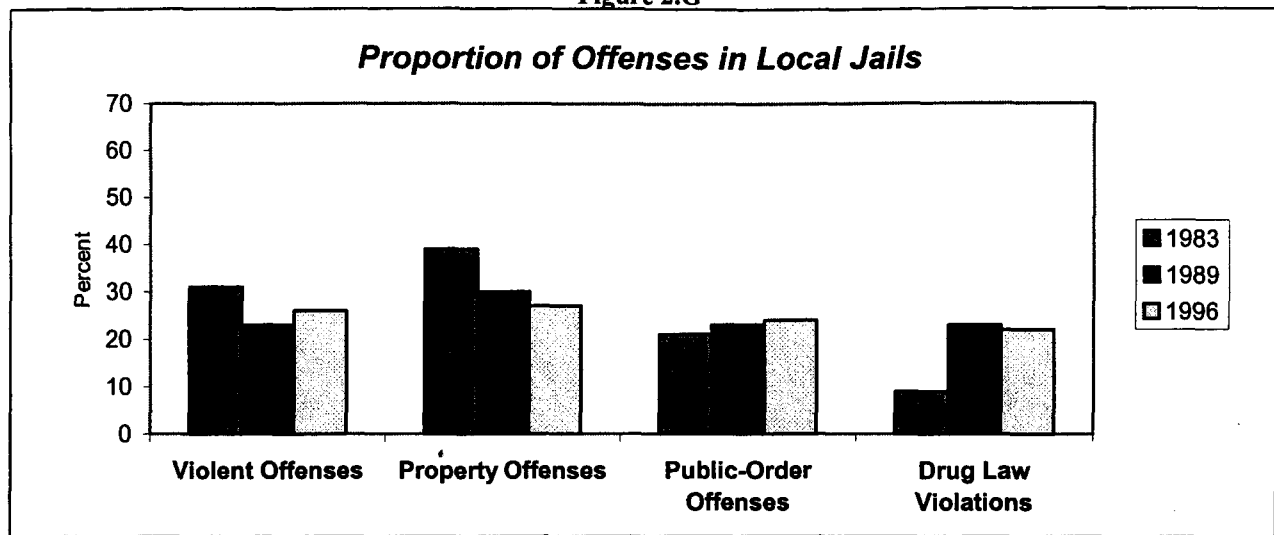
Similar Factors are Expanding the Population of Local Jails

The dramatic growth in America's jails has been driven by factors similar to prisons: more arrests (particularly for assault, drug law violations, and weapons offenses), more convictions, more offenders detained awaiting trial, and more felony sentences served in local jails largely to ease overcrowding of state prisons.²⁹

From 1983 to 1996, drug law violators more than doubled as a proportion of the inmate population, from nine to 22 percent. Violent offenders and property offenders each dropped as a proportion of inmates, while public-order offenders increased three percent (Figure 2.G).^{*} During these thirteen years, increases in drug law offenses accounted for 41 percent of the total increase in the jail population.³⁰

^{*} The types of public-order offenses that result in jail are often alcohol-related, such as public intoxication, disorderly conduct, liquor law violations.

Figure 2.G



Source: U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1999). *Correctional populations in the United States, 1996*. Washington, DC: Author.

Drug- and Alcohol-Related Recidivism Increases Inmate Populations

Another major factor in filling state and federal prisons and local jails is high rates of recidivism for drug offenders.* Many inmates are repeat offenders and recidivism is common among offenders 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 rearrest results in a high probability of reincarceration.

In a recently published study by the Bureau of Justice Statistics, recidivism data were compiled for the 272,111 prisoners released in 1994 from prisons in 15 states (representing two-thirds of all state prisoners released that year).³¹

* 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 inmate surveys.

Sixty-eight percent were rearrested within three years, 47 percent were reconvicted of a new crime, and 25 percent were sentenced to prison for a new crime. Released drug law violators had a 67 percent rearrest rate within three years, similar to the overall rate. Twenty-two percent of released prisoners were rearrested for committing a violent crime.³²

In addition, felony probationers display comparable rates of rearrest. Many of the crimes committed by probationers are drug law violations and often result in incarceration. From 1986 to 1989, almost half (49 percent) of state drug felons on probation were rearrested within three years, most for another drug law violation.³³ In a 1989 New York City study, 57 percent of felony drug offenders with one prior nonviolent felony conviction were rearrested within two years of their first arrest; 38 percent of those rearrested were charged with a drug felony.³⁴

In Chapter V, we examine in detail the criminal history patterns of inmates and the links to substance abuse.

Conclusion

The huge growth in prison and jail populations has been straining state and federal budgets for a number of years. In addition, public pressure on legislators and criminal justice administrators has resulted in more punitive laws, especially with respect to the possession and sale of illicit drugs. Alcohol and drug abuse and addiction have been key factors behind the growth of our inmate population, leading to the escalating costs and taxes required to build and maintain prisons and jails to house these offenders.³⁵

Increased enforcement of drug laws by state and federal governments, increased arrests and convictions, mandatory prison sentences, and longer prison terms are important factors that have helped to fuel the rise in incarceration. Mandatory prison sentences have increased the likelihood that drug law violators and other felony offenders are sent to prison, and placed

restrictions on the ability of judges to impose alternative non-incarcerative sentences. Federal sentences for drug crimes, especially drug selling, have been particularly affected by changes in sentence length. High recidivism rates, especially for offenders who abuse drugs and alcohol or who sell drugs, compound the growth in prison populations that these policies foster. The result has been that a growing proportion of state and federal prison and jail inmates are drug law violators or have histories of substance abuse.

Despite the impact of substance abuse, the criminal justice system does relatively little to address the underlying condition of substance abuse before individuals commit crimes and while they are incarcerated. Correctional systems generally do not use comprehensive assessment of substance abuse and related problems to place inmates into appropriate treatment services; access to treatment is relatively limited in prisons and jails as we will see in Chapter VI. To understand the challenges of providing treatment to help stem the growing incarceration of substance-involved inmates, it is important to understand the characteristics of different types of inmates and their patterns of substance use, and how these characteristics relate to their incarceration and likelihood of recidivism.

Chapter III

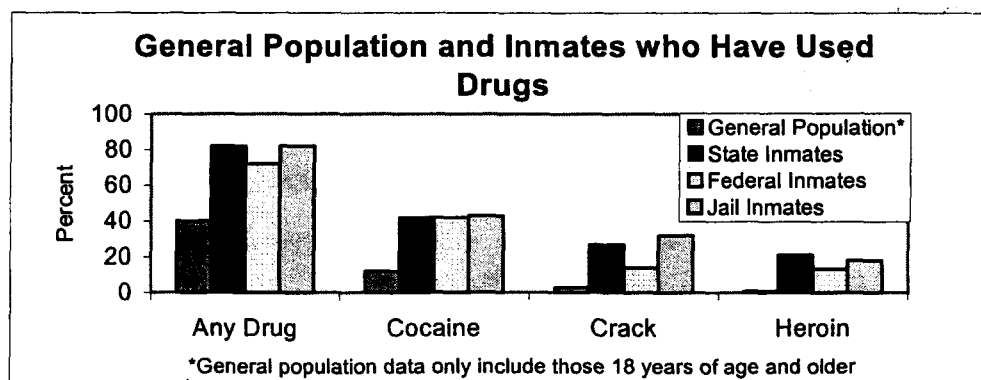
SUBSTANCE USE PATTERNS

In the previous chapters we noted the high overall rates of substance involvement among inmates, and among offenders in general. In this chapter, we analyze in more detail the patterns of drug and alcohol use among inmates. Because these patterns vary greatly among inmates and have important implications for estimating treatment and other service needs, we also create two summary measures of the type and severity of substance use to distinguish among subcategories of inmates. These analyses indicate that inmates have a very high prevalence of alcohol and illegal drug consumption, as well as problems associated with this substance use.

Illegal Drug Use

Not surprisingly, prison and jail inmates have a substantially higher prevalence of drug use than the general population. Eighty-three percent of state inmates, 72 percent of federal inmates, and 82 percent of jail inmates report having ever used illegal drugs, compared with 40 percent of the general adult population (Figure 3.A). Forty-two percent of state inmates have used cocaine, 27 percent crack, and 21 percent heroin. By comparison, in the adult population in 1999 13 percent had ever used cocaine, three percent crack, and two percent heroin.¹

Figure 3.A



Source: Substance Abuse and Mental Health Services Administration. (2001). *Summary of findings from the 2000 National Household Survey on Drug Abuse*. Rockville, MD: Office of Applied Studies.

State Prison Inmates

In addition to the high prevalence of overall use, 69 percent of state inmates report histories of regular drug use. Among state inmates, 19 percent had ever used cocaine regularly; 25 percent crack; and 13 percent heroin (Table 3.1). In raw numbers, this means that of the 1,236,476 inmates in state prisons in at the end of 2000, an estimated 234,930 had histories of regular cocaine use and 160,742 had histories of regular heroin use.

A substantial percentage of state inmates used drugs during the month prior to their arrest (69 percent, an increase from 62 percent in 1991): 52 percent of state inmates were regular users of a drug during this month, an increase from 45 percent in the 1991 survey (Table 3.1).

Table 3.1

*Regular Drug Use
Among State Inmates (%)*

	Have ever used regularly	Used regularly in the month before offense
Any drug	69	52
Marijuana	58	35
Cocaine	19	13
Crack	25	13
Heroin	13	7

Another measure of substance involvement is being under the influence of drugs or alcohol at the time the inmate committed his or her offense. Fifteen percent of state inmates were under the influence of drugs and no other substance at the time they committed the offense for which they were sentenced. An additional 19 percent were under the influence of alcohol alone, and 17 percent were under the influence of both drugs and alcohol. Combined, more than half (51 percent) of state inmates were under the influence of some substance when they committed the crime for which they were incarcerated, a slight increase from the 1991 survey (49 percent).

Federal Prison Inmates

Substance use is less common among federal inmates than among state prisoners; federal prisons have a much higher percentage of drug law violators than do state prisons. According to the 1997 inmate survey, 72 percent of federal inmates have used drugs, including marijuana, sometime in their lives. Almost three-fifths of federal inmates (56 percent) have regularly used an illicit substance in their lives: 25 percent regularly used cocaine, 10 percent crack, and eight percent heroin (Table 3.2).²

Table 3.2

***Regular Drug Use
Among Federal Inmates (%)***

	Have ever used regularly	Used regularly in the month before offense
Any drug	56	40
Marijuana	47	27
Cocaine	25	13
Crack	10	5
Heroin	8	4

The percentage of federal inmates using drugs during the month prior to their arrest is also substantial (56 percent) but smaller than among state inmates. Forty percent of federal inmates were regular users of a drug during the prior month: 27 percent used marijuana, 13 percent cocaine, and four percent heroin (Table 3.2). Both overall regular drug use and regular use in the month before the offense increased substantially from the 1991 survey, when 42 percent of federal inmates had ever used regularly and 28 percent had used regularly the month prior.

One-third (33 percent) of federal inmates were under the influence of some substance when they committed the crime for which they were incarcerated, up from 23 percent in 1991. Thirteen percent of federal inmates were under the influence of drugs only at the time they committed the offense for which they were sentenced; an additional 11 percent were under the influence of alcohol alone; and nine percent were under the influence of both alcohol and drugs.

Jail Inmates

Some jail inmate survey data on drug use were collected only for respondents who were serving their sentence following their conviction (46 percent of all jail inmates surveyed).^{*} The remainder were detained pending trial or held for other reasons.³

Among all jail inmates, almost two-thirds (64 percent) reported regular illegal drug use in their lifetime, up from 58 percent in the previous survey. Forty-seven percent of convicted jail inmates had used drugs regularly in the month before their offense (compared to 39 percent in

1989). Marijuana is the drug most commonly used by jail inmates, both for lifetime use and for use in the month before the offense; most jail inmates who use marijuana also use other drugs. Nearly one-third (31 percent) had ever regularly used cocaine or crack, including 20 percent who had used cocaine products regularly in the month before they were arrested (Table 3.3).

Table 3.3

Regular Drug and Alcohol Use Among Jail Inmates (%)

	Have ever used regularly	Used regularly in the month before offense ^a
Any drug	64	47
Cocaine or crack	31	20
Heroin	10	7
Marijuana	54	29
Alcohol	59	^b

^a Data for convicted inmates only.

^b Past month alcohol use not available

Substance use is also associated with local jail inmates in other ways. Sixty-one percent of convicted jail inmates were under the influence of a substance during their crime (an increase from 54 percent in the 1989 survey): including 16 percent under the influence of drugs only; 25 percent alcohol only; and 20 percent both drugs and alcohol.

^{*} Data regarding drug use in the past month, including whether the inmate was under the influence when he or she committed the crime and whether the inmate committed the crime to get drug money, were only gathered for convicted jail inmates.

Drug-Related Problems

Drug use has a number of other consequences for inmates in addition to their involvement in criminal behavior. Table 3.4 shows the prevalence of various drug-related problems. State and

local jail inmates have similar rates of drug problems that are higher than those for federal inmates. About half of state and jail inmates ever drove a motor vehicle while under the influence of drugs, and about 40 percent had arguments with family or friends. Nearly one-third of these inmates have gotten into a fight while under the influence of drugs. Thirty-one percent of state prison and 24 percent of jail inmates reported at least three drug-related problems.

On average, state prison inmates began using illegal drugs at the age of 16, and federal inmates at age 19.* (Table 3.5) Assuming that inmates had used drugs steadily since first use, state inmates had an average of 16 years of drug use at the time of admission, and federal inmates 18 years.

Table 3.4

<i>Other Indications of Drug Problems (%)</i>			
	State	Federal	Jail
While Under the Influence of Drugs ever:			
Drove a Motor Vehicle	52	45	46
Had a Car Accident	8	4	7
Had Arguments with Family/Friends	41	29	39
Gotten into a Fight	32	17	27
Due to Drugs Ever:			
Lost a Job	15	8	17
Had Job or School Trouble	22	12	n.a.
Any 3 or More of the Above	31	19	24

Table 3.5

<i>Age at First Use and Length of Time Used (Any Drug)</i>			
	State	Federal	Jail
Age at First Use			
Mean	16	19	n.a.
Median	16	17	
Age at Admission Minus Age at First Use			
Mean	16	18	n.a.
Median	16	17	

* The inmate survey asks age at first drug use overall, not for individual drugs. The jail inmate survey does not ask age at first use.

Alcohol Use

Alcohol Consumption. In addition to their high levels of illegal drug use, prison and jail inmates have substantially higher rates of heavy drinking than the general adult population. Seventy-one percent of state prison, 65 percent of federal prison, and 59 percent of jail inmates ever drank regularly. About one-quarter drank daily or almost daily during the year prior to their admission (Table 3.6). In addition, 41 percent of state and 40 percent of jail inmates reported that they ever drank a fifth of liquor in one day.

Table 3.6

<i>Alcohol Use (%)</i>			
	State	Federal	Jail
Ever drank regularly	71	65	59
Drank daily or almost daily in the past year	28	21	27
Ever drank fifth of liquor or equivalent in one day	41	30	40

Table 3.7

<i>Other Indications of Alcohol Problems (%)</i>			
	State	Federal	Jail
While Under the Influence of Alcohol ever:			
Drove a Motor Vehicle	46	42	48
Had a Car Accident	15	10	15
Had Arguments with Family/Friends	40	28	42
Gotten into a Fight	38	22	36
Due to Alcohol Ever:			
Lost a Job	10	5	11
Had Job or School Trouble	15	8	n.a.
Any 3 or More of the Above	31	20	28
Three or More Positive CAGE Responses	24	16	27

Table 3.7 presents the prevalence of alcohol-related problems among the inmate populations. Generally, state and local inmates had similar prevalence rates that were higher than for federal inmates. Nearly half of inmates ever drove a motor vehicle while under the influence of alcohol. Thirty-eight percent of state and 36 percent of local inmates had ever gotten into a fight while drinking, and two-fifths had had arguments with family or friends. Overall, 31 percent of state inmates, 20 percent of federal, and 28 percent of local jail inmates reported at least three of these alcohol-related problems.

The CAGE

questionnaire is a four-item screening instrument that has been validated as an indicator for alcohol problems.^{4*} The 1996-1997 inmate surveys were the first to include the CAGE

questions. Nearly one-quarter of state inmates (24 percent) and 27 percent of jail inmates answered "yes" to at least three of the CAGE items, indicating the presence of an alcohol problem. In contrast, an estimated 7.4 percent of the general adult population meet the diagnostic criteria for alcohol abuse or alcoholism.⁵

There are indications that serious alcohol problems exist even among inmates who are primarily involved with illegal drugs. Table 3.8 shows the percentage of inmates with three or more positive CAGE responses by substance use typology. About one-third of regular drug users in state prisons or local jails also had three or more positive CAGE responses.

As described earlier, 37 percent of state inmates, 20 percent of federal, and 25 percent of jail inmates were drinking at the time of their offense. The inmate surveys contain detailed questions on the type and amount of alcohol consumed at the time of their offense. Using standard measures of absolute alcohol equivalence⁶, we converted the consumption amounts to a standardized drink equivalent to 0.5 ounces of absolute alcohol (see Appendix C for description of the methodology used).

* The four items are: Have you ever felt you should Cut down on your drinking? Have people ever Annoyed you by criticizing your drinking? Have you ever felt bad or Guilty about your drinking? Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

Table 3.8

*Three or More Positive CAGE Responses,
By Substance Use Typology (%)^a*

	State	Federal	Jail ^b
Regular Drug User	29	22	33
Alcohol-Involved	47	43	44
Drug Law Violator	6	5	6
Drug-Experimenter	3	1	0
Non-User	0	0	0

^a See page III-10 for description of the typology.

^b Convicted inmates only.

Among those who were drinking, consumption rates were quite high. State inmates who were drinking at the time of their offense reported consuming the equivalent of 28 half-ounce drinks of absolute alcohol, compared with 19 drinks for federal inmates. Seventy-four percent of state and 58 percent of federal inmates consumed at least ten drinks. These drinks were consumed over an average period of seven and six hours respectively. About half the state

inmates and 36 percent of federal inmates were drinking for at least five hours. Not surprisingly, there was a high correlation between amount of consumption and length of time drinking: ($r=.64$ for state inmates and $.60$ for federal, both significant at $p<.01$).

Violence has been closely linked to alcohol use and intoxication (see Chapter I). Although there was no substantial difference in the length of time spent consuming alcohol, violent inmates drank more in this period, suggesting higher levels of intoxication (assuming violent and nonviolent inmates are of similar weight). State inmates incarcerated for a violent crime consumed an average of 11 half-ounce absolute alcohol drinks, compared with eight drinks for nonviolent inmates. Thirty-four percent of violent state inmates, compared with 25 percent of nonviolent inmates, reported drinking at last ten drinks. Federal inmates were less likely to drink overall, and had lower levels of consumption.

Table 3.9

***Alcohol Consumption Level at Time of Offense
(Inmates Report Drinking at Time of Offense)***

	State	Federal
Number of 0.5 ounce absolute alcohol drink equivalents		
1 - 4	11%	20%
5 - 9	15%	22%
10 - 19	23%	23%
20 - 39	28%	21%
40 or more	23%	15%
Mean	28 drinks	19 drinks
Number of Hours Spent Drinking		
1 - 4	52%	64%
5 - 9	24%	18%
10 - 14	11%	6%
15 or more	13%	13%
Mean	7 Hours	6 Hours

Table 3.10

Alcohol Consumption by Offense Type

	State		Federal	
	Violent	Non-Violent	Violent	Non-Violent
Number of 0.5 ounce absolute alcohol drink equivalents				
None	53%	63%	75%	79%
1 - 4	5%	4%	3%	5%
5 - 9	7%	6%	4%	5%
10 - 19	10%	9%	6%	5%
20 - 39	13%	10%	6%	4%
40 or more	11%	8%	5%	3%
Mean ^a	11 drinks	8 drinks	5 drinks	3 drinks
Number of Hours Spent Drinking				
None	52%	63%	73%	80%
1 - 4	24%	20%	14%	13%
5 - 9	12%	9%	5%	3%
10 - 14	6%	4%	2%	1%
15 or more	6%	5%	5%	2%
Mean ^a	3 hours	3 hours	2 hours	1 hours

^a Inmates not drinking are counted as zero drinks.

Typologies of Substance Use

The inmate surveys contain extensive information on drug and alcohol use, so there are numerous ways to characterize the levels and types of substance abuse problems of inmates. Previous studies using these data have generally distinguished regular drug use from no use or nonregular use.⁷ In Chapter I we defined a general and fairly broad categorization of "substance involvement" to incorporate any indication that the inmate's incarceration was related to drug or alcohol use. Although useful for describing the extent to which incarceration is linked to drug and alcohol use, that categorization is less useful for assessing treatment needs. Commonly used prevalence measures of recency of drug use, such as those used in the National Household Survey of Drug Use, are not useful for classifying severity of illegal drug use among inmates

(who have very high prevalence rates), and do not include the dimensions of drug crimes and alcohol involvement that are important for classifying inmate populations.⁸ In addition, the inmate surveys do not include sufficient data to allow a clinical determination of abuse or dependence on drugs.⁹ Accordingly, we developed two other new methods for partitioning the inmate population according to substance use patterns, and then analyzed the characteristics of inmates in these categories. It should be noted that because these classifications are based on self-report responses on a survey instrument, and not on diagnostic assessments made by trained clinicians, there is a potential for bias in these measures. Inmates may under-report or over-report drug or alcohol use, or unintentionally misstate frequency or recency of use because of recall problems. Nonetheless, these classifications provide a useful way for understanding the different substance use patterns of inmates. Moreover, the data presented later in this report indicate that these classifications are validated by other indicators of drug- or alcohol-related problems.

First Classification

In the first typology, we classified inmates into five mutually exclusive categories based on their drug and alcohol use patterns. Conceptually, this typology was designed to distinguish inmates with no or minimal involvement with illegal drugs from those who had regular involvement. The data are summarized in the following table:

Table 3.11

*Classification of Inmates by Substance Involvement (%)
(Estimated Number in Custody in 1999)*

	State	Federal	Jail ^a
Regular drug users	69 (853,168)	56 (81,433)	67 (416,170)
Alcohol-involved offenders	9 (111,282)	5 (7,271)	14 (86,961)
Non-using drug law violators	4 (49,459)	23 (33,446)	4 (24,846)
Drug experimenters	7 (86,553)	4 (5,816)	7 (43,480)
Non-drug users	10 (123,648)	9 (13,087)	7 (43,480)

^aAll inmates

Regular Drug Users. Inmates who had ever used any drug at least once a week for a period of one month or more are classified in this group. Most of these inmates were also regular drug users in the month prior to their arrest (73 percent of regular drug users in state prison; 69 percent in federal prison; 70 percent in jail (based on convicted jail inmates).^{*} Compared with other inmates, regular drug users have higher rates of social instability, unemployment, and criminality. They are more likely to have lived in a foster home or other child-care institution, have friends and family who abused drugs and committed crimes, and are the least likely to have been employed in the month before their arrest and the most likely to have illegal income.

Alcohol-Involved Offenders. These inmates are defined as those who have never used drugs regularly and were either under the influence of alcohol (and no other drug) at the time of

^{*}The drugs included in the inmate survey are: heroin, other opiates or methadone outside a treatment program, methamphetamine, other amphetamines without a doctor's prescription, methaqualone (quaaludes), barbiturates

their offense, were incarcerated only for drunk driving and no other offense, were not a non-using drug law violator, or had three or more positive responses to the CAGE questions.

Alcohol-involved offenders in state and federal prison are most likely to have committed a violent crime. They are also less well educated than the general prison population, but have higher rates of employment than regular drug users.

Nonusing Drug Law Violators. These inmates have been convicted of a drug law crime such as drug sale or possession, but have never used drugs regularly and were not under the influence of drugs at the time they committed their crime. Non-drug using drug law violators are likelier than drug- or alcohol-abusing inmates to be married and to have children. They are least likely to have friends who committed crimes or to have a family member who served time in prison, tend to have lower rates of other problems, and their parents were less likely to have been substance abusers. Nonusing drug law violators are far more common in federal prison.

Drug Experimenters. Drug experimenters are inmates who have used illegal drugs, but never used them regularly, and were neither drug law violators nor alcohol-involved offenders.

Nondrug Users. These are defined as inmates who reported never using an illegal drug and are neither drug law violators nor alcohol-involved offenders.

Second Classification

The inmate surveys contain numerous questions about recent and past drug use, including the frequency of use of a number of specific drugs, lifetime, and the month prior to the offense for which they were incarcerated. Because of the many different possible patterns of drug use, it can be misleading to assume that all inmates who used illegal drugs had comparable levels of involvement and problem severity. Estimating the need for different types of treatment in

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."

correctional systems would be more accurate if the severity of the drug problem could be taken into account. Although many correctional systems assess drug use at admission, the assessment tools are not always clinically validated or comprehensive enough to determine treatment need. Although the national inmate surveys do not include formal assessment or diagnostic instruments, the questions on drug use type, recency, and frequency can be used to construct a rough measure of the severity of inmates' drug involvement. Such a scale has not previously been available.

This second schema focuses on patterns of illegal drug use, and is designed to incorporate a dimension of drug use severity and recency of drug use. This type of schema may be more useful for determining levels of drug treatment needs among inmates who have used drugs. The assumption is that the more drugs and the more frequently the use, the more intensive the treatment needs.¹⁰ There are five mutually exclusive categories, scaled from least to most severe drug use pattern:

This severity scale incorporates three dimensions: (1) the types of drug used (distinguishing multiple drugs from single drugs, and marijuana from other drugs), (2) the recency of use, as a proxy for current treatment need (distinguishing use in the month prior to the offense from previous use), and (3) frequency of use (daily, weekly, monthly). The five severity categories, ranked from least to most severe, are:

1. Never used hard drugs* and did not use marijuana in month prior to offense (may have prior marijuana use)
2. In the month prior to the offense, used marijuana but has never used hard drugs
3. Used hard drugs, but not in the month prior to the offense
4. In the month prior to the offense, used a hard single drug weekly or monthly

5. In the month prior to the offense; used hard drugs daily (single or multiple) or used multiple hard drugs weekly or monthly

Table 3.12 summarizes the results for the three correctional systems.

According to this

typology, about half of inmates in each system fell into the most severe or third most severe category. For example, 27 percent of state inmates reported recent daily use of hard drugs or used more than one hard drug. An additional 25 percent had used

Table 3.12

Drug Use Severity Scale (%)

	State	Federal	Jail*
1. Never used hard drugs and did not use marijuana in month prior to offense	30	39	29
2. In month prior to offense, used marijuana, but has never used hard drugs	9	8	8
3. Used hard drug(s) but not in the month prior to the offense	25	25	29
4. In month prior to offense, used a single hard drug weekly or monthly	9	9	8
5. In month prior to offense, used hard drug(s) daily or used multiple hard drugs weekly or monthly	27	18	26

* Convicted inmates only.

hard drugs, but not in the month prior to the offense. Federal inmates had less severe drug use, with 39 percent reporting never having used hard drugs, nor recent marijuana use. Overall, 61 percent of state, 52 percent of federal, and 63 percent of jail inmates had ever used hard drugs.

Projecting these prevalence rates to the inmate population at the end of 2000, there were 334,000 state inmates in the most severe drug use category, 26,000 federal inmates, and 161,000 local jail inmates. These numbers dwarf the total number of inmates who have received treatment while incarcerated (see Chapter VI). In addition, we will see in Chapter VII that the higher the severity of drug use on this scale, the greater the number of other problems reported by inmates.

* Defined as any illegal drug other than marijuana.

Conclusion

Prison and jail inmates have a substantially higher prevalence of drug use than the general population. Histories of regular drug use, regular use the month prior to arrest, and being under the influence of drugs and/or alcohol at the time of committing an offense were common in state, federal, and jail inmates, although these behaviors are more prevalent among state inmates.

Inmates in prisons and jails also have higher rates of heavy drinking than the general population. In addition, many inmates with primarily involvement in illegal drug use also show indications of serious alcohol problems. Alcohol consumption rates at the time of the offense are quite high among inmates, especially those charged with violent crimes: such inmates consumed more alcohol than non-violent inmates at the time of their offense.

Beyond their involvement in criminal behavior, drug and alcohol use has resulted in a number of other problems for inmates, including fighting, driving under the influence, and job and family problems.

In order to distinguish subgroups of inmates, we classified inmates by their type of involvement in substance use. Two methods for partitioning the inmate population by substance use patterns were presented in this chapter. The first classification incorporated five mutually exclusive categories to distinguish inmates with no or minimal involvement with illegal drugs or alcohol from those who had regular involvement: regular drug users (69 percent of state inmates), alcohol-involved inmates (nine percent), nonusing drug law violators (four percent), drug experimenters (seven percent), and nondrug users (10 percent).

The second classification focused on severity and patterns of illegal drug use. The five severity categories, ranked from least to most severe, included: (1) Never used hard drugs and

did not use marijuana in month prior to offense (30 percent of state inmates); (2) used marijuana in the month prior to the offense but has never used hard drugs (nine percent); (3) used hard drugs but not in the month prior to the offense (25 percent); (4) used a hard single drug weekly or monthly in the month prior to the offense (nine percent); (5) used hard drugs daily or multiple hard drugs weekly or monthly in the month prior to the offense (27 percent).

Almost half of inmates in each correctional system fall in the most severe (hard drug use daily in past month or used multiple hard drugs weekly or monthly) or third most severe group (used hard drugs but not in prior month). In the following chapter we analyze the characteristics of inmates by these two substance use classifications, and find that in general inmates with more extensive substance involvement have more social, economic, and health problems.

Chapter IV

INMATE CHARACTERISTICS BY SUBSTANCE INVOLVEMENT

The surge in America's prison and jail populations has been fueled by drug and alcohol abuse and the criminal justice response to drug- and alcohol-related crime. But we have seen that there are different types and levels of substance involvement among inmates and treatment needs. Some inmates primarily have an alcohol abuse problem. Others use marijuana but no other illegal drugs. Many frequently use one or more "hard" drugs such as heroin or cocaine products. It is important to understand these differences in order to plan and develop for effective and comprehensive interventions. Given that resources for correctional treatment are likely to remain scarce relative to need, it becomes important to distinguish subgroups of inmates who may need long-term intensive treatment from those whose drug and other problems are relatively minor and may only need short-term interventions or transitional assistance. The characteristics of substance-involved inmates also differ in state and federal prisons and in local jails. In order to craft more effective policies and programs in our correctional systems, we must also understand the other service needs of different types of drug offenders.

Using the two classifications described in the previous chapter, we now analyze and compare the differences among inmates (as reported in the inmate surveys) with different types and severity of substance involvement. The characteristics include: demographics and socioeconomic status, family history, peer groups, and criminal history. Comparisons are made across systems, and regular drug users in prison and in jails are also compared to nondrug users.

First Typology

Demographic Characteristics

Age (Table 4.1). In both state and federal prison, regular drug users are about the same age as the general prison population, with an average age of 33 in state prison (34 for all state inmates); and 36 in federal prison (37 for all federal inmates). Alcohol-involved offenders are older than the general inmate population in both prison systems. In state prison, alcohol-involved offenders have an average age of 38; in federal prison, an average age of 40. The average age of nonusing drug law violators is the same as other inmates: 34 in state prisons and 39 in federal prisons. Jail inmates (mean age 31) are younger than state and federal prisoners and regular drug users are about the same age as the general jail population. As in the prison population, alcohol-involved offenders in jail are older than other inmates (mean age 35).

Compared with the 1989-1991 surveys, state and jail inmates in the recent surveys are older. This probably reflects a general aging of the inmate population due in part to longer sentences, "truth-in-sentencing" state laws¹ that limit early release to parole, and the increase in "three strikes" state laws² that mandate longer terms for repeat offenders.

Table 4.1

Age of State, Federal and Jail Inmates (%)

Age	All Inmates			Regular Drug Users			Nonusing Drug Law Violators			Alcohol-Involved Offenders		
	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail
Under 21	6	1	19	7	2	11	5	^a	19	2	^a	10
21 - 24	14	8	12	14	9	9	15	6	14	10	5	11
25 - 29	19	18	18	19	19	19	22	18	22	15	18	14
30 - 34	19	18	19	21	20	25	15	18	19	18	11	17
35 - 39	18	16	15	19	17	20	16	15	12	15	10	17
40 - 44	12	15	9	12	15	11	10	14	5	14	12	11
45 - 49	6	10	4	5	10	4	7	9	6	9	12	9
50 - 54	4	6	2	2	5	1	3	6	3	9	13	5
55 - 59	2	5	1	1	3	^a	4	7	^a	4	11	3
60 and over	1	3	^a	^a	1	^a	3	6	^a	4	8	3
Average age	33.5	37.3	30.6	32.6	35.9	31.8	34.1	38.5	29.9	38.1	42.0	35.0

^a Less than one percent.

Gender (Table 4.2). The proportion of women inmates has remained about the same since the 1989-1991 surveys. Overall, women represent six percent of state inmates and seven percent of federal inmates, and a similar percentage of regular drug users. They comprise seven percent of alcohol-involved offenders in federal prison and four percent in state prison. In state prison, women are eight percent of nonusing drug law violators. In federal prison, women are 10 percent of nonusing drug law violators. A slightly higher percentage of jail inmates are female (10 percent). Women comprise 11 percent of regular drug users in jail, and only five percent of alcohol-involved offenders.

Table 4.2

Gender of State, Federal and Jail Inmates (%)

	All Inmates			Regular Drug Users			Nonusing Drug Law Violators			Alcohol-Involved Offenders		
	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail ^a
Male	94	93	90	93	94	89	92	90	89	96	93	95
Female	6	7	10	7	6	11	8	10	11	4	7	5

^a Convicted inmates only.

Race (Table 4.3). Racial/ethnic composition varies substantially by substance use category. Regular drug users generally echo the racial distribution for the general inmate populations.* Alcohol-involved offenders in state prisons and jails are more likely to be white non-Hispanic (45 percent in state prisons, 49 percent in jails) and less likely to be Black non-Hispanic (33 percent in states, 25 percent in jails). Black non-Hispanics and Hispanics are overrepresented among nonusing drug law violators in state prisons and local jails, as are Hispanics in federal prisons (46 percent of federal nonusing drug law violators). The racial composition within substance use categories did not change substantially from the 1989-1991 surveys.

Table 4.3

Racial/Ethnic Distribution of State, Federal and Jail Inmates (%)

	General Adult Population ^a	All Inmates			Regular Drug Users			Nonusing Drug Law Violators			Alcohol-Involved Offenders		
		State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail ^b
White non-Hispanic	75	33	30	37	34	33	43	7	13	6	45	35	49
Black non-Hispanic	11	47	38	41	47	41	38	54	38	52	33	30	25
Hispanic	10	17	27	19	16	22	15	38	46	42	18	26	22
Other non-Hispanic	4	3	5	4	3	4	3	1	3	1	4	9	4

^a Age 18 and over. Source: U.S. Bureau of the Census. (2001). [Online]. *Population by race and Hispanic or Latino origin for the United States: 1990 and 2000*. Available: <http://www.census.gov/population/www/cen2000/phc-t1.html>.

^b Convicted jail inmates only.

Marital Status (Table 4.4). The marital status of inmates within substance use categories did not change substantially from the 1989-1991 surveys. Regular drug users are slightly less likely to be married than the general inmate population. Fifteen percent of regular drug users compared to 17 percent of all state inmates are married. Alcohol-involved offenders are more likely to be divorced, separated, or widowed (36 percent) than the general state inmate population. In federal prison, 25 percent of regular drug users are married, compared to 30

* The mutually exclusive categories: white non-Hispanic, black non-Hispanic, Hispanic, and Other non-Hispanic.

percent of all federal inmates. Forty-two percent of federal nonusing drug law violators are married. There is little difference between the marital status of drug-using jail inmates and the overall jail population. Among regular users, more than half (55 percent) have never been married, 15 percent are married, and 30 percent are divorced, separated, or widowed.

Table 4.4

Marital Status of State, Federal and Jail Inmates (%)

	General Adult Population ^a	All Inmates			Regular Drug Users			Nonusing Drug Law Violators			Alcohol-Involved Offenders		
		State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail ^b
Married	57	17	30	16	15	25	15	29	42	21	19	31	22
Divorced, Separated, Widowed	19	26	28	26	26	29	30	19	23	16	36	34	38
Never Married	24	57	42	59	59	46	55	52	35	64	45	35	40

^a Aged 18 and over. Source: Fields, J., & Casper, L.M. (2001). *America's families and living arrangements: Population characteristics*. Washington, DC: U.S. Department of Commerce, U.S. Census Bureau.
^b Convicted jail inmates only.

Education (Table 4.5).

Inmates are less likely than the general U.S. adult population to have finished high school, and there is little variation by substance use pattern. Thirty-nine percent of regular drug users and 43 percent of alcohol-involved offenders in state prison have less than four years of high school and no GED. Federal prison inmates tend to be somewhat better educated; 26 percent have less than four years of high school and no GED. Among regular drug users in federal prison, 27 percent have less than four years of high school and no GED. Almost half (45 percent) of regular drug users in jail have not completed four years of high school.

The low rates of educational achievement point to the need for educational training for substance-involved inmates to allow them a better chance to succeed in the community following release. These educational needs are discussed further in Chapter VII.

Table 4.5

Educational Attainment of State, Federal and Jail Inmates (%)

	General Adult Population ^a	All Inmates			Regular Drug Users			Nonusing Drug Law Violators			Alcohol-Involved Offenders		
		State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail ^b
8 th grade or less	6	9	9	13	8	8	11	18	14	9	17	11	20
Some high school	10	30	17	33	31	19	34	33	16	34	26	16	26
HS Diploma or GED	33	47	47	40	49	50	42	34	45	36	43	43	39
Some college	51	13	26	14	12	23	12	15	25	11	14	30	14

^a Aged 18 and over. Source: U.S. Bureau of the Census, (2000). [Online]. *Educational attainment in the United States: March 2000*.

Available: <http://www.census.gov/population/www/socdemo/education/p20-536.html>.

^b Convicted jail inmates only.

Employment and Income (Tables 4.6 to 4.8).

A majority of inmates were employed in the month prior to their arrest, and overall employment rates are similar to the 1989-1991 surveys. However, a higher percentage of inmates reported part-time rather than full-time employment in the more recent surveys. Alcohol-involved inmates tend to have higher employment rates, which may reflect racial or age differences. Regular drug users are less likely than other inmates to have been employed before their arrest. For example, in state prison, 64 percent of regular drug users were employed compared with 73 percent of drug law violators and 77 percent of alcohol-involved inmates. Similar patterns were found among federal and local jail inmates. By comparison, employment rates in the general population are substantially higher: 95 percent are employed either full- or part-time, with 18 percent employed at least part-time.³

Table 4.6

State, Federal and Jail Inmates: Employment Status in the Month Prior to Arrest (%)

	All Inmates			Regular Drug Users			Nonusing Drug Law Violators			Alcohol-Involved Offenders		
	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail*
Employed (both full- and part-time)	67	70	64	64	65	61	73	75	66	77	77	79
Employed part-time	12	11	15	13	12	15	14	11	17	11	13	11

*Convicted jail inmates only.

Illegal Income (Table 4.7). In addition to employment income, inmate survey respondents were asked about other sources of income in the month prior to their arrest. Regular drug users are more likely to have acquired income through illegal activity in the month prior to their incarceration than the general inmate population (32 percent compared to 26 percent of all state inmates, 36 percent compared to 28 percent of all federal inmates). Alcohol-involved offenders are the least likely to have earned income through illegal activities (nine percent of state inmates, 14 percent of federal alcohol-involved inmates). Nonusing drug law violators are more likely to report acquiring income through illegal activities than other inmates (32 percent in state prison).^{*} Overall, jail inmates are less likely than prison inmates to report illegal income (15 percent of all inmates), but regular drug users are again more likely to report illegal income (20 percent) than the general jail population. The percentage of inmates who acquired income through illegal activity was higher across all categories when compared to jail and prison data from 1989-1991.

* It is not clear from the survey question whether the respondents are excluding income from drug crimes.

Table 4.7

Inmates Who Acquired Income Through Illegal Activity (%)				
	All Inmates	Regular Drug Users	Nonusing Drug Law Violators	Alcohol-Involved Offenders
State	26	32	32	9
Federal	28	36	22	14
Jail	15	20	16	3 ^a

^aConvicted jail inmates only.

Public Assistance (Table 4.8).^{*} In all three correctional systems, regular drug users are most likely to have received income from public assistance. In state prison, 33 percent of regular drug users acquired income through public assistance in the month prior to incarceration, compared with 25 percent of alcohol-involved offenders and 22 percent of nonusing drug law violators. Similar patterns were found for federal and local jail inmates, although federal inmates are much less likely to report public assistance income.

Table 4.8

Inmates Who Acquired Income Through Public Assistance (%)				
	All Inmates	Regular Drug Users	Nonusing Drug Law Violators	Alcohol-Involved Offenders
State	14	14	9	13
Federal	8	8	8	12
Jail	19	21	12	17 ^a

^aConvicted jail inmates only.

Family History

Family Structure (Table 4.9). In state prison, regular drug users are less likely than drug law violators or alcohol-involved offenders to have been raised by both parents (42 percent vs. 50 and 55 percent respectively), and more likely to have spent time in foster care or similar

^{*} "Public Assistance" is defined as answering yes to the following survey questions: During the month before your arrest, did you personally receive any income from social security or SSI; welfare, charity or other public assistance care including AFDC (or ADC), food stamps, or WIC.

settings (16 percent vs. six and 10 percent). Similar patterns were observed in federal prison and jails, especially compared with alcohol-involved offenders. Comparatively, eight percent of regular drug using federal inmates, three percent of nonusing drug law violators, and five percent alcohol-involved inmates had ever spent time in foster care.

Table 4.9

Childhood Family Structure of State, Federal and Jail Inmates (%)

<i>For the majority of their childhood:</i>	All Inmates			Regular Drug Users			Nonusing Drug Law Violators			Alcohol-Involved Offenders		
	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail*
Lived with both parents	44	54	40	42	51	37	50	58	37	55	53	48
Lived with mother only	39	32	43	41	35	45	35	29	50	30	31	38
Ever spent time in a foster home, agency, or other institution	14	7	13	16	8	16	6	3	5	10	5	9

*Convicted jail inmates only.

There were substantial racial differences in childhood family structure. In general, black non-Hispanic inmates were much more likely than white non-Hispanics or Hispanics to have lived only with their mother while growing up and less likely to have lived with both parents. Overall, whites were the most likely to have ever spent time in foster care or an institution as a child. For example, among state inmates, 48 percent of black inmates grew up living primarily with their mother, compared with 28 percent of whites and 34 percent of Hispanics. Substance abuse history was not related to childhood family structure for blacks, but for whites and Hispanics, nonusing drug law violators were much more likely to have grown up with both parents (82 percent for whites and 69 percent of Hispanics) than other types of inmates. Similar patterns were observed for federal and local jail inmates.

Inmate Children (Tables 4.10 to 4.12). Many inmates have young children, and there has been increasing recent attention toward the impact of parental incarceration on these children.⁴ Tables 4.10 to 4.12 show the percentage of male and female inmates who have any children aged six to 10, and aged five or younger, by substance use category.

The data indicate that female state and local jail inmates are somewhat more likely to have young children, but that with the exception of alcohol-involved inmates, substance abuse history is not related to number of young children. Alcohol-involved inmates tend to be the least likely to have young children. In state prisons, for example, 20 percent of females have children aged six to 10 and 28 percent aged five or younger, compared with 17 percent and 24 percent of males respectively.

Table 4.10

Inmates with Young Children by Substance use Typology and Gender (%)
State Inmates

	All Inmates		Regular Drug Users		Nonusing Drug Law Violators		Alcohol-Involved Offenders	
	Male	Female	Male	Female	Male	Female	Male	Female
Any Children Aged 6-10	17	20	17	22	19	20	16	14
Any Children 5 or Younger	24	28	25	28	35	30	18	20

Table 4.11

Inmates with Young Children by Substance use Typology and Gender (%)
Federal Inmates

	All Inmates		Regular Drug Users		Nonusing Drug Law Violators		Alcohol-Involved Offenders	
	Male	Female	Male	Female	Male	Female	Male	Female
Any Children Aged 6-10	22	18	24	18	26	20	19	21
Any Children 5 or Younger	26	21	27	23	28	19	21	20

Table 4.12

Inmates with Young Children by Substance use Typology and Gender (%)
Jail Inmates

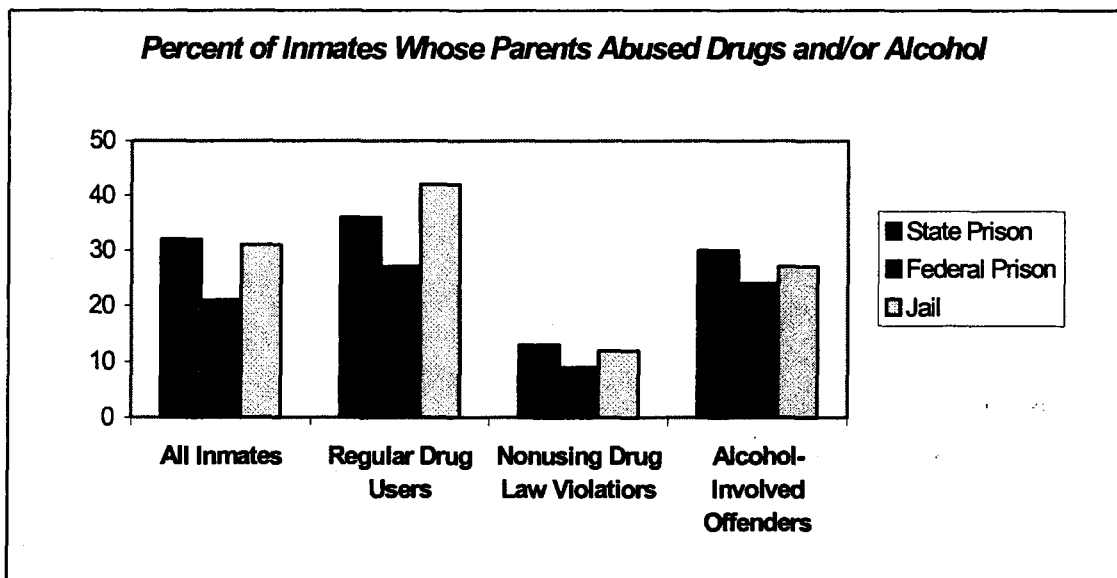
	All Inmates		Regular Drug Users		Nonusing Drug Law Violators		Alcohol-Involved Offenders	
	Male	Female	Male	Female	Male	Female	Male	Female
Any Children Aged 6-10	14	17	14	18	13	21	15	15
Any Children 5 or Younger	33	39	34	39	44	31	27	30

Parental Substance Abuse (Figure 4.A). Inmates with substance involvement are more likely than other inmates to report a history of their own parents' abuse of alcohol and drugs. Having a parent with a substance abuse problem is a risk factor for developing one's own substance abuse problem.⁵ Having an incarcerated parent is a risk factor for substance abuse by children as well as for contact with the criminal justice system: 42 percent of regular drug using inmates had a close family member who had served time in prison.⁶ Although there has been little research on the causal impact of parental incarceration on a child, family drug use, criminal

activity, and low levels of parental involvement with the child has been found to be related to juvenile substance abuse and delinquency⁷ and entry into the juvenile justice system.⁸

Regular drug users and alcohol-involved offenders are the most likely to report that their parents abused drugs and/or alcohol. In state prison, 36 percent of regular drug users and 31 percent of alcohol-involved offenders report that their parents abused substances, compared to 13 percent of nonusing drug law violators. In jail, 39 percent of regular drug and 29 percent of alcohol-involved offenders report that their parents abused substances, compared to only 12 percent of jailed nonusing drug law violators. Federal inmates are less likely to report parental substance abuse, but the patterns are similar. The substance abuse characteristics of inmates' parents within substance use categories did not change substantially from the 1989-1991 surveys.

Figure 4.A

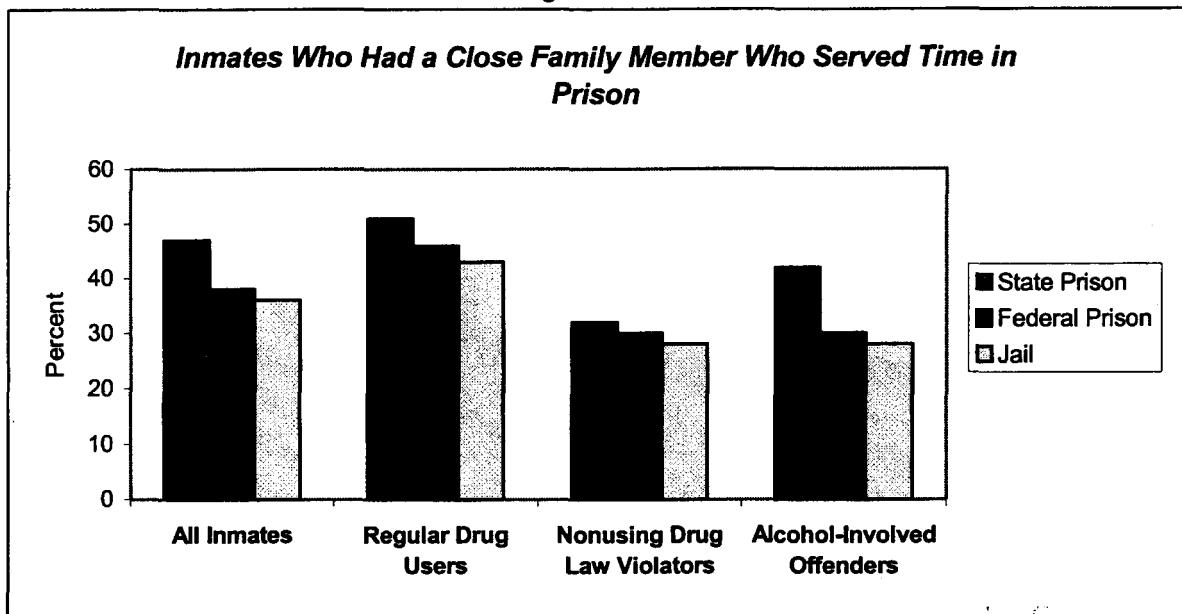


Family Criminal History (Figure 4.B). Intergenerational cycles of criminal involvement are also common among inmates with drug or alcohol involvement.⁹ In state prison, 51 percent of regular drug users had a close family member who served time in prison or jail, compared to 41 percent of alcohol-involved offenders and 32 percent of nonusing drug law violators. In jails,

50 percent of regular drug-using inmates have had a family member who served time in jail or prison, compared to 37 percent of alcohol-involved offenders and 34 percent of nonusing drug law violators. Forty-six percent of federal inmates who were regular drug users had a close family member who had been incarcerated, compared to 38 percent of all federal inmates. These percentages generally reflect increases compared to the 1989-1991 jail and prison survey data.

These data suggest that parental drug abuse and criminality may put children at considerable risk for later serious problems with drugs and the law. This cycle of drug abuse and criminality suggests that the children of current inmates are also vulnerable.

Figure 4.B



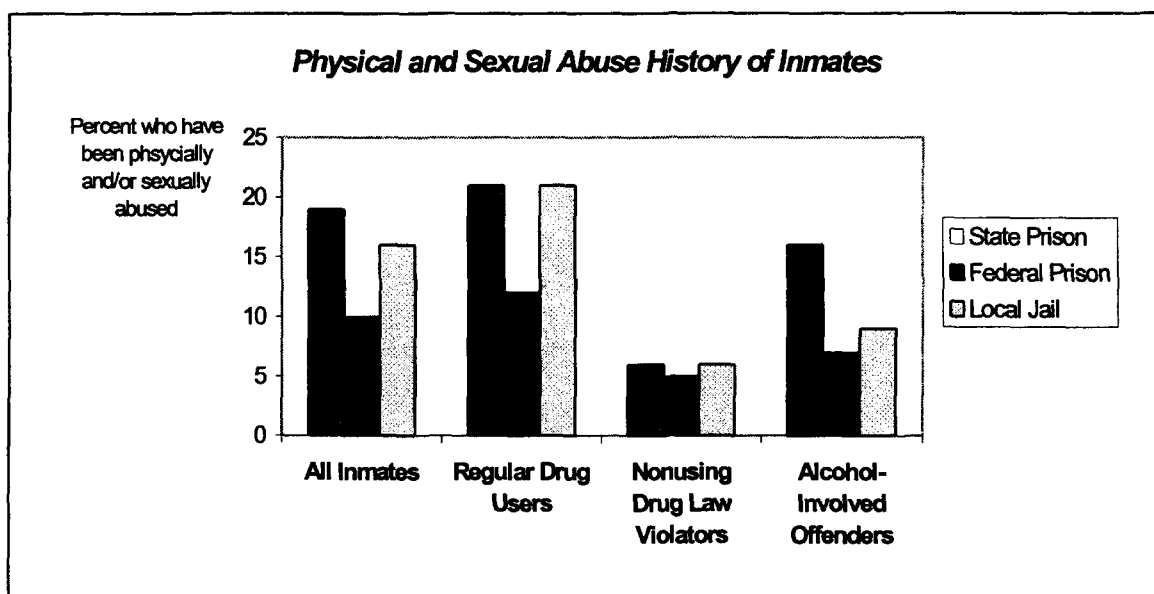
History of Physical/Sexual Abuse

Being a victim of childhood physical or sexual abuse has been associated with higher risk of adult substance abuse problems.¹⁰ Accordingly, it is not surprising that inmates with histories of regular drug use are much more likely than other inmates to have experienced physical and/or sexual abuse (Figure 4.C). In state prison, 21 percent of regular drug users have histories of physical/sexual abuse, compared to 17 percent of alcohol-involved offenders and six percent of

nonusing drug law violators. The percentages of reported physical/sexual abuse in state prisons (across all groups) represent increases over 1991 data, which showed that 15 percent of regular drug users, 12 percent of alcohol-involved offenders, and 3 percent of drug law violators reported such abuse.

Similar rates were found for jail inmates. Although the overall prevalence of abuse was lower for federal inmates, regular drug users also had the highest rates among inmate categories. As we will see in Chapter VIII, histories of physical and sexual abuse are more likely among female inmates in all substance-related categories.

Figure 4.C



Friendship Groups

The data on participation in illegal activities among the friends of inmates suggest that friendship groups are strongly associated with deviant behavior. The data are consistent with research on juvenile delinquency that finds that peer involvement in deviant behaviors is a key risk factor for substance abuse and delinquency. Among state inmates, 86 percent of regular drug users have friends who participate in illegal activities, compared to 56 percent of alcohol-

involved, and 42 percent of nonusing drug law violators (Figure 4.D). Friends' drug use and drug dealing are also much more commonly reported among regular drug users in state prison: 80 percent of regular drug users had friends who used drugs (Figure 4.E) and 48 percent had friends who sold drugs (Figure 4.F). By contrast, 43 percent of alcohol-involved offenders in state prison report that their friends used drugs and only 16 percent report that their friends sold drugs. Thirty percent of drug law violators admit having friends who used drugs, and 22 percent admit having friends who sold drugs. Although the prevalence rates were lower, the same relative patterns were observed among federal prison and local jail inmates.

The high rate of illegal activities among friends of drug-using inmates points to the importance of the social environment into which an inmate returns after release. Inmates who returns to an environment marked by high rates of peer criminality and drug use may be much more likely to resume such activities.

Figure 4.D

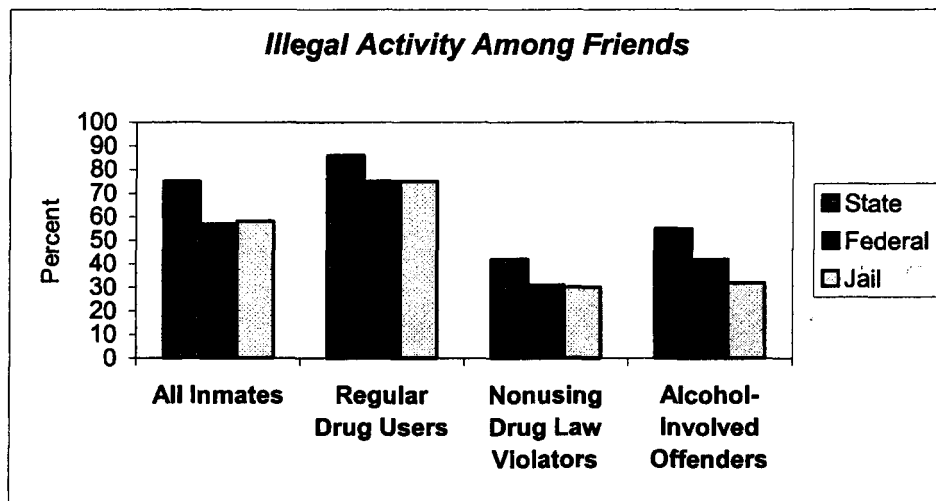


Figure 4.E

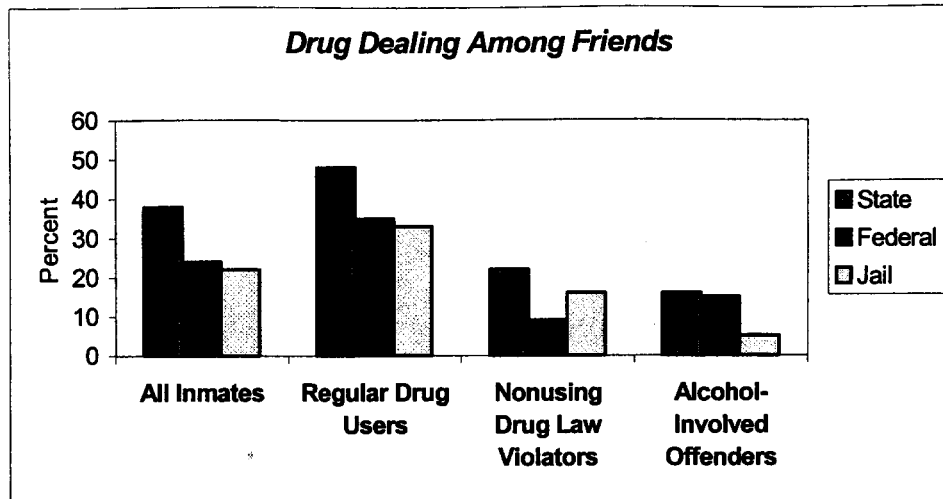
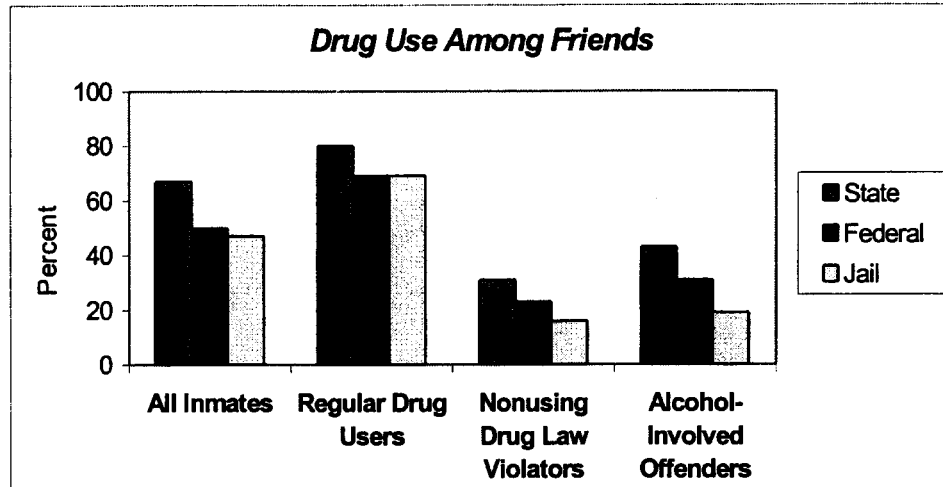


Figure 4.F



Second Typology

Demographic Characteristics

Age (Table 4.15). Across all three correctional systems, inmates who are recent primary marijuana users tend to be much younger than other inmates with a mean age of 24.1 in jails, 27.1 in state prisons, and 30.7 in federal prisons. Inmates who were recently using only a single hard drug weekly or less often also tended to be younger than average.

Table 4.15

Mean Age

	TYPE 1: No hard drug use/no recent MJ use	TYPE 2: Recent MJ use only	TYPE 3: Hard drug use but not recent	TYPE 4: Recent hard use: single drug	TYPE 5: Recent hard use, daily or multi- weekly
State	35.1	27.1	33.4	32.9	34.0
Federal	39.1	30.7	37.1	36.6	37.3
Jail ^a	31.6	24.3	31.2	29.9	31.5

^aConvicted jail inmates only.

Gender (Table 4.16). Again, the recent marijuana use subgroup is distinct from other inmate groups, with females underrepresented. Only two percent of this category in state prison and four percent in jails were female. Female inmates are most common in the most severe drug use category: ten percent of state and 16 percent of jail inmates in who recently used hard drugs on a frequent basis were female.

Table 4.16

Gender (%)

	TYPE 1: No hard drug use/no recent MJ use			TYPE 2: Recent MJ use only			TYPE 3: Hard drug use but not recent			TYPE 4: Recent hard use: single drug			TYPE 5: Recent hard use, daily or multi- weekly		
	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail
Male	95	91	92	98	95	96	95	94	91	94	93	89	90	93	84
Female	5	9	8	2	5	4	5	6	8	6	7	11	10	7	16

Race (Table 4.17). Across all correctional systems, black non-Hispanics are overrepresented among recent marijuana only users. Nearly three-quarters of state and federal prison inmates in that category were black non-Hispanic, as were 60 percent of jail inmates.

Table 4.17

Race (%)

	TYPE 1: No hard drug use/no recent MJ use			TYPE 2: Recent MJ use only			TYPE 3: Hard drug use but not recent			TYPE 4: Recent hard use: single drug			TYPE 5: Recent hard use, daily or multi- weekly		
	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail
White non-Hispanic	31	25	33	13	10	21	39	34	52	33	34	40	38	42	39
Black non-Hispanic	48	37	42	74	73	60	40	36	29	46	39	43	41	30	39
Hispanic	17	32	22	11	15	17	17	25	15	19	22	14	19	24	19
Other non-Hispanic	4	6	3	2	2	2	4	5	4	3	5	3	3	4	3

Marital Status (Table 4.18). Perhaps reflecting their younger age, inmates in the recent marijuana only category were most likely to never have been married.

Table 4.18

Marital Status (%)

	TYPE 1: No hard drug use/no recent MJ use			TYPE 2: Recent MJ use only			TYPE 3: Hard drug use but not recent			TYPE 4: Recent hard use: single drug			TYPE 5: Recent hard use, daily or multi- weekly		
	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail
Married	19	36	18	9	17	11	18	28	16	15	28	15	16	28	16
Divorced, Separated, Widowed	27	27	27	10	17	6	29	30	29	26	30	24	28	32	28
Never Married	54	37	55	81	66	83	53	42	55	59	42	61	56	40	56

Education

The recent marijuana use group again was distinct in terms of educational background (Table 4.19). They were the most likely inmates not to have earned a high school diploma or GED (48 percent of state, 34 percent of federal, and 62 percent of jail inmates).

Table 4.19

Education (%)

	TYPE 1: No hard drug use/no recent MJ use			TYPE 2: Recent MJ use , only			TYPE 3: Hard drug use but not recent			TYPE 4: Recent hard use: single drug			TYPE 5: Recent hard use, daily or multi- weekly		
	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail
8 th grade or less	13	10	15	7	6	14	7	9	11	9	8	9	9	10	12
Some high school	28	15	31	41	28	48	27	17	29	31	17	34	31	14	30
Diploma or GED	42	42	39	44	49	34	52	49	46	48	49	43	48	51	45
Some college or beyond	16	30	15	8	17	4	14	25	14	12	26	13	12	24	13

Employment and Income

Probably reflecting, at least in part, lower educational achievement, the marijuana only users were least likely among prison inmates to have been employed in the month prior to their arrest (Tables 4.20). However, inmates in the most severe drug use category also tended to have relatively low rates of employment.

Table 4.20

Employment Status in the Month Prior to Arrest (%)

	TYPE 1: No hard drug use/no recent MJ use			TYPE 2: Recent MJ use only			TYPE 3: Hard drug use but not recent			TYPE 4: Recent hard use: single drug			TYPE 5: Recent hard use, daily or multi- weekly		
	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail
Employed (both full- and part-time)	72	75	70	56	59	63	71	71	68	70	70	66	59	60	55
Employed part-time	12	10	13	18	14	18	12	12	12	14	12	17	11	12	14

Illegal Income (Table 4.21). Paralleling the employment data, inmates in the marijuana only and heaviest drug use categories tended to be most likely to have earned illegal income in the month prior to their arrest, especially among state prison and jail inmates. For example, 41 percent of state inmates in the heaviest drug use category earned illegal income, as did 36 percent of the marijuana only group, compared with 24 percent or less in the other drug use categories.

Table 4.21

Inmates Who Acquired Income Through Illegal Activity (%)

	TYPE 1: No hard drug use/no recent MJ use	TYPE 2: Recent MJ use only	TYPE 3: Hard drug use but not recent	TYPE 4: Recent hard use: single drug	TYPE 5: Recent hard use, daily or multi- weekly
State	12	36	23	24	41
Federal	16	36	27	41	43
Jail	5	20	13	18	30

Public Assistance (Table 4.22). The highest proportion of inmates reporting receiving public assistance was in the most severe drug use category. Inmates in the recent marijuana only category had a relatively low percentage reporting receipt of public assistance. Coupled with

their low employment rates, these data suggest that this subgroup relied more on illegal income for support than other inmate subgroups.

Table 4.22

Inmates Who Acquired Income Through SSI or Welfare/Charity (%)

	TYPE 1: No hard drug use/no recent MJ use	TYPE 2: Recent MJ use only	TYPE 3: Hard drug use but not recent	TYPE 4: Recent hard use: single drug	TYPE 5: Recent hard use, daily or multi- weekly
State	12	9	14	14	17
Federal	9	5	8	6	10
Jail	9	7	13	19	20

Family History

Family Structure (Table 4.23). Inmates in the recent marijuana only category were most likely to have lived only with their mother while growing up. This probably reflects the high proportion in this category of African-Americans, who tend to be more likely to be raised in single parent households than other racial and ethnic groups.¹¹ However, having spent time in a foster home or institutional environment as a child was more associated with heavier drug use: Inmates in the three highest drug severity categories reported the highest prevalence of foster home experience.

Table 4.23

Childhood Family Structure (%)

For the majority of their childhood:	TYPE 1: No hard drug use/no recent MJ use			TYPE 2: Recent MJ use only			TYPE 3: Hard drug use but not recent			TYPE 4: Recent hard use: single drug			TYPE 5: Recent hard use, daily or multi-weekly		
	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail
Lived with both parents	49	57	40	30	39	27	45	56	40	42	57	37	43	52	41
Lived with mother only	36	29	43	49	43	54	38	32	44	39	31	42	40	34	42
Ever spent time in a foster home, or other institution	9	4	8	14	7	10	17	8	17	14	6	14	17	10	16

Parental Substance Abuse (Table 4.24). The intergenerational cycle of drug use is evident from these data. The likelihood of having parents who abuse drugs and/or alcohol increases as the severity of inmate drug use increases.

Table 4.24

Inmates Whose parents abused drugs and/or alcohol (%)

	TYPE 1: No hard drug use/no recent MJ use	TYPE 2: Recent MJ use only	TYPE 3: Hard drug use but not recent	TYPE 4: Recent hard use: single drug	TYPE 5: Recent hard use, daily or multi-weekly
State	22	28	35	35	41
Federal	13	23	24	26	29
Jail	20	27	37	37	41

Family Criminal History (Table 4.25). Although the relationship is not as stark as with parental drug use, inmates with more severe drug involvement tend to be more likely to have had a close family member who served time in prison. The lowest proportions were found among inmates who neither used hard drugs nor had recent marijuana use.

Table 4.25

Inmates Who had a close family member who served time in prison (%)

	TYPE 1: No hard drug use/no recent MJ use	TYPE 2: Recent MJ use only	TYPE 3: Hard drug use but not recent	TYPE 4: Recent hard use: single drug	TYPE 5: Recent hard use, daily or multi- weekly
State	36	51	49	53	54
Federal	28	47	42	44	47
Jail	34	44	51	47	55

History of Physical/Sexual Abuse

Consistent with our previous analyses of the relationship between histories of physical or sexual abuse and substance involvement, we found that a higher severity of drug use was associated with a greater likelihood of being abused (Table 4.26). Although only 8-13 percent of inmates in the lower two drug severity categories reported such abuse, the prevalence jumps to over 20 percent for the other drug severity categories among state prison and jail inmates. Although overall rates of abuse are lower among federal inmates, the same pattern was found.

Table 4.26

Physical and Sexual Abuse History (%)

	TYPE 1: No hard drug use/no recent MJ use	TYPE 2: Recent MJ use only	TYPE 3: Hard drug use but not recent	TYPE 4: Recent hard use: single drug	TYPE 5: Recent hard use, daily or multi-weekly
State	13	11	22	21	23
Federal	7	7	10	10	15
Jail	9	8	21	21	21

Friendship Groups

The correlation between peer behaviors and drug use is evident from Tables 4.27 to 4.49. Illegal activity and drug use by friends were substantially less likely among inmates who never used hard drugs nor had recent marijuana use. In contrast, among inmates in the highest severity drug use category, most had friends who engaged in illegal activity or drug use. For example,

among state inmates, 89 percent of those in the most severe drug category had friends who engaged in illegal activity, and 84 percent had friends who used drugs. Only 49 percent of inmates in the least severe drug use category had friends involved in illegal activity, and 36 percent had friends who used drugs.

The same patterns were found for drug selling activity among friends. These data suggest the importance of reentry planning and aftercare programming that tries to ensure that inmates returning to their communities find new prosocial peer groups.

Table 4.27

Illegal Activity Among Friends (%)

	TYPE 1: No hard drug use/no recent MJ use	TYPE 2: Recent MJ use only	TYPE 3: Hard drug use but not recent	TYPE 4: Recent hard use: single drug	TYPE 5: Recent hard use, daily or multi- weekly
State	49	86	83	82	89
Federal	33	71	67	74	78
Jail	27	64	68	73	80

Table 4.28

Drug Use Among Friends (%)

	TYPE 1: No hard drug use/no recent MJ use	TYPE 2: Recent MJ use only	TYPE 3: Hard drug use but not recent	TYPE 4: Recent hard use: single drug	TYPE 5: Recent hard use, daily or multi- weekly
State	36	75	76	76	84
Federal	23	62	59	65	74
Jail	17	46	58	66	75

Table 4.29

Drug Selling Among Friends (%)

	TYPE 1: No hard drug use/no recent MJ use	TYPE 2: Recent MJ use only	TYPE 3: Hard drug use but not recent	TYPE 4: Recent hard use: single drug	TYPE 5: Recent hard use, daily or multi- weekly
State	17	50	40	42	52
Federal	10	35	26	32	40
Jail	7	29	23	33	39

Summary and Conclusion

Typology 1: Comparing Regular Drug Users to Nonusers in Prison

Ten percent of state prisoners (compared to 13 percent in 1991) and nine percent of federal prisoners (compared to 15 percent in 1991) reported that they never used drugs, did not commit a drug law violation, were not under the influence of alcohol at the time of their crime, had fewer than 3 positive responses to the CAGE questions, and were not incarcerated solely for a DUI offense.

Comparing nondrug users to regular drug users reveals substantial differences in many domains. Regular drug users come from backgrounds marked with more instability, substance abuse, physical and sexual abuse, criminality, unemployment, and less education than those of nondrug using inmates. These differences are summarized in Table 4.30.

Table 4.30

Comparing Regular Drug-Using to Nonusing Inmates (%)

	State Prison		Federal Prison	
	Regular Users	Nonusers	Regular Users	Nonusers
While growing up, lived with:				
Both parents	42	49	51	63
Mother only	41	35	35	25
Ever spent time in a foster home, agency, or other institution	16	9	8	5
Ever physically and/or sexually abused	21	13	12	7
Parents abused drugs and/or alcohol	36	18	27	9
Had a family member who served time in prison	51	33	46	20
Had friends who:				
Participated in illegal activities	86	39	75	22
Used drugs	79	25	68	12
Sold drugs	47	12	34	4
Education:				
8 th grade or less	8	12	8	9
Some high school	31	27	19	10
Diploma or GED	49	42	50	36
Some college or more	12	19	23	45
Employment/Income:				
Was employed in the month prior to offense	64	76	65	80
In the year prior to offense, earned money from:				
Salaries/wages	61	70	59	73
Welfare/charity	10	7	5	4
Illegal activities	32	8	36	9
Drug and alcohol use:				
Drank regularly (at least weekly), ever	77	24	76	38

In both state and federal prison, nonusers are more likely to come from a two-parent household and less likely to have spent time in foster care, agency, or other child-care institutions. Regular drug users are more than twice as likely as nonusers to have parents who abused drugs and alcohol, and almost twice as likely to have a family member who served time in prison. Regular drug users in state and federal prison are more likely to have been sexually or physically abused.

Regular drug users in state prison are much more likely to have friends who participate in illegal activities. In state and federal prison, regular drug users are almost four times more likely than nonusers to have gotten money through illegal sources. Regular drug users are more likely to drink regularly, to abuse alcohol, and to have been in alcohol treatment.

Nondrug users in both state and federal prison are more likely to have attended some college or to have completed college. In federal prison, this difference is even more pronounced, with nonusers four times as likely as regular drug users to have completed at least four years of college. Nondrug users are more likely than regular drug users to have had a job in the month before their current incarceration and to have earned legal income in the year prior to their incarceration.

Typology 1: Comparing Regular Drug-Using Inmates to Nonusing Drug Law Violators

Incarcerated regular drug users also differ from nonusing drug law violators in a number of domains (Table 4.31). In all correctional systems, nonusing drug law violators are more likely than regular drug users to be black or Hispanic. Particularly in the federal system, nonusing drug law violators are disproportionately Hispanic. They are about two-thirds less likely than regular drug users in each system to ever have been in foster care.

In all correctional systems, nonusing drug law violators are much less likely to have been the victims of physical and/or sexual abuse. Interestingly, nonusing drug law violators are much more likely to have grown up in families free of drug abuse and criminality, and less likely to have had friends involved in those activities. They are less likely than regular drug users to have parents who abused drugs or alcohol, or to have had a close family member who served time in prison.

Table 4.31

Comparing Regular Drug-Using Inmates to Nonusing Drug Law Violators (%)

	State Prison		Federal Prison		Jail	
	Regular Drug Users	Nonusing Drug Law Violators	Regular Drug Users	Nonusing Drug Law Violators	Regular Drug Users	Nonusing Drug Law Violators
Race:						
White non-Hispanic	34	7	33	13	43	6
Black non-Hispanic	47	54	41	38	38	52
Hispanic	16	38	22	46	15	42
While growing up, lived with:						
Both parents	42	50	51	58	37	37
Mother only	41	35	35	29	45	50
Ever spent time in a foster home, agency, or other institution	16	6	8	3	16	5
Ever physically and/or sexually abused	21	6	12	5	20	6
Parents abused drugs and/or alcohol	36	13	27	9	39	12
Had a family member who served time in prison	51	32	46	30	50	34
Had friends who:						
Participated in illegal activities	86	42	75	31	73	28
Used drugs	79	30	68	23	64	16
Sold drugs	47	22	34	9	31	16
Education:						
8 th grade or less	8	18	8	14	11	9
Some high school	31	33	19	16	34	34
Diploma or GED	49	34	50	45	42	36
Some college or more	12	15	23	25	12	11
Employment:						
Was employed in the month prior to offense	64	73	65	75	61	66

Typology 2

Incarcerated inmates in all three correctional systems who are recent primary marijuana users tend to be much younger than other inmates. Females are underrepresented among recent marijuana users. In general, females are most common among the most severe drug use category. As with age, black non-Hispanics are overrepresented among recent marijuana only users.

Recent marijuana users are less likely to have not earned a high school diploma or GED. This lack of education may be reflected in lower employment rates among recent marijuana only users. Further, inmates in the marijuana only and severe drug use tend to be more likely to earn money through illegal means. Severe drug users are also the highest proportion of inmates receiving money through public assistance.

Living with only a mother while growing up was characteristic of marijuana only users, although severe drug users were more likely to have spent time in a foster home or institutional environment. As drug severity increases, there is a greater likelihood of having parents who had abused drugs and/or alcohol. A similar finding was observed in family members involved in the criminal justice system and the increased likelihood of a history of physical and/or sexual abuse. Finally, having friends who engaged in illegal activity, drug use, and drug selling also increased with drug use severity.

In summary, there are a number of important differences among the various types of substance-involved inmates. These differences are likely to have an impact on the effective delivery of treatment and other services, and on the crafting of policies and programs that aim to reduce recidivism and the impact of substance abuse on prisons and jails. Chapters VI and VII describe the extent and types of treatment and ancillary services needed and utilized in prisons and jails

Chapter V

SUBSTANCE ABUSE AND CRIMINAL HISTORY

In this chapter we analyze the criminal history patterns of inmates with different substance abuse histories, and find that there is a close link between them. Drug and alcohol users are much more likely than other inmates to have been previously convicted as a juvenile, to have served time for a minor offense, and to have been on probation or parole when they were arrested for their current offense. They also have more extensive criminal histories in general.

Criminal History and Substance Abuse

State Prisons

The recycling of drug- and alcohol-involved inmates through the criminal justice system greatly adds to the growing prison population. The number of prior convictions is strongly correlated with the likelihood that an inmate is a drug or alcohol abuser. Overall, 51 percent of first offenders have used drugs regularly, compared to 88 percent of inmates with eleven or more prior convictions (Table 5.1).

Table 5.1

*Lifetime Regular Alcohol and Drug Use Among State
Inmates by Prior Convictions (%)*

	None	One	Two	Three- Five	Six- Ten	Eleven plus
Alcohol ^a	19	25	29	30	36	45
Any Drugs	51	67	73	77	84	88
Marijuana	43	53	58	62	69	73
Cocaine	16	22	26	30	42	43
Heroin	6	11	13	16	24	31
Crack	13	20	23	26	31	37

^a Daily/Almost Daily

Only five percent of first-time offenders in state prison have been regular users of heroin compared to 12 percent of those with two prior convictions and 30 percent of those with five or more.

Fifteen percent of first-time offenders have used cocaine regularly, compared to 42 percent of those with eleven or more convictions. Inmates with eleven or more prior convictions are almost four times as likely to have been regular users of crack than first-time inmates.

Regular drug users have much more extensive criminal records than those without drug involvement, no matter what type of crime they committed. The percentage of state inmates who have two or more prior convictions is about twice as high for those with a history of regular drug use, regardless of the offense for which they are currently incarcerated. For example, among property crime inmates, 39 percent of those who are regular drug users have two or more prior incarcerations, compared with 29 percent of property offenders who have never used drugs regularly. Similarly, 33 percent of violent offenders who are regular drug users had two or more priors, compared with 19 percent of those with no history of regular drug use (Table 5.2). For some groups of inmates, the percentage of regular drug-using inmates with extensive criminal records has decreased slightly. The 1991 survey data indicated that 49 percent of drug-using property offenders and 36 percent of drug-using violent offenders had two or more prior incarcerations.

Table 5.2

***State Inmates With Prior Incarcerations
By Current Offense Type and History of Regular Drug Use (%)***

	All Inmates		Substance		Violent		Property		Other	
	History of regular drug use:									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
None	39	59	38	59	45	63	31	46	29	49
One	22	19	23	22	22	18	22	21	21	24
Two	11	8	11	7	10	7	11	9	13	8
Three-Five	17	10	17	8	13	8	21	17	21	14
Six-Ten	7	3	7	3	5	2	10	5	9	4
Eleven plus	4	1	4	1	3	1	6	2	7	1

More than half 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 have had a few convictions (in contrast to those sentenced for violent crimes or selling drugs) (Table 5.3).

Table 5.3

Prior Convictions by Current Offense Type of State Inmates (%)

	All Inmates	Substance	Violent	Property	Other
None	24	23	31	15	16
One	17	17	18	14	15
Two	16	17	16	16	15
Three-Five	25	26	22	30	28
Six-Ten	12	11	9	17	16
Eleven plus	6	6	4	9	10

The interaction between substance abuse and violent and property crime is also evident by looking at the types of prior incarcerations (Table 5.4). Prior incarcerations for violent or property crimes are common among inmates incarcerated for substance offenses: 17 percent of substance offenders in state prison have a prior violent incarceration and 25 percent have a prior property incarceration. These data indicate that substance abuse problems affect inmates regardless of the type of crime for which they were incarcerated.

Table 5.4

Type of Prior Incarcerations by Current Offense Type of State Inmates (%)

	Substance	Violent	Property
Substance offense	25	8	12
Sale	11	3	4
Possession	16	5	7
Violent offense	12	17	14
Property offense	21	20	40

Federal Prison

Although federal inmates are generally less likely to have prior convictions or incarcerations, similar patterns were found: substance-involved federal inmates have a much higher likelihood of being recidivists. As with state inmates, the more prior sentences a federal inmate has, the more likely that inmate is to be a regular drug user. While only 34 percent of federal inmates with no priors have histories of regular drug use, 68 percent of those with two priors and 74 percent of those with eleven or more priors had such histories. These represent significant increases over 1991 percentages, particularly for federal inmates with no priors (34 percent in 1997, versus 25 percent in 1991) and two priors (68 percent, versus 52 percent in 1991). Only two percent of first offenders used heroin regularly, compared to 35 percent of those with eleven or more prior convictions. The comparable figures for cocaine are 12 percent and 45 percent (Table 5.5).

Table 5.5

*Regular Alcohol and Drug Use Among Federal Inmates
by Prior Convictions (%)*

	None	One	Two	Three- Five	Six- Ten	Eleven plus
Alcohol ^a	14	23	23	21	26	33
Any Drug	34	58	68	69	81	74
Marijuana	27	47	56	57	66	65
Cocaine	12	24	30	29	32	45
Heroin	2	7	10	14	24	35
Crack	4	11	12	16	17	23

^a Daily/Almost Daily

As with the state inmates, regular drug users in federal prison have more prior incarcerations than those who are not regular drug users, no matter what type of crime they committed. The percentage of federal inmates who have two or more prior incarcerations is more than twice as high for those with a history of regular drug use, regardless of the offense for

which he or she was incarcerated. Among property offenders, 40 percent of regular drug users have two or more priors, compared with 10 percent who had never used drugs regularly. Similarly, 46 percent of violent offenders who are regular drug users have two or more priors, compared with 21 percent of those with no history of regular drug use (Table 5.6).

Table 5.6

***Federal Inmates With Prior Incarcerations
by Current Offense Type and History of Regular Drug Use (%)***

	All Inmates		Substance		Violent		Property		Other	
	History of regular drug use:									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
None	51	73	60	77	32	62	43	78	33	62
One	21	13	21	11	20	16	17	12	23	17
Two	8	6	7	6	13	8	5	3	11	7
Three-Five	13	6	8	5	21	8	25	4	23	7
Six-Ten	5	2	3	1	10	5	6	2	8	5
Eleven plus	2	1	1	1	2	1	4	1	2	2

Because of the large number of mandatory prison sentences for drug law violators in federal courts, substance offenders in federal prison have a higher likelihood than violent offenders to be first offenders. Property offenses also have a high probability of having no prior convictions (Table 5.7).

Table 5.7

Prior Convictions by Current Offense Type of Federal Inmates (%)

	All Inmates	Substance	Violent	Property	Other
None	39	42	29	52	3
One	17	19	16	12	15
Two	14	15	11	10	15
Three-Five	19	18	22	16	22
Six-Ten	8	5	15	6	13
Eleven plus	3	1	7	5	4

The interaction between substance abuse and violent and property crime is again evident by looking at the types of prior incarcerations (Table 5.8). Prior incarcerations for violent or property crimes are common among inmates incarcerated for substance offenses (seven percent of substance offenders in federal prison have a prior violent incarceration and nine percent have a prior property incarceration). These data reinforce the conclusion that substance abuse problems affect many inmates regardless of the type of crime for which they were incarcerated.

Table 5.8

Type of Prior Incarcerations by Current Offense Type of Federal Inmates (%)

	Substance	Violent	Property
Substance offense	13	10	6
Sale	7	4	3
Possession	8	6	2
Violent offense	6	26	5
Property offense	8	26	18

Jail

Local jail inmates have lower recidivism rates than state inmates and higher rates than federal inmates. However, as with state and federal prisoners, inmates who regularly use drugs or alcohol have higher rates of recidivism than other jail inmates.

As with state and federal inmates, the more prior sentences a jail inmate has, the more likely that inmate is a regular drug user. While only 49 percent of jail inmates with no prior convictions have histories of regular drug use, 67 percent of those with two prior convictions and 87 percent of those with eleven or more prior convictions have histories of regular drug use (Table 5.9). These represent significant increases over 1989 percentages, particularly among inmates with no prior convictions (49 percent, versus 39 percent in 1989).

Table 5.9

**Regular Alcohol and Drug Use Among Jail Inmates
by Prior Convictions (%)**

	None	One	Two	Three- Five	Six- Ten	Eleven plus
Alcohol ^a	48	52	58	64	72	80
Any Drug	49	58	67	69	78	87
Marijuana	42	49	57	59	67	75
Cocaine or Crack	21	25	30	35	40	51
Heroin	6	9	11	11	17	29

^a Daily/Almost Daily

Regular drug users in local jails have more prior incarcerations than those who report no regular drug use, regardless of the type of offense. Among jail inmates who committed property crimes, 54 percent of those who are regular drug users had two or more prior incarcerations, compared with 21 percent of those who have never used drugs regularly. Similarly, 42 percent of violent offenders in jail who are regular drug users had been incarcerated two or more times before, compared with 31 percent of those with no history of regular drug use (Table 5.10). These figures also represent significant increases over 1989 percentages.

Table 5.10

**Jail Inmates With Prior Incarcerations
By Current Offense Type and History of Regular Drug Use (%)**

	All Inmates		Substance		Violent		Property		Other	
	History of regular drug use:									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
None	33	56	36	64	39	62	30	51	28	48
One	18	17	20	19	19	16	10	18	15	17
Two	10	8	10	8	9	5	10	9	11	8
Three-Five	21	12	19	6	19	11	24	13	23	16
Six-Ten	11	5	10	2	9	4	13	6	13	7
Eleven plus	7	2	6	1	5	1	7	3	10	3

Thirty-eight percent of the substance abuse offenders in jail have two or more prior convictions (although this is lower than the percentage with two or more prior convictions was in 1989 – 50 percent). And as with the state and federal populations, violent and property jail inmates often have had involvement in drug crime: 16 percent of violent offenders and 15 percent of property offenders have prior incarcerations for a drug law violation (Table 5.11).

Table 5.11

***Prior Convictions by Current Offense Type
of Jail Inmates (%)***

	All Inmates	Substance	Violent	Property	Other
None	27	27	34	23	23
One	18	19	19	16	17
Two	11	13	11	13	9
Three-Five	20	21	17	20	23
Six-Ten	15	12	13	18	15
Eleven plus	9	8	6	10	12

Juvenile Criminal History

Many current inmates first became involved with criminal activity and the justice system when they were juveniles. Regular drug users were considerably more likely than other inmates to have had at least one juvenile sentence. In state prison, 20 percent of regular drug users had been sentenced and served time at least once as a juvenile, compared with 12 percent of alcohol-involved offenders and eight percent of nonusing drug law violators (Table 5.12). Although fewer federal inmates had juvenile records, the trends were similar. In jail, 16 percent of regular drug users, eight percent of alcohol-involved offenders, and five percent of nonusing drug law violators had such records.

History of Minor Infractions

On the prison inmate surveys, respondents were also asked if they had ever been sentenced and served time for a minor offense at some point in their lives.* Again, drug- or alcohol-involved inmates were the most likely to have such criminal records. Alcohol-involved offenders are the most likely to have been sentenced for a minor offense, probably because such offenses include public drunkenness, disorderly conduct, and traffic violations. In state prison, 15 percent of alcohol-involved offenders were sentenced and served time for a minor offense, similar to the 16 percent of regular drug users and higher than the eight percent of nonusing drug law violators (Table 5.12). In federal prison, 10 percent of alcohol-involved offenders, 11 percent of regular drug users, and only four percent of nonusing drug law violators were sentenced and served time for a minor offense. All of these percentages are substantially lower than they were in the 1991 prison survey, indicating a general drop in the minor infraction records of all groups.

Table 5.12

Juvenile and Minor Offenses of State, Federal and Jail Inmates (%)

	All Inmates			Regular Drug Users			Nonusing Drug Law Violators			Alcohol-Involved Offenders		
	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail ^c
Sentenced and served time as a juvenile ^a	17	10	13	20	13	16	8	5	5	12	6	8
Sentenced and served time for minor offense ^b	14	8		16	11		8	4	^d	15	10	

^aServed time in prison, jail, or other correctional facility.

^bAs an adult or juvenile. Include drunkenness, vagrancy, loitering, disorderly conduct, and/or minor traffic offense.

^cConvicted jail inmates only.

* Defined as drunkenness, vagrancy, loitering, disorderly conduct, and/or minor traffic offense. The jail inmate survey did not include this question.

Probation and Parole Violators

Many inmate respondents were already under the supervision of the criminal justice system when they committed the offense for which they were incarcerated. Among state inmates, regular drug users were slightly more likely than other inmates to have been serving a probation sentence at the time of their current offense (24 percent) (Table 5.13). Alcohol-involved offenders and nonusing drug law violators were equally likely to have been on probation at the time of arrest (20 percent for both). In federal prison, 15 percent of regular drug users and alcohol-involved offenders, and 11 percent of nonusing drug law violators were on probation when they committed their offense. Jail inmates were generally more likely to have been on probation, especially regular drug users (35 percent) and alcohol-involved inmates (38 percent).

Table 5.13

<i>On Probation When They Committed Their Current Offense (%)</i>				
	All Inmates	Regular Drug Users	Nonusing Drug Law Violators	Alcohol-Involved Offenders
State Prison	22	24	20	20
Federal Prison	13	15	11	15
Jail	32	35	29	38 ^a

^aConvicted inmates only.

Regular drug users in all systems were most likely to have been on parole when they committed their current offense (Table 5.14). In state prison, one-quarter (27 percent) of regular drug users, 17 percent of alcohol-involved offenders, and 20 percent of nonusing drug law violators were on parole when they were arrested for their current offense. Similar patterns were found among federal prison and local jail inmates.

Overall, 50 percent of regular drug users in state prisons and 37 percent of alcohol-involved inmates were *either* on probation or parole at the time of their offense. In federal prison, the rates were 32 and 27 percent respectively, and in jails 49 percent and 46 percent.

Table 5.14

On Parole When They Committed Their Current Offense (%)

	All Inmates	Regular Drug Users	Nonusing Drug Law Violators	Alcohol-Involved Offenders
State prison	24	27	20	17
Federal prison	14	17	7	12
Jail	13	18	10	9 ^a

^aConvicted inmates only.

Criminal History by Drug Use Severity Classification

Generally, in all correctional systems, the more severe the history of drug involvement (as measured by frequency, recency, and type of drug use) the greater the number of prior convictions and incarcerations. Among state inmates, 40 percent of those with no hard drug use or recent marijuana use had no prior sentences to incarceration or probation and 28 percent had three or more priors. In contrast, only 19 percent of the state inmates who had recent hard drug use and 13 percent who had frequent or multiple hard drug use had no priors, and 45 percent and 58 percent, respectively, had three or more priors (Table 5.15). The exception to this pattern is between Types 3 and 4, which have similar conviction histories. This may reflect even though Type 3 inmates did not report recent hard drug use, their prior hard drug use may have associated with high rates of conviction and incarceration.

These findings point to one difficulty of treating inmates with severe drug use patterns: their extensive criminal histories makes it harder for them to be employed and to be reintegrated back to their communities and families following release from incarceration.

Table 5.15

Number of Prior Incarcerations by Drug Use Severity (%)

	TYPE 1: No use hard drug use/no recent MJ use			TYPE 2: Recent MJ use only			TYPE 3: Hard drug use but not recent			TYPE 4: Recent hard use: single drug			TYPE 5: Recent hard use, daily or multi- weekly		
	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail
None	59	73	46	55	58	38	40	54	29	43	61	27	31	43	25
1	20	14	23	23	21	26	22	19	20	22	18	21	22	22	18
2	8	5	9	9	6	8	11	9	10	13	9	10	10	8	9
3-5	10	5	14	10	8	20	17	13	23	13	7	27	21	18	23
6-10	2	2	6	2	5	5	7	4	12	7	4	10	10	7	15
11 or more	1	1	2	1	1	3	4	2	7	2	1	5	6	2	10

Table 5.16

Number of Prior Sentences to Incarceration and/or Probation (%)

	TYPE 1: No use hard drug use/no recent MJ use			TYPE 2: Recent MJ use only			TYPE 3: Hard drug use but not recent			TYPE 4: Recent hard use: single drug			TYPE 5: Recent hard use, daily or multi- weekly		
	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail
None	40	56	23	28	35	15	20	29	13	19	36	12	13	23	11
1	18	16	27	22	18	28	16	20	19	18	19	17	14	15	17
2	15	10	15	19	16	15	16	16	12	18	17	14	16	17	12
3-5	19	13	21	22	19	22	28	23	24	26	18	25	28	25	21
6-10	6	3	10	7	9	14	13	8	21	13	8	23	19	15	22
11 or more	3	1	4	2	3	6	7	3	12	6	2	9	11	5	17

Conclusion

In general, the more prior sentences state and federal inmates have the more likely the inmate is to be a regular drug user. As discussed previously, the recycling of inmates through the system has had a serious impact on incarceration rates. Prior incarceration for violent or property crimes is also common for inmates incarcerated for drug offenses. Inmates in jail show similar criminal history patterns to state prison inmates, although at a much lower level.

Regular drug users were substantially more likely to have at least one juvenile sentence in all three correctional institutions. In addition, drug- or alcohol-involved offenders are more

likely to have been sentenced previously for a minor offense at some point in their lives.

However, the number of prior minor offenses has shown a general drop since the 1991 survey.

Finally, many offenders were under some type of community supervision when they committed their current offense. In all three correctional systems, inmates classified as regular drug users were the most likely to have been serving a probation or parole sentence.

In the next chapter, we analyze the treatment participation patterns of inmates, including prior treatment and services received since incarceration.

Chapter VI

TREATMENT PARTICIPATION

We have seen that a substantial proportion of the nation's prison inmates have significant histories of substance abuse linked to extensive criminal histories. But unless they are incarcerated for a violent crime or major drug trafficking offense, most substance-involved inmates return to their communities. The average state prison sentence in 1998 was 57 months, of which only about 27 months are actually spent in prison and the remaining time on parole.¹ The chances of reducing recidivism and turning the ex-inmate into a productive member of society could be greatly enhanced if the inmate is given treatment and other services in prison, followed by aftercare in the community, with the goal of reducing dependence on drugs and alcohol and providing the educational and vocational skills needed to obtain a legitimate job.²

Given the advances in knowledge about treatment and rehabilitation processes, the large numbers of substance-involved inmates, and the potential for engaging such inmates in treatment, expansion of prison treatment would be an important step in reducing substance-related crime. Moreover, recent economic analyses have found that treatment of heavy drug users is more cost-effective in the long term than arrest and imprisonment.³

In this chapter, we analyze the substance abuse treatment experiences of inmates prior to and since their incarceration. We find that treatment participation in prisons and jails is limited, and has not increased since the 1991 inmate surveys. As in the past, relatively few inmates receive long-term intensive treatment.

Drug- and Alcohol-Related Special Conditions of Sentence

There is a clear need for comprehensive, clinically validated assessment for substance abuse problems and referral to appropriate treatment among offenders.⁴ Yet relatively few

inmates with histories of drug or alcohol abuse are required to undergo drug testing or engage in treatment as a condition of their sentence (Table 6.1). This is a concern given the link between substance abuse and crime, the substantial number of drug and alcohol abusers and addicts in prison and jail, and the positive impacts of correctional treatment coupled with aftercare.⁵ Recent evidence also suggests that mandated treatment and drug testing may improve treatment retention and outcomes.⁶

Regular drug users in federal prison are much more likely than those in state prison to be required to undergo drug testing (34 percent compared to 16 percent in state prison). Regular drug users in federal prison are also about twice as likely as those in state prison or in jails to be required to participate in drug or alcohol treatment (37 percent), compared to 19 percent in state prison and 16 percent in jail. About one-quarter (22 percent) of alcohol-involved offenders in federal prison and jail are mandated to treatment, compared to 17 percent of alcohol-involved offenders in state prison. The rates of mandatory drug testing and drug treatment across all types of correctional institutions are much higher than they were in 1989-1991.

Table 6.1

Special Conditions of Sentence: Prison Inmates (%)

	All Inmates			Regular Drug Users			Nonusing Drug Law Violators			Alcohol-Involved Offenders		
	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail	State	Fed.	Jail ^a
Mandatory drug testing	13	25	25	16	34	31	13	13	20	9	17	14
Drug or Alcohol treatment	16	26	22	22	37	26	11	12	16	17	22	26

^aConvicted inmates only.

Prison and Jail Treatment Program Participation

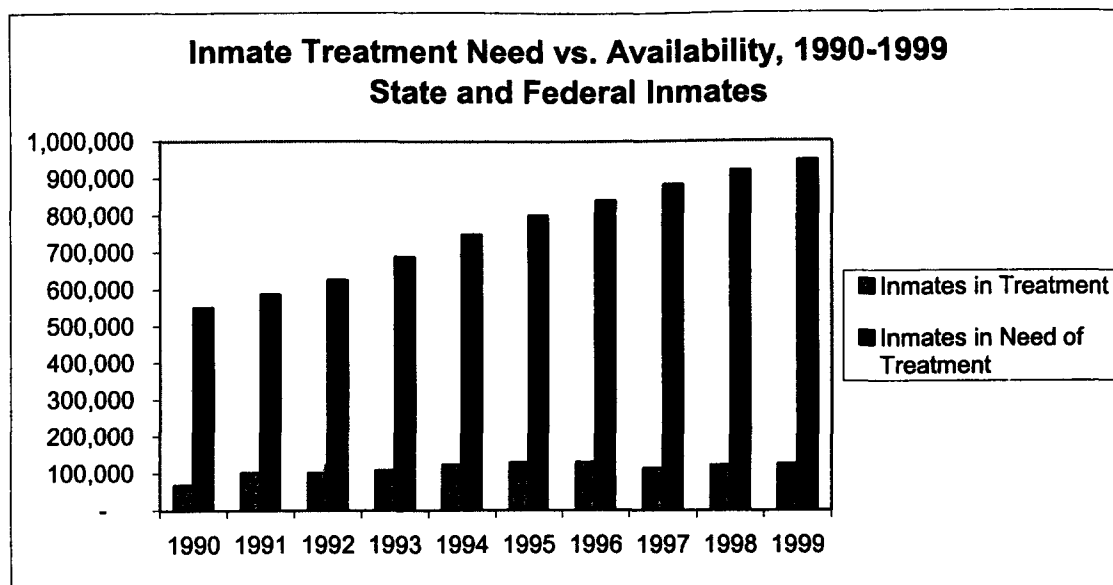
In both the state and federal prison systems, the percentage of inmates in treatment is much lower than the actual need for treatment. In a 1996 CASA survey of 48 jurisdictions, correctional officials estimated that on average 74 percent of inmates had a substance abuse

problem.⁷ Federal prison officials in the 1996 CASA survey also estimated that 31 percent of their inmates have a substance abuse problem. These findings are consistent with estimates reported by the General Accounting Office (GAO) that 70 to 85 percent of state inmates and 30.5 percent of federal inmates needed some level of substance abuse treatment.⁸

In previous analyses of inmate survey data, we estimated that only one in four state inmates who were identified with a drug or alcohol problem (24 percent) received any substance abuse treatment over the course of a year, similar to the GAO estimate that fewer than 20 percent of identified substance abusers were enrolled in any type of prison-based treatment program.⁹ This treatment includes short-term drug education or self help groups (which are not considered treatment programs by most clinicians), as well as longer-term intensive treatment. 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 and the Centers for Disease Control and Prevention, found that only five percent of all inmates received either residential substance abuse treatment or ambulatory substance abuse counseling.¹⁰

Our updated analyses of national corrections treatment data indicate that the number of inmates needing treatment has continued to rise, while the low percentage of inmates in treatment has not changed. Between 1990 and 1999, as the total number of prison inmates needing treatment increased from 551,608 to 948,769, the number in treatment increased from 69,256 to 125,383. More importantly, between 1994 and 1999, as the number of inmates in need of treatment rose from 749,212 to 948,769, the number in treatment changed only slightly.¹¹ In 1990, an estimated 13 percent of inmates needing treatment were in treatment; by 1999, the figure remained 13 percent (Figure 6.A). Appendix D summarizes the data and methods used to estimate prison treatment capacity and enrollment.

Figure 6.A



Note: The number of inmates needing drug treatment is calculated to be 75 percent of the total number of 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. Source: Beck, A. J., & Mumola, C. J. (1999). Prisoners in 1998. *Bureau of Justice Statistics Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Beck, A. J. (2000). Prisoners in 1999. *Bureau of Justice Statistics Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Camp, G. M., & Camp, C. G. (2000). *The Corrections Yearbook: 2000*. Middletown, CT: Criminal Justice Institute.

Treatment Experience*

Drug Treatment

The extent to which prison treatment is reaching those in need can also be measured by examining treatment participation data from the inmate survey. Despite the growing prevalence of substance involvement among inmates, treatment participation while in custody has decreased since the previous survey in 1991. In state prisons, only 24 percent of inmates had received any type of treatment (including self-help groups or drug education programs) since admission, down from one-third of inmates in the 1991 survey (Table 6.2).[†]

* The structure of the BJS inmate survey regarding treatment participation does not allow a distinction among different types of treatment and whether this treatment had ever been received while incarcerated or not.

[†] These percentages of treatment participation are higher than those reported in other national correctional surveys for several reasons. Inmates may overestimate treatment participation by including other counseling or health education received while in prison. Further, the inmate survey asks if the inmate had received treatment at any point up to the time of the interview, which can cover multiple years of incarceration. The prevalence of self-reported participation in treatment from the BJS inmate survey will therefore be greater than the point prevalence estimates shown in Figure 6.A. Thus, it is difficult to estimate from these numbers the amount of concentrated drug treatment

Table 6.2

Inmate Treatment History (%)
State Prison

	Ever Received	While Incarcerated	While on Probation/ Parole	Since Admission
Clinical/Medical Treatment ^a :				
Drug			11	10
Alcohol			9	8
Either type	34	19	15	12
Self-help/ Drug Education:				
Drug			12	20
Alcohol			11	20
Either type	43	33	17	27
Either Clinical Treatment or Self-help/ Drug Education				
Drug			17	24
Alcohol			15	24
Either Type	55	41	23	32

^a Treatment with a clinical professional (detoxification, counseling, residential, maintenance drug).

Among regular drug users, 38 percent had received any treatment, compared with 44 percent in 1991. Only ten percent of state inmates had received any clinically or medically based treatment since admission (15 percent of regular drug users).

Federal prison inmates were about equally likely as state inmates to have received drug treatment, but participation has increased somewhat since 1991. Twenty-four percent of federal inmates reported receiving any type of treatment, up from 21 percent in 1991. Nine percent received clinical treatment in 1997. Among regular drug users, 39 percent had received any treatment, compared with 40 percent of regular drug users in 1991 (Table 6.3).

available to and participated in by inmates. Inmates may also utilize in-prison treatment for reasons other than help with a drug problem--as a social outlet, to show good conduct, or to earn good-time credits, for example.

Finally, treatment participation for jail inmates was much lower than for those in prison, primarily reflecting shorter stays and the greater difficulty of providing treatment and other services in the local jail setting.¹² Only eight percent of jail inmates reported receiving any type of drug treatment since admission, and only three percent received clinical treatment (Table 6.4). Among regular drug users, 15 percent had received any type of treatment.

Table 6.3

*Inmate Treatment History (%)
Federal Prison*

	Ever Received	While Incarcerated	While on Probation/ Parole	Since Admission
Clinical/Medical Treatment ^a :				
Drug			7	9
Alcohol			4	7
Either type	24	15	8	10
Self-help/ Drug Education:				
Drug			8	20
Alcohol			6	17
Either type	35	27	10	23
Either Clinical Treatment or Self-help/ Drug Education				
Drug			11	24
Alcohol			8	20
Either Type	45	34	14	28

Some inmates have attempted or been compelled to deal with their substance abuse problems before their current incarceration. Among state inmates, 11 percent had previously received clinical treatment for drug problems while on probation or parole, 12 percent had received self-help or drug education, and 17 percent either type. Federal prison inmates were less likely to have been treated for drug problems while on probation or parole before their current incarceration (11 percent had any type of treatment or program for drug problems).

Among jail inmates, 21 percent had received any type of treatment for drug or alcohol problems while on probation or parole.*

Table 6.4

*Inmate Treatment History (%)
Jail*

	Ever Received	While Incarcerated	While on Probation/ Parole	Since Admission
Clinical/Medical Treatment ^a :				
Drug			n.a.	3
Alcohol			n.a.	2
Either type	42	21	19	4
Self-help/ Drug Education:				
Drug			n.a.	6
Alcohol			n.a.	7
Either type	17	18	17	10
Either Clinical Treatment or Self-help/ Drug Education				
Drug			n.a.	8
Alcohol			n.a.	9
Either Type		23	21	11

^a Treatment with a clinical professional (detoxification, counseling, residential, maintenance drug).

We also examined treatment participation by substance use typology. While most inmates report past substance involvement, there is variation in the type and intensity of such involvement that might affect their treatment experience. Appendix E presents the treatment participation results by type of substance use category.

As expected, regular drug using inmates in all correctional systems were somewhat more likely to have ever participated in substance abuse treatment since their admission. For example, in state prisons 43 percent of regular drug using inmates had ever participated in clinical substance abuse treatment and 64 percent in either clinical or self-help interventions, compared

* Jail survey, questions about treatment while on probation or parole did not distinguish drug and alcohol treatment.

with 34 percent of drug law violators and 55 percent of state inmates overall. Yet only 15 percent of state inmates with a history of regular drug use had participated in clinical drug treatment since their admission (26 percent had been in a self-help group or drug education program). In local jails, only four percent of regular drug users received clinical treatment since their admission, although 45 percent had ever received clinical drug or alcohol treatment in their lifetime.

Alcohol Treatment

Participation rates in treatment or self-help/education programs for alcohol problems since admission were similar to the rates for drug treatment. For example, in state prisons, 24 percent of inmates had received any type of treatment or participated in a self-help group or alcohol education program. Among federal inmates 20 percent participated, and among jail inmates only nine percent. Alcohol treatment or program experience while previously on probation or parole was very similar to treatment for drug problems (Table 6.4). Compared with data from the 1991 inmate survey, participation in treatment or other programs for alcohol problems has decreased in state prisons (30 percent in 1991) and increased in federal prisons (15 percent in 1991).

As one would expect, in both systems alcohol-involved offenders are the most likely to have ever received alcohol treatment--more than half reported such treatment. Almost one-third of regular drug users in state prison and 14 percent of regular drug users in federal prison had participated in alcohol abuse treatment--suggesting the complexities and interrelatedness of substance abuse problems.

Alcohol treatment is not as common among jail inmates, with 15 percent having ever participated in an alcohol abuse treatment program. However, 20 percent of jail inmates say that

they have been an alcoholic, including 24 percent of regular drug users, 37 percent of convicted alcohol-involved offenders, and three percent of nonusing drug law violators.

Types of Substance Abuse Interventions

Detoxification

Detoxification is a necessary first step in the treatment of many substance-involved inmates. Detoxification provides physical, mental, and emotional stability to the inmate suffering from the withdrawal symptoms of drug or alcohol addiction.¹³ Observation and the provision of medical treatment when necessary are the main components of detoxification. Detoxification from alcohol, in particular, can have serious medical consequences and must be monitored closely. The majority of larger jails have facilities to care for detoxifying inmates. In other circumstances, non-violent inmates may be referred to community agencies for detoxification.¹⁴

Most inmates enter prison directly from a local jail facility, so many drug- and alcohol-addicted inmates will have already been detoxified before their admission to prison. However, some addicted prison inmates may need to undergo detoxification upon prison admission. In a 1990 survey, the 741 reporting state facilities 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 13 percent capacity.¹⁵ In contrast, at the end of the year 2000 there were some 99,000 state inmates (8 percent) who used heroin or other opiates daily in the month before their offense, and thus might be in need of detoxification.¹⁶ Among federal inmates in 2000, 2,900 inmates (four percent) had used heroin daily in the month before their offense.

Among state inmates, only one percent reported having undergone detoxification since admission. No federal inmates and one percent of jail inmates received detoxification services.

Self- Help Groups

Self-help groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are found in nearly all state and federal prisons and jail facilities.¹⁷ These groups 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.¹⁸ Working through the steps are meant to provide a spiritual and/or 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 confronting the harm that one has caused while dependent on a substance.¹⁹ The programs promote the sharing of experiences and problems related to addiction, and try to teach the recovering addict how to handle triggers and relapses. Twelve-Step programs can offer positive alternatives to drug- and alcohol-involved lifestyles by providing a social network of support once outside of the institution.²⁰

Self-help groups are the most common type of correctional program used to address substance abuse problems in state prisons and local jails. Twenty-two percent of state prison inmates (Table 6.5), 11 percent of federal inmates (Table 6.6), and eight percent of jail inmates (Table 6.7) had attended self-help or peer-support groups while incarcerated. The prison percentages are higher than in 1991, when 17 percent of state and 9 percent of federal prisoners reported having attended such services.

Table 6.5

Substance Abuse Interventions Received Since Admission (%)
State

Type of Intervention	All Inmates	Regular Drug User	Nonusing Drug Law Violators	Alcohol Involved Offenders
Self help	22	26	15	28
Drug Education	12	15	8	14
Counseling Tx	5	6	1	6
Residential Tx	7	9	3	7

Table 6.6

Substance Abuse Interventions Received Since Admission (%)
Federal

Type of Intervention	All Inmates	Regular Drug User	Nonusing Drug Law Violators	Alcohol Involved Offenders
Self help	11	16	3	15
Drug Education	17	23	8	12
Counseling Tx	4	6	1	4
Residential Tx	7	11	2	4

Table 6.7

Substance Abuse Interventions Received Since Admission (%)
Jail

Type of Intervention	All Inmates	Regular Drug User	Nonusing Drug Law Violators	Alcohol Involved Offenders ^a
Self help	8	10	2	7
Drug Education	3	5	0	2
Counseling Tx	1	2	0	0
Residential Tx	2	2	2	1

^aConvicted inmates only.

Drug Education

Drug education programs are also commonly offered in prisons. These programs are based on the idea that an individual who uses drugs lacks information about drugs or the consequences of their use. Although many inmates are knowledgeable about all aspects of drug

use, drug education can enable the inmate to recognize the consequences of drug use and motivate him or her to seek clinical treatment.²¹

Twelve percent of state prison inmates, 17 percent of federal inmates, and three percent of jail inmates had attended drug education groups while incarcerated.

Counseling

Individual counseling treatment is usually led by a psychologist or social worker and less often by a psychiatrist. The goal of individual counseling is to develop the inmate's self-image and sense of personal responsibility.

Group counseling is the most common intensive treatment method used in prisons. Usually a trained professional leads a group of eight to 10 participants in intensive sessions several times each week. As with individual counseling, group counseling seeks to explore and modify the underlying psychological/behavioral problems that spur the addiction. In order to be successful, group counseling requires considerable participation and commitment on the part of the group members and a supportive and psychologically safe environment. Only five percent of state inmates, four percent of federal inmates, and one percent of jail inmates received counseling for substance abuse problems since their admission. Similarly, our previous analyses of the 1991 BJS inmate survey found that only six percent of state and four percent of federal inmates reported attending individual counseling sessions for substance abuse problems while in prison.

Residential Programs

Residential treatment in prisons or jails is administered in a separate housing unit, either within a facility or as a separate facility. Treatment typically lasts for a minimum of six months,

incorporates group and individual counseling, and often uses mildly confrontational group sessions and peer interaction.²²

Therapeutic communities (TCs) are common models of residential treatment in prisons. This model incorporates peer counselors and is structured with a hierarchy of jobs and social roles. Participants stay in the program for about nine to 12 months. They may then be phased into independent living environments with continued contact with TC staff and other professionals. TCs provide a very structured environment focusing on resocialization, intensive therapy, behavior modification, and gradually increasing responsibilities. The specific goal of treatment is the development of a prosocial lifestyle marked by abstinence and the elimination of antisocial behaviors and attitudes. The vehicle to facilitate these changes is the "community" setting, with its emphasis on peer responsibility. TCs are designed for individuals with more serious drug problems, and several evaluations have concluded that, when combined with post-release aftercare, these programs reduce recidivism.²³

Although TCs have received the most research attention, the number of TC and other residential beds in correctional facilities is quite limited and relatively few inmates are enrolled in such programs. Among state and federal prison inmates, only seven percent reported receiving treatment in a residential setting since their admission, as did only two percent of jail inmates. Given the positive research findings on the impact of prison-based TCs with aftercare, some states (notably California) have begun expanding the number of residential program beds for inmates.

Participation in treatment and other interventions by length of stay

Because inmates participating in the national surveys have been in custody for varying lengths of time, it is possible that participation is affected by the length of time the inmate had

been incarcerated. Other things equal, treatment participation since admission is likely to be higher the longer an inmate has been in custody.

In order to examine whether low treatment participation was affected by the length of time since admission, we analyzed drug and alcohol treatment controlling for time since admission. We calculated this time by subtracting the date of the interview from the date admitted. The mean number of months since admission was 50.5 for state inmate respondents, 48.6 months for federal inmates, and 6.8 months for jail inmates. Almost one-fifth (18 percent) of state and 13 percent of federal inmates had been in custody less than a year, and 69 percent of jail inmates less than six months.

We anticipated that the shorter the time since admission, the less likely participation in treatment or other interventions. Tables 6.8 through 6.10 summarize the data. In general, with the exception of inmates who have been in custody for less than a year, participation rates did not vary by time in custody. For either clinical treatment or self-help/drug education programs, or alcohol or drug treatment, there was little difference in participation rates by length of stay. Not surprisingly, prison inmates in custody for less than a year at the time of the interview had the lowest rates of participation. It is not clear why treatment utilization did not show more variation by time in custody, but these findings are worth further study.

Table 6.8

Participation in Substance Abuse Interventions by Length of Time in Custody State Inmates

% Participating in:	Months Incarcerated			
	≤ 11	12 - 35	36 - 119	120 +
Alcohol Treatment (Clinical)	7	8	9	9
Alcohol Self Help/ Education	14	18	24	28
Drug Treatment (Clinical)	8	9	11	8
Drug Self Help/ Education	14	19	25	22
Alcohol/Drug Treatment (Clinical)	10	12	13	12
Alcohol/Drug Self Help/ Education	19	24	33	36

Table 6.9

Participation in Substance Abuse Interventions by Length of Time in Custody Federal Inmates

% Participating in:	Months Incarcerated			
	≤ 11	12 - 35	36 - 119	120 +
Alcohol Treatment (Clinical)	3	8	8	7
Alcohol Self Help/ Education	9	16	19	21
Drug Treatment (Clinical)	3	10	10	10
Drug Self Help/ Education	10	19	23	22
Alcohol/Drug Treatment (Clinical)	4	11	12	12
Alcohol/Drug Self Help/ Education	12	22	26	27

Table 6.10

Participation in Substance Abuse Interventions by Length of Time in Custody Jail

% Participating in:	Months Incarcerated			
	≤ 11	12 - 35	36 - 119	120 +
Alcohol Treatment (Clinical)	2	4	6	10
Alcohol Self Help/ Education	6	11	15	26
Drug Treatment (Clinical)	2	5	6	10
Drug Self Help/ Education	5	12	15	18
Alcohol/Drug Treatment (Clinical)	3	5	6	10
Alcohol/Drug Self Help/ Education	8	19	20	26

Conclusion

Relatively few inmates with histories of substance abuse are required to undergo treatment or testing as a condition of their sentence. In addition, relatively few inmates receive long-term intensive treatment; regular drug users in federal prison being almost twice as likely than inmates in state or jail facilities to be required to participate in drug or alcohol treatment. Regular drug users were more likely to have participated in treatment or other interventions in all types of correctional facilities. Overall, the number of inmates in treatment does not nearly appear to meet the actual treatment needs of the population, even as the number of inmates needing treatment continues to grow.

Rates of treatment for alcohol problems since admission to a facility were similar to rates for drug treatment and other interventions. Again, alcohol-involved offenders were more likely to report receiving treatment. Self-help groups are found in nearly all state and federal prison and jail facilities, and are the most common type of correctional program used in jails and state prisons. Only a small percentage number of state, federal and jail inmates received any counseling or residential treatment for substance abuse problems since their admission.

Overall, time in custody is not related to treatment participation. There is little difference in participation rates by length of stay, although prison inmates in custody for less than a year had the lowest rates of participation in treatment programs.

With rising criminal justice costs and limited state budget dollars, providing clinical treatment and meeting the treatment needs of incarcerated drug and alcohol users is challenging. Substance-involved inmates often have other social and health problems that complicate the delivery of effective treatment services. In the following chapter, we analyze these other service needs and discuss how they vary by type of inmate.

Chapter VII

THE CHALLENGES OF TREATING INMATES: OTHER ISSUES AFFECTING TREATMENT DELIVERY

We have seen that most substance abusers in prisons and jails do not participate in substance abuse treatment services while incarcerated. Even for those who participate most of the treatment is relatively short-term and non-intensive. In addition, the delivery of effective treatment to inmates is complicated by the numerous other problems (psychological, social, or educational) typical of substance-involved inmates. The availability of drugs within prisons and jails, including alcohol and tobacco, may undermine the efforts of treatment staff to encourage an abstinent lifestyle among their clients. Substance-abusing inmates have many health problems, and the costs of treating these problems can draw vital prison and jail health care dollars from substance abuse treatment services. The high prevalence of educational and vocational deficits means that, absent aftercare and transitional services, inmates reentering the community face a difficult time even if they have received treatment while in custody.

Health-Related Service Needs

The quality and quantity of health care for inmates has long been an area of dispute and litigation. Today much of this debate is focused on substance abuse treatment, mental health issues, and the rising costs of inmate medical care.¹

Given the connections between crime, poverty and poor health, it is not surprising that many inmates enter prison in need of medical services.² The high-risk lifestyles of drug users often place this population at even greater need for medical attention. Health services of particular relevance for drug-addicted offenders include mental health services and services for

the treatment of HIV and other infectious diseases. A substantial proportion of drug- or alcohol-abusing offenders enter prison with dental problems, various infections, nutritional deficiencies, liver problems, violence-related injuries, and other physical and mental trauma.³ For drug-using women offenders, sexually transmitted disease treatment services and pre- and post-natal care are often needed.

Psychological Health Services for Drug- and Alcohol-Abusing Inmates

It is well-established that offenders have high rates of mental health disorders as well as co-morbid substance abuse and mental health.⁴ One study of male jail inmates found that nine percent had had either schizophrenia or a major affective disorder at some point in their lives, rates that are two to three times higher than for demographically-matched men in the general population.⁵

Similarly, a 1994 study in California found that eight percent of that state's prison population (nearly 11,000 inmates) had one of four major mental disorders and an additional 17 percent (23,000 inmates) had less severe but still serious mental disorders.*⁶ The problem in jails may be even more acute: the National Coalition for the Mentally Ill in the Criminal Justice System estimates that there are one-third more mentally ill persons in jails than there are patients in mental hospitals.⁷ One estimate from the late 1980s was that the nation's jails held 100,000 individuals who needed treatment for serious mental illness.⁸

Beyond the psychological issues that may surface in conjunction with the physiological and behavioral affects of substance abuse, many substance abusers have prior psychological problems that need to be addressed. For example, the 1996 jail and 1997 prison inmate surveys

* These four mental disorders are schizophrenia, major depression, organic brain syndrome, and bipolar disorder.

indicate substantial rates of childhood physical or sexual abuse, especially among women inmates and regular drug users. In state prison, 57 percent of women (62 percent of regular drug users and 42 percent of others) and 16 percent of men (18 percent of regular drug users and 13 percent of others) report having ever been physically and/or sexually abused. In federal prison, 41 percent of women (55 percent of regular drug users vs. 28 percent of other women) and seven percent of men -- nine percent of regular users, four percent of other males) had been physically and/or sexually abused. In jails, 46 percent of women and 13 percent of men had been physically and/or sexually abused. The state and federal prison figures signify increases in the prevalence of physical and/or sexual abuse compared to 1991 prison data, especially among women. However, the abuse rates for inmates in jail were slightly lower for both women and men compared to the previous survey in 1989.

Drug- and alcohol-involved inmates are more likely to have had prior mental health treatment or to have taken medication for a mental health problem compared with non-using drug law violators. Among state inmates, 32 percent of regular drug users and 28 percent of alcohol-involved inmates reported some indication of a mental health problem, compared to 12 percent of drug law violators. However, 28 percent of non-users also had such histories of mental health treatment or medication. In federal prison, the comparable figures were 20, 23, eight, and 17 percent. These numbers represent consistent increases in mental health treatment among drug- and alcohol-involved inmates over figures from the 1991 prison survey data.

Among jail inmates, drug abusers are the most likely group to be in need of mental health services. Thirty-three percent of regular drug users indicated some evidence of a current or past

mental health problem, compared with 14 percent for drug law violators and 22 percent for alcohol-involved offenders.

Looking at specific types of mental health and related problems, there were few differences by substance involvement, except that non-using drug law violators tended to have a lower prevalence across problem types. Among state inmates, 10 percent had a learning disability and 10 percent had a “mental or emotional condition,” regardless of whether they were substance-involved (Table 7.1). Similar percentages were found among inmates who were regular drug users or alcohol-involved. But among non-using drug law violators, only seven percent reported a learning disability and four percent a mental or emotional condition.

Among federal inmates, similar percentages of substance-involved and other inmates had a learning disability (five and four percent respectively) or “mental or emotional condition” (five percent each group) (Table 7.2).

The prevalence of mental health conditions among jail inmates (Table 7.3) is similar to state prison inmates. Moreover, substance abuse was associated with mental health problems for jail inmates. One-third of regular drug users had any of five indicators of mental health problems compared with 14 percent of drug law violators and 16 percent of nonusers.

Data on program participation suggests that inmates' mental health needs are not being met. In a 1999 survey of correctional systems, only 2.9 percent of state and federal inmates were in mental health programs.⁹ Utah had the highest proportion of inmates in mental health programs (18 percent) while Rhode Island had the lowest (0.1 percent).¹⁰

Table 7.1

*Mental Health Problems (%)
State Inmates*

	Substance Involved		Regular Drug User	Alcohol Involved	Non Using Drug Law Violator	Non-User
	Y	N				
Has Mental or Emotional condition	10	10	11	10	4	8
Ever Taken Psychological Medications	19	17	20	18	5	17
Ever Admitted to Mental Hospital Overnight	11	9	12	11	2	8
Ever Received Mental Health Counseling	22	19	24	19	6	19
Ever Received Other Mental Health Services	3	4	3	3	1	3
Any of 5 Previous Items	30	27	32	28	12	28
Has Dyslexia or ADD	10	10	10	12	7	10

Table 7.2

*Mental Health Problems (%)
Federal Inmates*

	Substance Involved		Regular Drug User	Alcohol Involved	Non Using Drug Law Violator	Non-User
	Y	N				
Has Mental or Emotional condition	5	5	6	6	2	5
Ever Taken Psychological Medications	11	11	14	12	5	10
Ever Admitted to Mental Hospital Overnight	5	4	6	7	1	3
Ever Received Mental Health Counseling	12	12	14	16	4	12
Ever Received Other Mental Health Services	2	2	2	3	1	2
Any of 5 Previous Items	17	17	20	23	8	17
Has Dyslexia or ADD	5	4	6	3	3	4

Table 7.3

*Mental Health Problems (%)
Jail Inmates*

	Substance Involved		Regular Drug User	Alcohol Involved ^a	Non Using Drug Law Violator	Non-User
	Y	N				
Has Mental or Emotional condition	11	7	12	8	5	3
Ever Taken Psychological Medications	19	12	20	15	5	10
Ever Admitted to Mental Hospital Overnight	11	8	12	8	5	6
Ever Received Mental Health Counseling	20	13	22	13	7	10
Ever Received Other Mental Health Services	3	3	3	1	1	2
Any of 5 Previous Items	30	19	33	22	14	16
Has Dyslexia or ADD	9	8	10	7	4	7

^aConvicted inmates only.

Although data regarding the substance use histories of the inmates in these programs are unavailable, our analysis of the 1997 inmate survey data finds that only 19 percent of state and 11 percent of federal inmates had received any medication in prison for an emotional or mental health problem.

The overall proportion of respondents who received mental health services is impossible to determine from the 1997 inmate survey: only those who had received services in the past were asked about services since admission to custody. Among state inmates who had received prior services, 61 percent of substance-involved inmates and 63 percent of other inmates reported receiving services since admission.* Among federal inmates, only 10 percent had received mental health services since admission regardless of substance involvement. Among jail

* Respondents were asked if they had taken psychiatric medication, stayed overnight in a program for a mental health problem, received mental health counseling, or received other mental health services.

inmates, 45 percent of substance-involved and 43 percent of other inmates who prior services had received mental health services since admission.

Medical Costs and Problems of Substance Abusing Inmates

There have been few studies of the needs and use of medical services by inmates, and the connections between inmate health and histories of drug abuse are relatively unexplored. Yet prison health care is a substantial and growing portion of correction budgets.

A 1990 survey by the National Commission on Correctional Health Care reported that the average state department of corrections' expenditure on inmate health care, including mental health, was over \$24 million. This represented 9.5 percent of total correction's expenditure.*¹¹ On average, this projected to annual health care costs of \$1,906 per inmate.¹²

One 1996 report indicated that annual health services costs had doubled since 1990, although they were the same percentage of overall corrections budgets. Prison systems reported an average medical costs per inmate of \$6.53 a day in 1996 or \$2,325 per year per inmate.¹³ This is comparable to the 1990 estimate made by the National Commission on Correctional Health Care. The total spent annually by each of 49 state systems and the federal system on inmate medical care is over \$2.6 billion -- an average of 9.4 percent of a correctional agency's total budget.¹⁴ A reduction in the number of offenders with drug and alcohol addictions is likely to result in fewer inmates in need of medical services, and a corresponding reduction in the amount of money spent on medical services for inmates.

According to the inmate surveys, substance involvement does not seem to be related to self-reported medical problems. Table 7.4 summarizes the results.

* Cost data are from 46 states and the Federal Bureau of Prisons. Hawaii, Indiana, Mississippi and North Dakota are missing from the survey.

Table 7.4

**Medical Problems (%)
State Inmates**

	Substance Involved		Total
	Y	N	
Positive Tuberculosis Test Since Admission	13	13	13
HIV Positive (Ever) Since Admission	2	0.8	2
Injured	28	30	28
Health Problem Requiring Surgery	7	8	7
One or More Other Medical Problems ^a	15	17	15
Any of the Above	49	49	49

^a Excluding cold, virus, or flu

Among inmates receiving a tuberculosis (TB) test since admission, 13 percent tested positive overall. Among those ever tested for HIV, two percent were positive. Twenty-eight percent had been injured since admission, seven percent had a health problem that required surgery, and 15 percent had at least one other medical problem (not including cold, virus, or flu). Overall, 49 percent of inmates (whether or not substance-involved) had one or more of these medical problems. There were no differences in these health indicators by specific substance use categories (data not shown).

The findings were similar for federal inmates: overall, 48 percent had one or more medical problems (Table 7.5). Federal and state inmates had similar prevalence of positive TB tests, injuries, or other health problems and these conditions did not vary by substance involvement.

Table 7.5

**Medical Problems (%)
Federal Inmates**

	Substance Involved		Total
	Y	N	
Positive TB Test Since Admission	14	12	13
HIV Positive (Ever) Since Admission	0.4	0.9	0.5
Injured	27	22	26
Health Problem Requiring Surgery	10	10	10
One or More Other Medical Problems ^a	15	18	16
Any of the Above	49	45	48

^a Excluding cold, virus, or flu

Finally, substance involvement was somewhat related to some medical problems among jail inmates (Table 7.6). Eleven percent of jail inmates had been injured since admission, and 34 percent had had one or more medical problems.^{*} Substance-involved jail inmates were slightly more likely to have had non-injury medical problems since admission (39 percent vs. 32 percent of those not substance-involved).

Table 7.6

**Medical Problems (%)
Jail Inmates**

	Substance Involved		Total
	Y	N	
Positive TB Test Since Admission	n/a	n/a	n/a
HIV Positive (Ever) Since Admission	1	1	1
Injured	11	9	11
One or More Other Medical Problems ^a	35	29	34
Any of the Above	39	32	37

^a Including cold, virus, or flu

^{*} Unlike the state and federal inmate survey, the medical problem question on the jail survey includes colds or flu.

Vocational, Educational and Literacy Programs

In addition to medical and psychological issues, drug- and alcohol-involved inmates frequently have educational deficits and sporadic work histories that can affect long-term recovery and complicate transition back to the community.¹⁵ Once released from prison, an inmate who has few marketable skills and limited opportunities for employment is more susceptible to relapse into drug and alcohol abuse and resumption of illegal activity.

Accordingly, the goals of an effective corrections-based treatment program should be not only to reduce substance abuse and crime, but also to enable the inmate to meet family and financial responsibilities, to find and keep gainful employment, and to become a productive member of society.¹⁶ 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 contributes to a positive self-image.¹⁷ Accordingly, access to educational and vocational training for substance-involved offenders (including basic literacy skills, GED certification, vocation training and life skills) would add considerable support to overall efforts to initiate and maintain an inmate's recovery from drug and alcohol addiction.¹⁸

Women offenders, who suffer disproportionately from limited and low-paying employment opportunities, are especially in need of programs that develop vocational skills.¹⁹ These issues have become even more important since the passage of the Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the welfare reform act), which limits the length of time an individual is eligible for welfare benefits, requires employment in many cases, and denies benefits to drug-addicted felons.

Most prison systems offer some form of vocational training and educational programming in addition to the regular prison work assignments in which most prisoners are required to participate. However, there has been little research on the effectiveness of these programs in general or for substance-involved inmates specifically.

A further complication is that for many inmates their physical or mental health problems make it difficult for them to sustain employment or successfully complete educational programs. For example, 21 percent of substance-involved state inmates report having a physical or mental health condition that limits the amount or type of work they can do. This percentage is slightly higher than for other inmates (19 percent).

Table 7.7

***Vocational and Educational Training (%)
State Inmates***

Percent of inmates who participated in:	All Inmates	Regular Drug Users	Non-using Drug Law Violators	Alcohol Involved Offenders
Vocational training	31	32	22	31
Educational training	38	37	37	37
Basic classes up to the 9th grade	3	3	3	4
High school classes	23	23	22	21
College level classes	10	10	6	8

According to the 1997 state inmate survey, 38 percent of all inmates received some academic education within prison since their admission (Table 7.7). Approximately one-fourth participated in high school level educational programs (23 percent). Ten percent of state inmates received college level education in prison. Less than one-third of both men and women (31 percent) had received vocational training in prison.²⁰

There is only slight variation in rates of participation in education and vocational training across substance user/offender categories. Regular drug users in state prison are the most likely to have participated in both educational (37 percent) and vocational training programs (32 percent); these percentages show decreases in program participation (particularly educational programs) compared to 1991 prison survey data. In 1991, 47 percent of regular drug-using state inmates reported participating in educational programs, and 33 percent of these inmates participated in vocational programs. Alcohol-involved offenders have slightly lower rates of participation in each type of program, with 37 percent in educational programs and 29 percent in vocational training. Non-drug using drug law violators are the least likely to receive academic education (37 percent).

However, among substance-involved state inmates, only 43 percent of those without a high school diploma had received educational training since admission (57 percent of federal inmates, and only 17 percent of local jail inmates) (Figure 7.A). Among substance-involved state inmates who were unemployed prior to their arrest, only 29 percent had received any vocational training (26 percent of federal and five percent of jail inmates) (Figure 7.B). Access to vocational and educational programs is limited in local jails, reflecting in part the relatively short and uncertain length of stay.

Figure 7.A

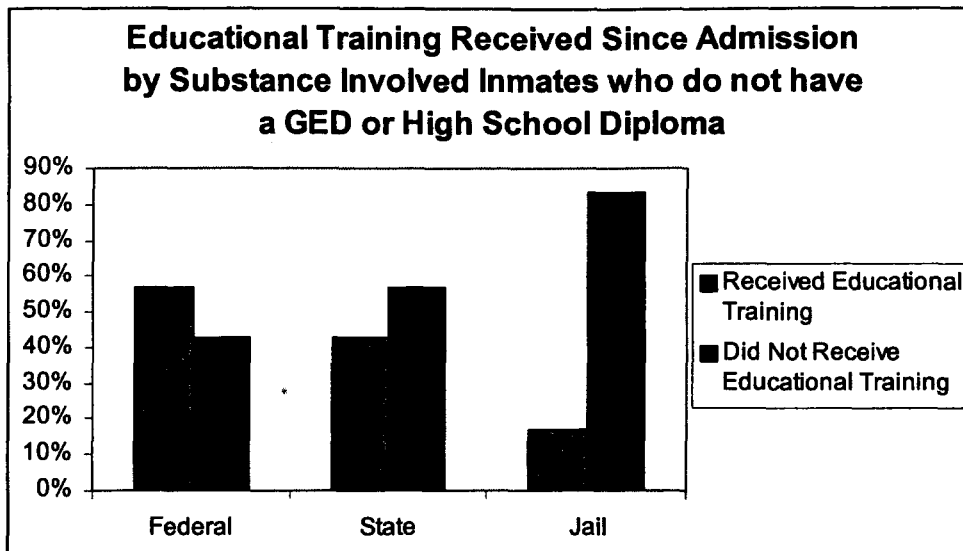
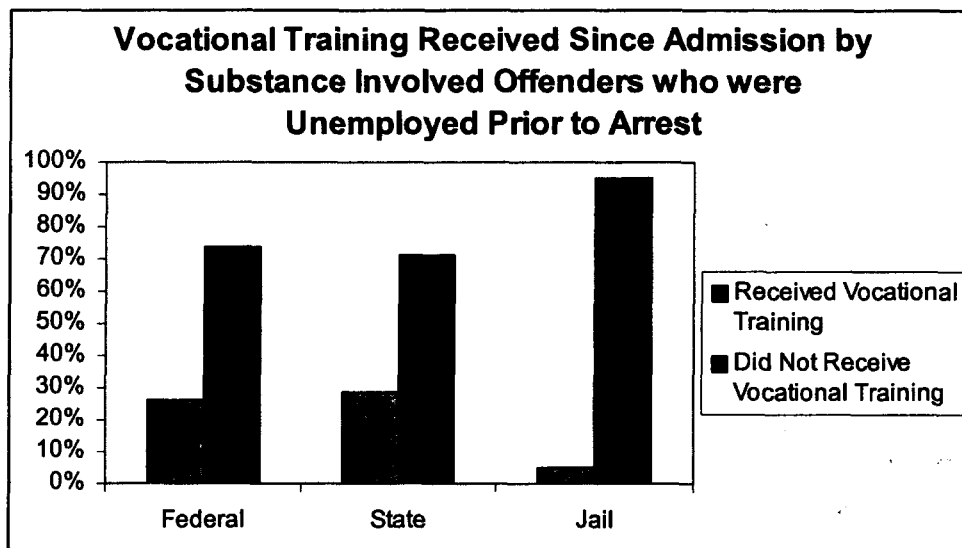


Figure 7.B



Participation rates were similar in the federal prisons: 29 percent of inmates had received some vocational training and 45 percent participated in an educational program (Table 7.8). Slightly under one-fourth (23 percent) participated in high school level educational programs and 13 percent of inmates received college level education in federal prison. Alcohol-involved

offenders were more likely to participate in vocational training, while non-using drug law violators were more likely to have educational training.

In jails, given that inmates are incarcerated for relatively short periods of time, extensive educational and vocational training may be impractical. However, even a brief training program that helps the inmate access such activities after release could greatly enhance employability, thus helping the inmate to stay drug- and crime-free.

Table 7.8

***Vocational and Educational Training (%)
Federal Inmates***

Percent of inmates who participated in:	All Inmates	Regular Drug Users	Non-using Drug Law Violators	Alcohol Involved Offenders
Vocational training	29	31	26	24
Educational training	45	47	47	37
Basic classes up to the 9th grade	2	2	2	2
High school classes	23	25	23	21
College level classes	13	15	10	9

According to a 1992 survey of large jurisdictions, 69 percent of jails offered some educational programming, serving only nine percent of inmates.²¹ However, 47 percent of jail inmates do not have a high school diploma or GED.²² According to the 1996 jail inmate survey, only five percent of inmates had received vocational training since admission, and 12 percent any educational training (Table 7.9). Type of substance involvement was not related to receiving training.

Table 7.9

Vocational and Educational Training (%)

Jail Inmates

Percent of inmates who participated in:	All Inmates	Regular Drug Users	Non-using Drug Law Violators	Alcohol Involved Offenders ^a
Vocational training	5	5	9	3
Educational training	12	14	15	8
Basic classes up to the 9th grade	1	1	1	1
High school classes	8	10	12	5
College level classes	1	1	1	1

Housing

Access to affordable, drug-free housing is important for inmates returning to the community following incarceration.²³ But inmates reentering the community face many obstacles to finding adequate housing. Ties to their families or friends may have been severed during incarceration. Released inmates seldom have the financial resources to put down a deposit for an apartment or house rental, and public housing may be denied because of their criminal records. Few inmates leave prison directly into a job. Landlords may also inquire about past criminal activity and refuse to rent to ex-inmates.

Inmates also tend to come from low socioeconomic strata and have relatively high rates of prior homelessness. Among state inmates 13 percent of regular drug users were homeless at the time of their arrest, as were 24 percent of jail inmates who were regular drug users (Table 7.10). Including those inmates who were living in a homeless shelter, rooming house, hotel or motel, or group living situation, 15 percent of substance-involved state inmates, compared to six

percent of non-involved inmates, had an indication of a potential housing problem (Table 7.11). Most of this difference reflects the impact of regular drug use: 16 percent of regular drug users and seven percent of other inmates had a housing problem. The prevalence of housing problems was lower for alcohol-involved inmates (nine percent) or drug law violators (six percent).

Reflecting their generally better socioeconomic status, federal inmates tend to have few housing problems than those in state prisons or local jails. Only six percent of substance-involved federal inmates had some indication of a housing problem, compared with four percent of non-involved inmates.

Table 7.10

Homeless Before Arrest (%)

	Substance Involved	Regular Drug User	Alcohol Involved	Non Using Drug Law Violator	Drug Experimenter	Non-User
State	12	13	6	5	7	4
Federal	5	6	5	1	4	1
Jail	21	24	13	8	15	8

Table 7.11

Other Housing Problems^a (%)

	Substance Involved	Regular Drug User	Alcohol Involved	Non Using Drug Law Violator	Drug Experimenter	Non-User
State	3	3	3	1	2	1
Federal	2	2	1	1	2	2
Jail	5	5	5 ^b	1	2 ^a	2 ^a

^a Living in a homeless shelter, rooming house, hotel or motel, or group living situation at the time of admission.

^b Convicted jail inmates only.

Conclusions

The data presented in this chapter indicate that substance-involved inmates commonly have other problems that can compromise their recovery and increase the difficulty of successfully reentering society following release from incarceration. Tables 7.12 to 7.14

summarize the number of other problem areas by severity of drug involvement.* The higher the severity of drug involvement, the greater the number of other service needs. For example, among state inmates, 24 percent of those in the most severe drug use category (used hard drugs daily in the month before the offense, or multiple hard drugs) had three or more other problem areas. By comparison, only 14 percent of state inmates in the second least severe drug use category, and 12 percent of those who never used drugs or had used only marijuana in the past, had three or more problem areas. Similar patterns were found among federal and local jail inmates.

Table 7.12

***Number of Other Problems by Drug Use Severity (%)
State Inmates***

	0	1	2	3	4+
1. Never used hard drugs and did not use marijuana in month prior to offense	26	39	24	9	3
2. In month prior to offense, used marijuana, but has never used hard drugs	20	37	30	11	3
3. Used hard drug(s) but not in the month prior to the offense	22	34	27	12	4
4. In month prior to offense, used a single hard drug weekly or monthly	21	33	29	12	5
5. In month prior to offense, used hard drug(s) daily or used multiple hard drugs weekly or monthly	17	30	29	15	9

* Other problems include ever physically or sexually abused, other psychological problems, educational needs, employment problems, history of HIV or tuberculosis infection, or housing needs.

Table 7.13

*Number of Other Problems by Drug Use Severity (%)
Federal Inmates*

	0	1	2	3	4+
1. Never used hard drugs and did not use marijuana in month prior to offense	41	38	17	3	1
2. In month prior to offense, used marijuana, but has never used hard drugs	32	40	22	5	1
3. Used hard drug(s) but not in the month prior to the offense	36	35	22	4	2
4. In month prior to offense, used a single hard drug weekly or monthly	35	41	17	5	2
5. In month prior to offense, used hard drug(s) daily or used multiple hard drugs weekly or monthly	27	37	24	9	4

Table 7.14

*Number of Other Problems by Drug Use Severity (%)
Jail*

	0	1	2	3	4+
1. Never used hard drugs and did not use marijuana in month prior to offense	25	38	25	9	2
2. In month prior to offense, used marijuana, but has never used hard drugs	17	45	25	10	3
3. Used hard drug(s) but not in the month prior to the offense	19	32	28	15	6
4. In month prior to offense, used a single hard drug weekly or monthly	19	34	29	12	5
5. In month prior to offense, used hard drug(s) daily or used multiple hard drugs weekly or monthly	17	29	27	17	10

The high prevalence among inmates of mental health problems, educational and employment deficits, and other service needs emphasizes the importance of supplementing substance abuse treatment with other services. Both during prison and following release, comprehensive interventions are needed that assess and address these other issues.

In the next chapter, we discuss the particular substance abuse patterns and treatment needs among women inmates. The number of women inmates is growing faster than the number of male inmates, and they present unique issues that can affect the delivery of treatment and other services.

Chapter VIII

SUBSTANCE ABUSE PATTERNS OF WOMEN INMATES

Women have become increasingly involved with drugs and drug crime, and female drug law violators are the fastest growing segment of the prison population. The increase in drug law violators accounts for more than half the growth of women inmates. In all systems, women are more likely than men to have committed a drug law violation.

Similar to men, 84 percent of female inmates are involved with drugs or alcohol (up slightly from 80 percent in 1991), but drug use is more likely to be closely associated with the crimes of female than of male inmates. However, substance-abusing women inmates have special needs related to mental and physical health, vocational training, family issues, and treatment design. This chapter discusses the changing shape of the female prison population, their drug use, the needs that must be addressed to improve outcomes, and the availability of treatment services to meet these needs.

More Women Behind Bars

The growth in the prison population over the last 20 years has been even more pronounced for women, and the sale and use of drugs play even more pivotal roles than for male inmates. From 1980 to 2000, the number of women incarcerated in prison and jails increased by 575 percent (from 24,180 to 163,102), while the number of men increased by 284 percent (from 477,706 to 1,835,924).¹ Women accounted for 6.7 percent of all inmates in 1999.² The average annual increase in the number of state and federal inmates from 1990-2000 was 8.1 percent for women and 6.2 percent for men.³

Between 1980 and 2000, the number of women in state and federal prisons increased by 652 percent (from 12,331 to 92,688). Over this time, the number of men increased 226 percent

(from 303,643 to 1,292,804).⁴ At year-end 1999, women accounted for 6.7 percent of all state and federal inmates.⁵

In local jails, women are also a rapidly growing proportion of the population. Between 1980 and 1999, the number of women increased by 470 percent (from 11,849 to 67,487). During this time, male jail inmates increased 210 percent (from 170,439 to 528,998).⁶ At midyear 1999, women represented 11 percent of the jail population.⁷

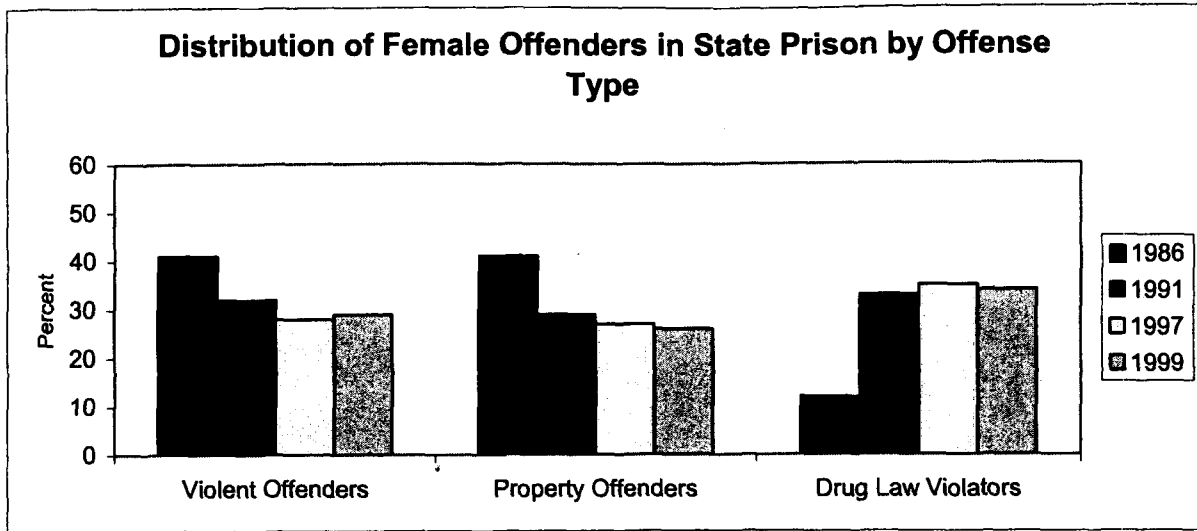
Although the number of women in prison is still relatively small, the range and severity of women's crimes are beginning to more closely parallel that of the male population. Until the 1960s and early 1970s, women were a small and static proportion of inmates. Most were serving time for short-term offenses, such as prostitution and shoplifting. Women are now committing and being charged with more serious crimes as well, such as drug dealing, robbery, burglary (often to get money to buy drugs), and assault. Women have begun to take more active and visible roles in drug dealing organizations, making them more vulnerable to arrest, prosecution, and incarceration.⁸

Drug Law Violations

The increase in drug law violators accounted for more than half of the growth of the female state inmate population between 1986 and 1999.⁹ This increase primarily occurred between 1986 and 1991, the height of the crack epidemic.¹⁰ Women in prison and jail are more likely to be incarcerated due to drug law violations than are men. In state prison, by 1999, 34 percent of all women were convicted of a drug law violation, compared to 20 percent of men (Figure 8.A).¹¹

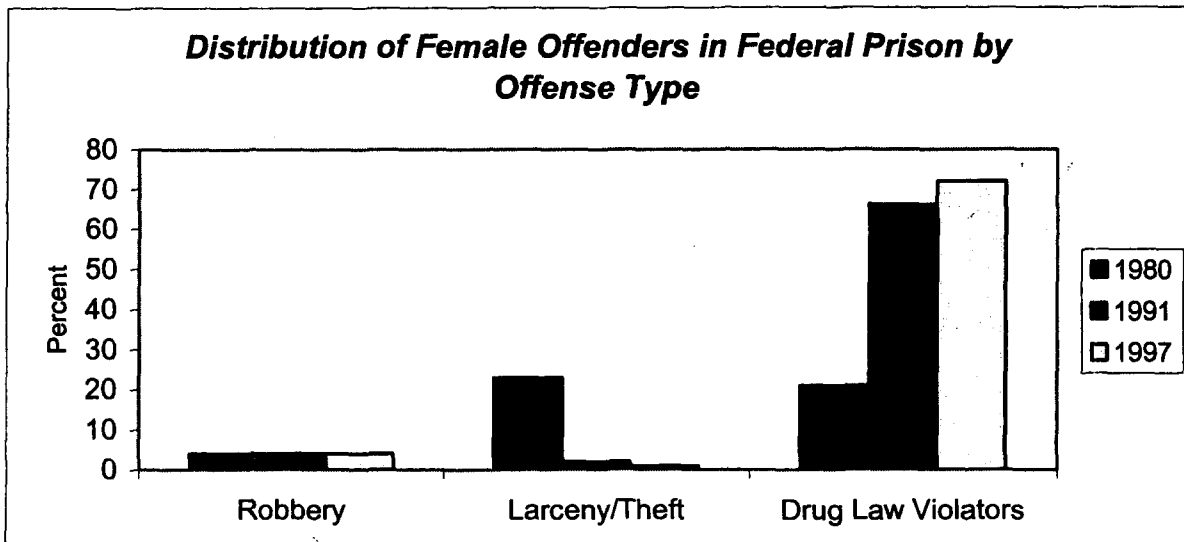
* A breakdown of jail inmates by gender is not available for 1980. In order to derive this number, we estimated that women were 6.5 percent of the 1980 overall adult jail population (in 1978 women were 6.3 percent and in 1982 they were 6.6 percent of adult jail inmates). This yields an estimate of 11,849 women out of an overall 1980 jail

Figure 8.A



In federal prison, women offenders are even more likely to be drug law violators. Between 1980 and 1997, the proportion of women who were drug law violators increased from 21 percent to 72 percent, compared to an increase from 22 percent to 57 percent for men. In 1999, property offenders were 12 percent and violent offenders were seven percent of women in federal prison, and alcohol and drug abuse was implicated in many of their crimes (Figure 8.B).¹²

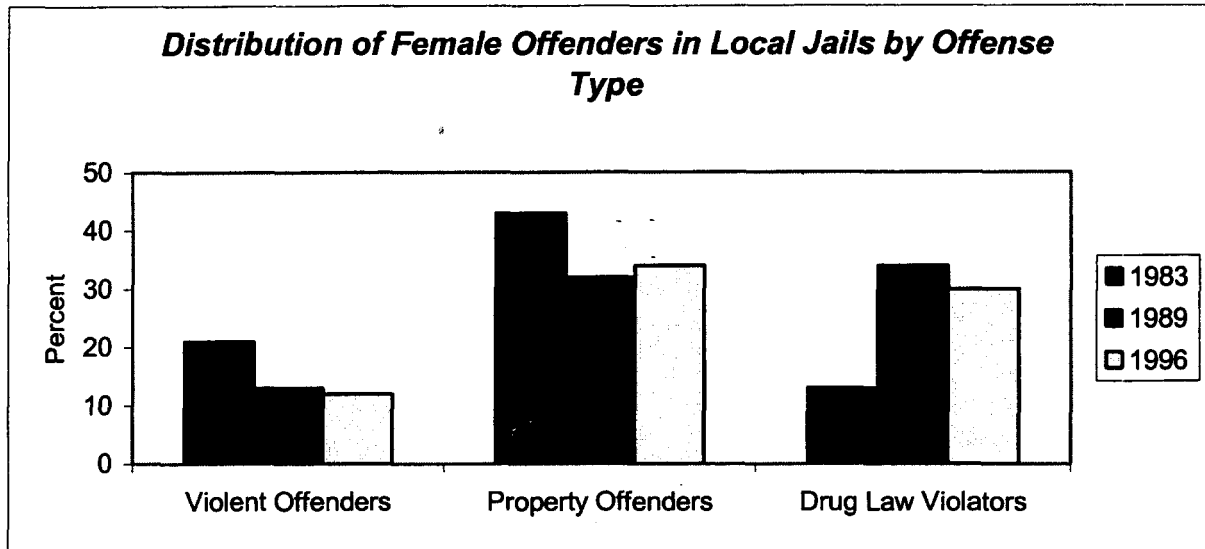
Figure 8.B



population of 182,288. We estimated that men were 93.5 percent of the total adult jail population in 1980, yielding an estimate of 170,439 male jail inmates in 1980.

In local jails between 1983 and 1996, the proportion of women incarcerated for a drug law violation increased from 13 percent to 30 percent, accounting for nearly half of the overall growth in female inmates. During the same time period, the proportion of male drug law violators increased from nine percent to 22 percent (Figure 8.C).¹³

Figure 8.C



Drug Abuse

Drug use is closely connected with the crimes of women inmates. This is seen not only in the large proportion of women in America's prisons and jails who are incarcerated for selling or possessing drugs but also in their drug use patterns.

The proportion of state inmates who have a history of regular drug use is slightly higher for women than men (73 percent vs. 69 percent); both of these percentages are higher than they were in the 1991 inmate survey (65 percent of women; 62 percent of men). However, women are more likely than men to have been under the influence only of drugs when they committed their crime (23 percent vs. 14 percent), and 30 percent of women in state prison committed their crimes to get money for drugs, compared to 18 percent of men (Tables 8.1 and 8.2). In 1991,

only 24 percent of women in state prison committed their crimes to get money for drugs (compared to 17 percent of men).

A history of drug abuse is not as common among women in federal prison (Tables 8.3 and 8.4). Women in federal prison are less likely than men to have been regular drug users. 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.

Table 8.1

***Drug Use by Gender
State Inmates (%)***

	Women	Men
Ever used drugs	83	82
Ever used drugs regularly	73	69
In the month prior to their crime:		
Used drugs	61	56
Used drugs regularly	57	51

Table 8.2

***Under the Influence During Crime by Gender
State Inmates (%)***

	Women	Men
Drugs only	23	14
Alcohol only	13	20
Both drugs and alcohol	16	17
Any substance	52	51

Table 8.3

***Drug Use by Gender
Federal Inmates (%)***

	Women	Men
Ever used drugs	63	73
Ever used drugs regularly	48	57
In the month prior to their crime:		
Used drugs	37	45
Used drugs regularly	33	40

Drug use is closely associated with the crimes of women in jail (Tables 8.5 and 8.6). Convicted women in jail are more likely than men to have used drugs regularly in the month before their crime (53 percent vs. 47 percent), and to have committed their offense to get money for drugs (27 percent vs. 18 percent). These numbers represent a slight increase from the 1989 inmate survey for both women and men.

Table 8.4

***Under the Influence During Crime by Gender
Federal Inmates (%)***

	Women	Men
Drugs only	15	13
Alcohol only	9	11
Both drugs and alcohol	5	9
Any substance	29	33

Table 8.5

***Drug Use by Gender
Jail Inmates (%)***

	Women	Men
Ever used drugs	83	82
Ever used drugs regularly	68	64
Convicted jail inmates who, during the month prior to their crime:		
Used drugs	40	46
Used drugs regularly	53	47

Table 8.6

***Under the Influence During Crime by Gender
Convicted Jail Inmates (%)***

	Women	Men
Drugs only	15	16
Alcohol only	15	25
Both drugs and alcohol	29	19
Any substance	59	60

Types of Drugs Used

The drugs used by women in prison and jail have changed considerably, largely as a result of the crack epidemic of the late 1980s. In 1997, nearly one-third (29 percent) of women in state prison reported being under the influence of crack and/or powdered cocaine when they committed their crime--an increase from 1986 when 12 percent of such women were under the influence of cocaine.¹⁴ During this time, the use of heroin, amphetamines, and PCP in the month prior to offense declined slightly among women in state prison (Table 8.7). However, the overall prevalence of drug use increased from the previous inmate survey in 1991, primarily due to increased prevalence of cocaine/crack or marijuana use.

Table 8.7

Types of Drugs Used by Women in State Prison, 1986 1991 and 1997 (%)

Type of drug:	In the month before offense			At the time of the offense		
	1986	1991	1997	1986	1991	1997
Any drug	50	54	61	34	36	40
Cocaine or crack	23	37	51	12	23	29
Marijuana	31	21	27	9	5	8
Heroin	18	16	15	12	11	10
Amphetamines	8	5	4	4	1	1
Barbiturates	9	5	4	4	1	1
Hallucinogens	2	1	1	a	a	a
PCP	2	2	2	2	1	1
Methaqualone	3	1	1	1	a	a

^a Less than one percent.

Source: The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). CASA analysis of U.S. Department of Justice, Bureau of Prisons. (1994). *Survey of inmates of federal correctional facilities, 1991* [Computer File]. Washington, DC: U.S. Department of Commerce, Bureau of the Census [producer], 1991. Ann Arbor, MI: inter-university Consortium for Political and Social Research [distributor]; The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). CASA analysis of U.S. Department of Justice, Bureau of Prisons. (2000). *Survey of inmates of federal correctional facilities, 1997* [Computer File]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [producer and distributor].

In federal prison, drug use data prior to 1991 are unavailable, but 1997 survey data also indicate increased drug use among women inmates, mostly reflecting marijuana use (Table 8.8). Use of any drug increased from 27 percent in 1991 to 37 percent in 1997.

Table 8.8

Types of Drugs Use by Women in Federal Prison 1991 and 1997 (%)

Type of drug:	In the month before offense		At the time of the offense	
	1991	1997	1991	1997
Any drug	27	37	16	29
Cocaine	12	11	7	4
Crack	6	8	3	4
Marijuana	12	21	3	7
Heroin	7	4	5	3
Methamphetamine	3	3	2	7
Amphetamines	2	3	1	1
Barbiturates	2	2	1	^a
Hallucinogens	^a	1	^a	^a
PCP	1	^a	1	^a
Methaqualone	^a	1	^a	^a

^a Less than one percent.

Table 8.9

Types of Drugs Use by Convicted Female Jail Inmates 1983 1989 and 1996 (%)

Type of drug:	In the month before offense			At the time of the offense		
	1983	1989	1996	1983	1989	1996
Any drug	50	55	60	31	37	44
Cocaine or crack	15	39	39	7	25	27
Marijuana	33	23	26	8	5	11
Heroin	17	15	13	13	12	11
Stimulants	13	7	12	8	5	7
Depressants	7	3	7	3	1	4
Hallucinogens	1	1	2	1	^a	^a

^a Less than one percent.

Sources: Snell, T.L. (1992). *Women in jail 1989*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). CASA analysis of U.S. Dept. of Justice, Bureau of Justice Statistics. (1999). *Survey of inmates in local jails, 1996*. [Computer file]. Conducted by U.S. Dept. of Commerce, Bureau of the Census. ICPSR ed. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [producer and distributor].

In jails, the prevalence of recent use of most drugs among women increased between the 1989 and 1996 surveys. In 1996, nearly four times as many women in jail were using cocaine or

crack in the month before their offense (27 percent) than in 1983. The prevalence of recent use of heroin has remained stable over time for female jail inmates (Table 8.9).¹⁵

The changing types of drugs used by women may be a factor in their involvement with more crime in general, and with drug crime in particular. The high rate of crack use among women presents a particular problem, as crack is highly associated with prostitution and other risky sex among women.

Treating Substance-Involved Women Offenders

As with male inmates, most female offenders who need treatment are not receiving it. However, not only is there a lack of available treatment, the treatment that is available often fails to address the unique needs of substance-involved women.

In state prison in 1997, 25 percent of women received drug treatment while in prison, compared to 19 percent of male inmates. This indicates a decrease in state prison drug treatment for women since 1991, when 37 percent of women reported receiving such treatment. Less than half (47 percent) of women had been in some drug treatment program prior to their imprisonment, compared with 34 percent of male inmates. In federal prison in 1997, 17 percent of women received drug treatment, compared to 15 percent of males. As was the case in state prisons, fewer women received treatment in federal prisons compared to 1991, when 26 percent of women received it. Twenty six percent of women federal inmates had been in any drug treatment program prior to their prison admission, similar to males (25 percent). Women in both state and federal prisons reported higher rates of prior treatment than they did in 1991.

Thus, while more women in prison have received drug treatment prior to incarceration, fewer women appear to receive such treatment *while* they are incarcerated. In local jails, 22 percent of women had received drug treatment at the time they were interviewed for the 1996 inmate survey (Table 8.10).

Table 8.10

<i>Drug Treatment of Offenders by Gender (%)</i>						
	State Prison		Federal Prison		Jail	
	Women	Men	Women	Men	Women	Men
Received drug treatment in prison or jail ^a	.25	19	17	15	22	21
Ever received any treatment	47	34	26	25	43	42

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

Women inmates are slightly less likely than men to have ever been in treatment for alcohol problems. But women appear to participate in fewer alcohol-related crimes. Only five percent of women in state prison, one percent in federal prison, and three percent in jail were alcohol-involved offenders (that is, were not regular drug users or drug law violators, yet were under the influence of alcohol during their crime or committed a DUI only). In state prison, about one fifth of women (21 percent) had ever been in an alcohol abuse program, compared to 30 percent of male inmates. In both federal prison and jail, only nine percent of women had ever participated in an alcohol abuse program, compared to 15 percent of men.

Although women are participating in drug treatment at rates similar to men, it is likely that the treatment they do receive is inadequate to meet the unique needs of this population. Substance-involved women and men share some of the same treatment needs--drug dependence, poor health, lack of marketable skills, absence of drug-free support networks--but the manifestations and severity of these needs differ for women and men.¹⁶ Further, substance-involved women inmates have a number of special needs that treatment must address.¹⁷

For women inmates, involvement with drugs may be motivated by different underlying individual and social circumstances and may exhibit different patterns of use. Women substance abusers are more likely than men to have been victims of physical and/or sexual abuse.¹⁸

Women substance abusers often have health needs related to general gynecological health care and the treatment of sexually transmitted diseases and HIV.¹⁹ Many women in prison are parents to minor children. 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 underpaid work.²⁰

Given these issues, treatment modalities developed for substance-abusing men may be inappropriate for women.²¹ Due to the personal histories of many drug-abusing women, models of treatment should address their particular needs and circumstances in order to reduce further drug use and criminality among this population.

Mental Health

Many drug abusers, both male and female, experience compounding mental health problems. However, mental health issues of drug-using women inmates are different, and likely to be more pervasive, than among men. The use of drugs among women may be triggered by different experiences than the drug use of men. Research suggests that histories of physical and sexual abuse, and other issues that are likely to affect the mental health of an individual, are more closely connected to women's drug use.²² Drug- and alcohol-abusing women inmates tend to come from families with histories of mental illness, suicide, substance abuse, and violence. Women who abuse substances often suffer more intense emotional distress, psychosomatic symptoms, depression, and self-esteem problems than their male counterparts.²³

Among a random sample of 1,272 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 a major depressive episode, 14 percent with antisocial personality disorder, and 10 percent with dysthymia.*²⁴ Nearly two-thirds of the women (64 percent) fit the diagnostic criteria for drug abuse/dependence and one-third (32 percent) had alcohol abuse/dependence. These prevalence rates were substantially higher than among economically and demographically matched samples of women in the community.²⁵

Histories of sexual and physical abuse further complicate the substance abuse treatment of women in prison and jail. A history of childhood abuse--especially sexual abuse--may be associated with the development of alcohol problems for women.²⁶ Alcoholic women are twice as likely as alcoholic men or nonalcoholic women to have been beaten or sexually assaulted as a child.²⁷ Victims of sexual abuse are more likely to participate in risky sex.²⁸

Substance-abusing women in prison and jail have experienced abuse at much higher rates than incarcerated men. In state prison,

women are seven times more likely than men to have been sexually abused.

In jail, they are nine times more likely to have been sexually abused (Table 8.11).

Not only do female inmates experience abuse at higher rates than men, but women are more likely than

Table 8.11

***History of Physical and/or Sexual Abuse
Among Substance-Involved
Women Inmates (%)***

	State Prison	Federal Prison	Jail
Physically and/or sexually abused	59	44	49
Sexually abused only	11	8	10
Physically abused only	19	19	10
Both physically and sexually abused	29	17	29

* Dysthymia is characterized by high levels of anxiety, depression, and obsessive behavior.

men to turn to drugs and alcohol to cope with traumatic events and psychological stress.²⁹ While men frequently report using drugs and alcohol for pleasure or as a response to peer pressure, women more often report using substances as self-medication, often to deal with depression.³⁰

Physical Health and HIV/AIDS

For both men and women, involvement in drugs and alcohol is likely to lead to general neglect of their health. For women, however, health issues are often more prevalent, serious, and complicated, particularly those caused by sexually transmitted diseases (STD).³¹ For many of the substance-involved women offenders in prison and jail, appropriate medical treatment is a necessary first step in treating the substance abuse problems.³² Compared with male inmates, female jail inmates were slightly more likely than males to have seen a health professional since admission for a medical problem (43 percent vs. 37 percent).

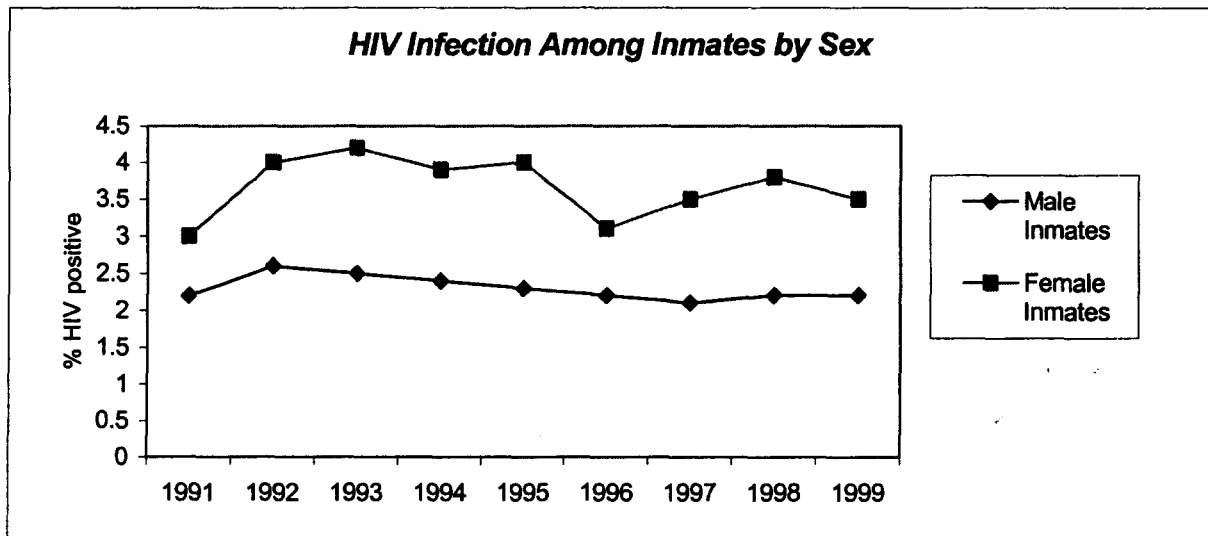
Women who inject drugs have been found to be more likely than male injection drug users (IDUs) to engage in high-risk sex with multiple partners, to engage in sex for money or drugs, to share needles, and to have unprotected sex with another injection drug user.³³ These behaviors put women at increased risk for sexually transmitted diseases and other health problems. A New York City study of women admitted to a municipal hospital found crack use to be significantly related both to traditional HIV-transmission risk behaviors, such as IDU and sex with a man who injects drugs, but also to other risky behaviors, such as sex for drugs or money and having casual sex partners.³⁴ Other research has found that drug-addicted women are at greater risk of sexual acquisition of HIV than men.³⁵ Women who use crack are more likely to have an STD than women who do not.³⁶

Not only are drug-using women more likely to participate in risky sexual behaviors than drug-using men, they are also more susceptible to contracting STDs through such activity.

Women are disproportionately affected by STDs, as infection is more often asymptomatic and therefore goes unrecognized and untreated.³⁷ Comparatively, evaluation of STDs in men generally requires less time and equipment and is easier to perform than in women. Untreated STDs in women are more likely to lead to serious health complications, such as pelvic inflammatory disease, cervical cancer, and infertility.³⁸ Further, untreated STDs are associated with increased rates of HIV-transmission.³⁹

HIV/AIDS infection is more common and growing more rapidly among women inmates than among men. Between 1991 and 1999, the number of HIV-positive female state inmates jumped by 107 percent (from 1,159 to 2,402) compared to a 37 percent increase for males (from 16,150 to 22,175).⁴⁰ Women in state prison are more likely than men to be infected with HIV (3.5 percent compared to 2.2 percent) (Figure 8.D).

Figure 8.D



Source: Maruschak, L. (2001). HIV in prisons and jails, 1999. *Bureau of Justice Statistics Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

HIV infection rates among females are predominantly related to injecting drugs, the use of crack, and associated unsafe sexual practices, such as prostitution for drugs.⁴¹ 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.⁴²

For women inmates, HIV education and prevention skills are essential to impart knowledge of the consequences of drug use and to teach skills that will allow women to protect themselves from the transmission of HIV. Such skills include negotiating with a partner to use condoms and asking a partner about his or her sexual or IDU history. Further, it is important that HIV education and treatment programs address the sexual abuse histories as well as other social and psychological factors that may contribute to increased risk for HIV transmission.

Pregnant Inmates

In 1997, 4.7 percent of female state and federal female inmates, and six percent of jail inmates were pregnant at admission (down slightly from five percent of state and five percent of federal female inmates in 1991); in jail, six percent were pregnant at admission.⁴³ Applying these percentages to the inmate population at the end of 1999, more than 4,300 state and federal inmates were pregnant when they entered prison. Given the high rate of drug use among inmates, it is likely that most of these pregnant women have histories of regular drug use. For those inmates involved with drugs and alcohol, their medical needs are often more serious and are compounded by the need to treat the substance abuse problems of the expectant mother.

Women Inmates as Mothers

Parenting and family issues must be addressed in order to effectively treat substance-involved women. While we must not neglect the fact that substance-involved male inmates have some two million children, parenting issues for women are often more salient and more connected to their treatment process.

Among substance-involved female inmates, 64 percent in state prisons, 58 percent in federal prisons, and 55 percent in local jails have children. These percentages are significantly lower than they were in 1989-1991, when 78 percent of female inmates in state prisons, 80 percent in federal prisons, and 73 percent in jails reported having children. More than half of substance-involved women have children under 18 who lived with them prior to incarceration: 67 percent of state; 77 percent of federal; and 54 percent of jail inmates. These percentages represent an increase over the percentages from 1989-1991 inmate surveys, when only 48 percent of state, 59 percent of federal, and 43 percent of jail inmates reported having children under 18 living with them prior to being incarcerated. Finally, nearly half of female state prison inmates (48 percent) have children age 10 or younger and 28 percent have children age 5 or younger, a higher prevalence than for male inmates (see Chapter IV). Females in local jails are even more likely to have young children (55 percent 10 or younger and 39 percent 5 or younger).

Treatment for women will be most effective if it addresses the financial and practical needs of these incarcerated mothers by offering family services and transition and aftercare programs. Not only do these parental responsibilities have important implications for treatment, but the children of these substance-involved inmates are at high risk for substance abuse and criminality in their own lives.

Society also pays the burden of caring for the children of incarcerated mothers. For the years that their substance-involved mothers are in prison, young children may be placed among relatives, friends, foster homes, or other child-care institutions. After their mothers' incarceration, the minor children of 10 percent of state inmates live in a foster home, agency, or other institution.⁴⁴ The minor children of 11 percent of women incarcerated in jails go into a foster home, agency, or other institution.⁴⁵

Vocational and Educational Training

For all inmates, male and female, vocational and educational training is crucial.

However, for substance-involved women inmates such training is of particular importance, since their work experience and opportunities tend to be even more limited than for men.⁴⁶

Substance-involved women inmates are less likely than nonusing women, and much less likely than men, to have worked prior to their imprisonment. In state prison, less than half (48 percent) of substance-involved women were employed prior to incarceration. In federal prison, 61 percent were employed, and in jails, 38 percent (Table 8.12). These figures are marginally higher than they were in 1989-1991.

Table 8.12

***Employment in Month Prior to Incarceration
Substance-Involved vs. Non-Substance-Involved Women and Men (%)***

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):	48	68	68	75	61	75	71	80	38	48	67	66
Of those employed, percent employed part-time	19	14	15	12	19	12	14	9	22	22	16	16

Even more than for men, the ability of substance-involved women offenders to earn a living wage may be essential to avoid returning to a life of drug use and dealing, theft, and prostitution. Accordingly, it is important to provide vocational testing, skills assessment, and career and educational guidance to give them the skills, resources, and confidence to support themselves and their families.⁴⁷

The parental responsibilities of most substance-involved women in prison and jail underscore their need to acquire vocational and educational skills. Most incarcerated mothers expect to return to their children after release and do not expect to receive any financial or

emotional support from the fathers of these children.⁴⁸ Vocational and educational training would enable incarcerated women to get jobs that can assist them in raising their children once they are released.

Conclusion

Female offenders are the fastest growing segment of the prison and jail population. They have high rates of involvement with drugs and alcohol, and drug use more likely to be associated with female crime. For example, drug law violations have accounted for more than half of the growth of the female state and jail inmate population and accounted for a majority of the increase in federal prison.

Female offenders in state prison are more likely to have a history of regular drug use than men and they are also more likely to have been under the influence of drugs when they committed their offense. Drug use histories are also more closely associated with crime for women in jail than for men. The kinds of drugs used by women have changed, largely as a result of the crack epidemic. Crack use has increased among women in state prison, while use of heroin, amphetamines and PCP the month prior to arrest has decreased. In jails, women are more likely to use cocaine or crack in the prior month while heroin use has remained stable.

As the number of women entering the criminal justice system continues to increase, the need for appropriate drug and alcohol treatment will dramatically increase. However, although more substance-involved women are entering the correctional system, fewer are receiving drug and alcohol treatment in state and federal prison. In addition, women are less likely than men to have participated in an alcohol abuse program, although treatment rates for drug abuse were similar to men.

The delivery of adequate and appropriate treatment for women inmates presents a difficult problem for corrections. Women have special needs that treatment must address. These needs include having minor children, histories of mental health problems, histories of sexual and physical abuse, HIV infection, pregnancy, and employment problems. Unless programs address these needs comprehensively, and incorporate transitional pre-release planning and aftercare services, the prognosis for reducing recidivism and reincarceration is less than promising.

Chapter IX

SUBSTANCE ABUSE AND HIV/AIDS IN PRISONS AND JAILS

Substance-involved inmates have relatively high rates of HIV infection and behaviors that put them at risk for HIV and AIDS. Corrections budgets may be increasingly strained in the coming years with the cost of treating HIV-related illnesses linked to chronic drug abuse. At the same time, the presence of large numbers of at-risk substance abusers provides an opportunity for the correctional system to educate inmates about reducing their risk behaviors and to give them the tools to lower the chances of HIV infection after they are released into the community.

HIV and Injection Drug Use

Injection drug use (IDU) is the second most common means of exposure to HIV in the United States, accounting for approximately one-third of AIDS cases among adults.¹ Among inmates, IDU is estimated to be the most common means of exposure to HIV.²

One-fifth (20 percent) of all state inmates and 12 percent of federal inmates report histories of IDU. Among regular drug users in prisons, however, 28 percent of state and 20 percent of federal inmates had injected drugs (Table 8.1). These rates are slightly lower than they were in 1991. According to the 1991 BJS inmate survey, 24 percent of all state and 14 percent of federal inmates reported histories of IDU; among regular drug users in prison, 37 percent of state and 31 percent of federal inmates had injected drugs. The IDU rate climbs to 40 percent among those who had used drugs in the month prior to committing the offense. Similar percentages of all inmates had histories of heroin (17 percent) or cocaine (16 percent) injection, so cocaine users are also at risk for HIV infection and AIDS. Some studies have indicated that cocaine IDUs have higher rates of needle sharing than heroin IDUs.³

A history of needle sharing, a very high-risk behavior for HIV transmission, is also common among inmates, especially in state prisons. Nine percent of state inmates (and 13 percent of regular drug users) and five percent of federal inmates (9 percent of regular drug users) report having ever shared needles to inject drugs (Table 9.1). However, these percentages represent decreases in rates of needle sharing compared to 1991 inmate survey data.

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 can also occur from infected mother to fetus. The Centers for Disease Control and Prevention report that, through December 2000, IDU is the risk factor in 24 percent of all HIV-positive results. Of all reported AIDS cases through December 2000, 36 percent were directly or indirectly associated with injection drug use. Among those individuals with a known route of exposure, 67 percent of AIDS cases reported among women were associated with injection drug use. Sixty-seven percent of cumulative 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

Thus, among the over 1.2 million inmates in state prisons at the end of 2000 were approximately 250,000 with histories of IDU and 111,000 with histories of needle sharing, up from 170,000 and 85,000 in 1991 respectively. Given the high HIV prevalence rates among IDUs and needle-sharers, prisons may face enormous future costs of providing medical care to inmates infected with HIV or with AIDS.

Table 9.1

Injection Drug Use Among Prisoners (%)

	All Inmates		Regular Drug Users		Nonusing Drug Law Violators		Alcohol-Involved Offenders	
	State	Federal	State	Federal	State	Federal	State	Federal
Ever injected drugs	20	12	28	21	2	^a	4	5
Ever shared needles	9	5	13	9	^a	^a	1	1

^a Less than one percent.

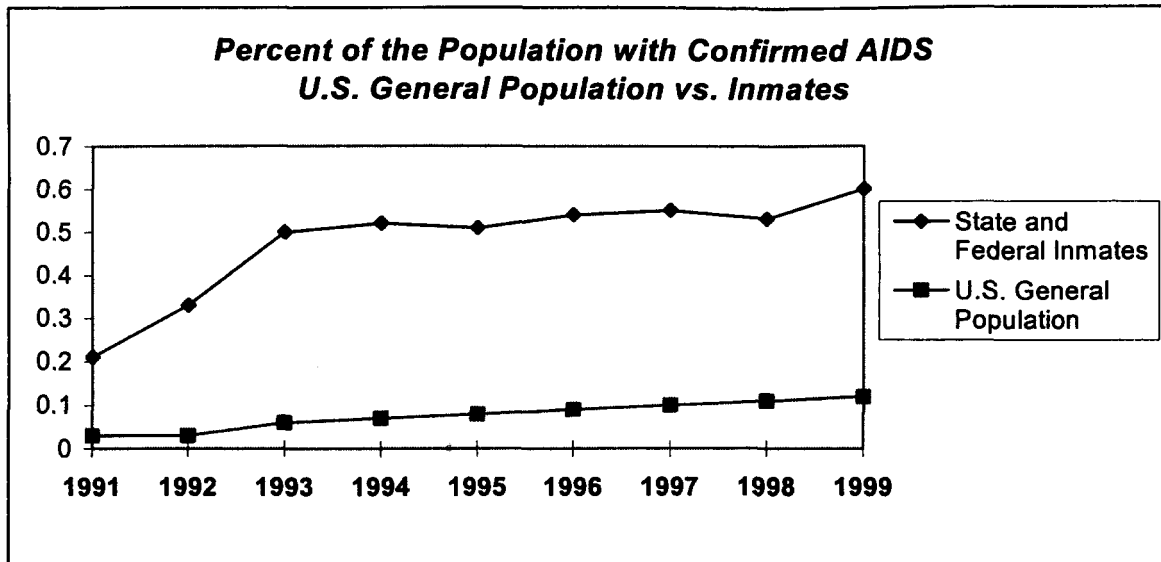
Non-injection drug use can also put offenders at risk for HIV. Crack smokers in the criminal justice system have a relatively high risk of HIV infection from engaging in sex with multiple partners.⁵ Female crack smokers tend to have more sex partners, are more likely than other female drug users to exchange sex for drugs, and have a higher prevalence of HIV infection in comparison to other female drug users.⁶ In 2000, state prisons contained an estimated 280,000 inmates who had used crack, including more than 200,000 who had used crack regularly.

HIV and AIDS in Prisons

The increased arrests of substance-abusing offenders during the past 15 years has moved large numbers of people at risk for HIV into the criminal justice system.⁷ Offender populations have relatively high rates of drug use and injection drug use, unstable living conditions, high prevalence of infectious diseases, and social networks comprised of other high-risk individuals, all of which places them at high risk for HIV infection and AIDS. As discussed above, HIV and AIDS among inmates are primarily related to drug abuse and its associated risk behaviors. At the end of 1999, there were an estimated 25,757 HIV-positive inmates in state and federal prisons--the HIV prevalence rate was 2.3 percent in state prisons and 0.9 percent in federal prisons.⁸

In addition to high HIV infection rates, the number of prison inmates with confirmed AIDS increased from 179 in 1985 to 6,642 in 1999, although with the advent of new antiviral medications the growth in new AIDS cases has stabilized.⁹ In 1999, the percent of inmates with confirmed AIDS (0.6 percent) was still five times higher among state and federal inmates than in the general U.S. population (0.12 percent).¹⁰ (Figure 9.A).

Figure 9.A



Source: Maruschak, L. (1999). HIV in prisons and jails, 1996. In T. Hammett, P. Harmon, and Maruschak, L. *1996-1997 Update: HIV/AIDS, STDs and TB in correctional facilities*. (pp. 5-19). Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice; Maruschak, L.M. (2001). HIV in prisons and jails, 1999. *Bureau of Justice Statistics Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

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." The number of AIDS-related deaths in prisons increased by 94 percent from 1991 to 1995.¹¹ However, the percentage of state inmate deaths due to AIDS fell from 28 percent in 1991 to 8 percent in 1999. By comparison, only 5 percent of deaths in the general population (aged 15 to 54) are attributable to AIDS.¹² As of 1999, at least 4,588 adult inmates had died in prison or jail as a result of AIDS.¹³

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 have been attributed to injection drug use.¹⁴

Prison-Based HIV Education and Prevention Services

A 1997 survey of prison and jail systems found that 94 percent of state and federal prison systems and 73 percent of city/county jail systems provided at least some instructor-led AIDS

education.¹⁵ But the education was mandatory for incoming inmates in only 71 percent of prison systems and 5 percent of the jail systems in the 1997 survey and in systems that reported providing multi-session prevention counseling in all of their facilities, only 59 percent of the facilities actually offered such a program.¹⁶

There has been little evaluation of these programs, but existing prison-based HIV education may have some limitations for reducing risk behaviors among inmates. Large numbers of inmates receive only written HIV education material. Only 13 percent of prison facilities and 3 percent of jail facilities provided peer education programs, despite evidence that peer education can be effective in inducing offenders to reduce HIV risk behaviors once released from prison.¹⁷

African-Americans and Hispanics are at disproportionate risk of incarceration for drug-related crimes and for HIV infection, yet these groups have historically underutilized health-related services.¹⁸ They have often gone outside the health care system for their health care needs and have used socially and culturally sanctioned alternatives, such as botanicas.*¹⁹ This population often delays seeking treatment, does not follow treatment plans, or drops out of treatment based on negative perceptions of health care providers.²⁰ These factors may have a direct impact on the use of treatment and related health services, such as volunteering for drug treatment programs, and obtaining HIV testing, and obtaining early medical treatment if seropositive. In 2000, 49 percent of reported newly diagnosed AIDS cases nationally were among black non-Hispanics, 20 percent among Hispanics.²¹ Only 39 percent of prison and 49 percent of jail systems provide HIV education in Spanish, yet Hispanic inmates tend to have a lower level of HIV knowledge.²²

* Botanicas are stores that sell herbs or other alternative healing articles, primarily in Hispanic neighborhoods.

Few state prison programs have implemented many of the key elements of the National Commission on AIDS guidelines for prison-based HIV services, although these guidelines were developed nearly ten years ago.²³ For example, only 11 of 51 state correctional systems in 1997 had mandatory HIV education at intake.²⁴ Only 10 systems had pre/post-test HIV counseling in all facilities, only four states provided specific information on how to clean injection equipment, and only four states

offered peer counseling or inmate involvement in the education program. Finally, issues of language, gender, race, and culture were essentially being ignored by prison HIV education programs.²⁵

Services for HIV-Positive Inmates and Inmates with AIDS

Some studies suggest that the medical treatment received by HIV-infected inmates or inmates with AIDS is inadequate and led by untrained and insensitive personnel.²⁶ Others argue that HIV/AIDS-infected inmates receive better quality care in prison than they would in the community.²⁷ Generally, medical care and supportive services for HIV/AIDS-infected inmates is

Recommendations by the National Commission on AIDS for prison-based HIV services

- (1) Mandatory AIDS education for incoming inmates and all prison staff*
- (2) Confidential HIV testing and counseling*
- (3) Risk reduction support groups*
- (4) Peer education in prevention programs*
- (5) Administrative support for risk reduction efforts and for humane treatment of HIV/AIDS patients*
- (6) Skills-building for inmates to protect them from HIV infection inside and out of prison*
- (7) HIV education programs linked to other health and social services*
- (8) Address unique needs of female inmates*
- (9) Inmate input into design and operation of HIV education programs*
- (10) HIV programs in all types of correctional facilities*
- (11) Improve coordination among correctional and related health and AIDS agencies in designing and implementing education programs.*

reported to be uneven in quality and availability. Psychosocial and supportive services are often too sparsely available and/or ill-equipped to meet the needs of the inmate population affected by HIV/AIDS.²⁸ There are insufficient professional staff to provide psychosocial and supportive services, full-time specialized counselors, or peer counselors for HIV-infected inmates. The absence of these supports can be problematic for inmates who may be experiencing severe psychological difficulties stemming from coping with their disease, particularly within a prison setting.²⁹ Although many prison facilities provide antiviral medications to infected inmates, access to these drugs may be problematic. For example, inmates who take such medications may be labeled as infected and stigmatized by other inmates or correctional staff. Continuing access to antiviral medications may be disrupted when inmates are released from custody. For example, inmates may fail to adhere to the regimen, be unable to maintain access to the antiretroviral medications, develop serious drug resistance, or transmit drug-resistant HIV to others.³⁰

HIV and AIDS in Local Jails

Like state prison inmates, large numbers of local jail inmates have histories of IDU and related high-risk behavior, and many inmates are already HIV-positive or have AIDS (Table 9.2). Nationally, 17 percent of jail inmates report that they have injected drugs, and seven percent have shared needles. At the end of 1999, about 1.7 percent of inmates in surveyed local jails were either HIV-positive (8,615 inmates) or had AIDS (1,888 inmates).^{* 31} Larger jail jurisdictions held a greater share of HIV/AIDS-infected inmates--with about 2.3 percent of their populations affected.³²

^{*} Reporting jails housed approximately 83 percent of all jail inmates.

Between June 30, 1998, and June 30, 1999, at least 78 jail inmates died of AIDS-related causes.*³³ This represents 9 percent of all reported inmate deaths, making AIDS the third leading cause of death among jail inmates.³⁴

HIV/AIDS Education and Prevention in Jails

Jails and prisons offer an opportune moment to reach high-risk substance-involved inmates with information about HIV and AIDS, information they can take with them when they return to their communities. However, HIV/AIDS education is underdeveloped in most jail facilities. Of the 41 jail systems responding to a 1999 National Institute of Justice/Centers for Disease Control and Prevention survey, only 73 percent offered face-to-face sessions led by trained instructors (however, this is an increase from 62 percent in 1994).³⁵ Only seven percent offered peer education programs (Table 9.3).

* Reporting jails housed approximately 93 percent of all jail inmates.

Table 9.2

***Jail Jurisdictions with the Highest Proportion of Inmates with HIV/AIDS
(In 38 of the 50 largest jail jurisdictions)
as of June 30, 1999***

	Total known to be HIV positive	HIV/AIDS cases as a percent of total custody population
Palm Beach Co., FL	274	10.6
New York City, NY	1,165	7.1
King Co., WA	140	5.8
Essex Co., NJ	85	5.2
San Fran Co., CA	106	4.9
Baltimore City, MD	150	4.8
Fulton Co., GA	156	4.6
Allegheny Co., PA	10	3.8
Philadelphia, PA	208	3.3
Hudson Co., NJ	62	3.2

Source: Maruschak, L. (2001) *HIV in prisons and jails, 1999*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Table 9.3

HIV/AIDS Education and Prevention for Inmates in 41 U.S. City/County Jail Systems (%), 1997*

Instructor-led education	73
Peer education programs	7
Pre/Post Test counseling	93
Videos/Audiovisuals	78
Written materials	90

Source: Hammett, T., Harmon, P., & Maruschak, L.M. (1999). *1996-1997 Update: HIV/AIDS, STDs, and TB in correctional facilities*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

* Programs provided in at least one facility in the reporting jail systems.

How Can Correctional Systems Reduce the Risk of HIV/AIDS?

Given that even limited or brief education and prevention interventions can reduce HIV risk behaviors associated with drug use, it is crucial to maximize the exposure of inmate populations to such services.³⁶ We need to learn more about offenders' knowledge about AIDS and HIV transmission, their HIV-related service needs, the barriers to behavioral change, the impact of the HIV education messages received, and their level of access to drug treatment services. Although there are serious service gaps for offenders, there is also little empirical research about the barriers to service delivery and models for more effective service delivery.³⁷

Partnerships between state and local health departments and correctional systems can be mechanisms for assuring that more extensive and effective HIV services are made available to inmates in the facilities and after release into the community. For example, both the New York State Department of Health, through its AIDS Institute Criminal Justice Initiative, and the New York City Department of Health, through its HIV Prevention Planning Group, have attempted to develop, coordinate, and fund some HIV initiatives in the criminal justice system.

HIV/AIDS Knowledge and Reducing Risk Behaviors

HIV education programs that teach specific risk reduction techniques and evaluate HIV knowledge are needed to address drug-related risk behaviors among inmates. Further, there is a need to carefully analyze the content of education efforts in order to properly evaluate their impact.³⁸ Some risk behaviors among IDUs are difficult to change, knowledge may be only superficial, myths about AIDS transmission and protection may persist, and offenders may lack important details about preventing transmission (e.g., the risks of sharing injection drug paraphernalia such as cookers, rinse water, and cotton as well as needles).³⁹ Yet substantial

evidence exists that IDUs are concerned about their risk of AIDS and are willing to modify drug-using behaviors if given the right tools.⁴⁰

Researchers have noted that for effective HIV education interventions, information about HIV risk behaviors alone is not sufficient to yield a reduction in risk behaviors.⁴¹ Multiple sources of information are needed to support and reinforce behavioral changes. This suggests that prison-based HIV education interventions should include specific, practical instructions about condom use and needle disinfection, for example, and that efforts be made to link offenders to community-based HIV interventions.⁴² Yet most corrections officials and prison wardens reject the idea of providing condom or bleach instruction to inmates because they believe such policies would be viewed as condoning behaviors that are proscribed in prisons.⁴³

Further, prison or jail HIV education services typically fail to recognize that HIV risk behaviors cannot be considered in isolation. Such behaviors must be viewed in the larger social context in which criminal offenders exist: poverty, racism, poor health and nutrition habits, inadequate educational opportunities, and social dysfunction.⁴⁴ Hence it is not surprising that the few existing evaluations of prison, jail, and other HIV education/prevention programs have found at best only limited, inconsistent, or temporary effects on subsequent HIV risk behaviors.⁴⁵

HIV Education Services in Jails

Jail-based HIV/AIDS education programs need to incorporate the principles and techniques outlined above. But because offenders often recycle very rapidly through jails, it is more difficult to provide intensive, long-term education and treatment for HIV/AIDS. This increases the importance of quickly reaching offenders who are detained in jail with as clear and thorough information as possible. With limited time to make an impact on the behavior of jail inmates, it is crucial to use more intensive programs like instructor-led sessions, peer education

programs, counseling sessions, and linkage to community-based HIV education and prevention programs and substance abuse treatment programs.

In sum, there are a number of potential barriers to effective HIV service delivery in prisons and jails:

- there is no broad access to services;
- live trainers, preferable to printed or audiovisual materials, are not used;
- high turnover rates for jail inmates make interventions in that setting difficult;
- drug treatment in conjunction with HIV education to reduce injection drug use is not widely available;
- staff training is not regularly provided and updated;
- a mix of training material types is not used, and inmates have no opportunity to ask specific questions;
- correctional staff are not always committed to HIV education--staff and inmates should be involved in curriculum development so that the intervention is appropriate and culturally relevant or sensitive;
- trainers/educators may lack credibility--HIV education efforts are enhanced by an honest and straightforward approach, perhaps by peer educators, and by the delivery of consistent information;
- there is a lack of standardized curricula and materials across sites; and
- HIV information is not keyed to the inmates' specific areas of concerns.

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.

Conclusion

The growth in arrests, prosecution and incarceration of substance-abusing offenders has increased the number of people at risk for HIV in the criminal justice system. These offenders

often bring with them relatively high rates of HIV infection and behaviors that increase their risk of contracting HIV and AIDS. A large number of state, federal, and jail inmates report histories of injection drug use (the second most common means of exposure to HIV in the U.S.), as well as needle sharing. In 1999, the percentage of inmates with confirmed AIDS was five times higher among state and federal inmates than in the general U.S. population. In addition, AIDS has become the second leading cause of state inmate deaths. One important consequence of the high prevalence rates of HIV and AIDS is future costs of providing appropriate medical care to inmates infected with HIV and AIDS.

Most state and federal prisons and jail facilities provide at least some instructor-led AIDS education programs. However, prison-based HIV education and prevention services often rely too heavily on written HIV education materials. Few facilities offer any peer education programs that have been found to be effective in the reduction of HIV risk behaviors upon release from prison. Additionally, African-Americans and Hispanics are at disproportionate risk of incarceration for drug-related crimes and for HIV infection, yet corrections-based HIV programs are not always sensitive to important aspects of culture, race (as well as gender) that affect the response to HIV risk reduction programs.

Few correctional systems have implemented key elements of the National Commission on AIDS guidelines for prison-based HIV services. For example, prisons often do not provide information on cleaning injection equipment or proper condom use. Programs that are available are often rarely available or provide little psychosocial or supportive services. HIV/AIDS programs are also underdeveloped in most jail facilities. Overall, HIV education programs that teach risk reduction techniques, understand the barriers to behavioral change, and evaluate inmate HIV knowledge are needed to address the drug-related HIV risks among inmates.

Further, there must be more empirical research about effective models for providing needed services.

Chapter X

ESTIMATING THE NEED FOR DRUG TREATMENT AMONG INMATES

The preceding analyses of the most recent inmate survey data clearly point to extensive and growing histories of drug and alcohol involvement among incarcerated populations. It is also apparent that a minority of inmates with substance abuse problems participate in treatment programs while incarcerated. Further, we have seen that the substance-involved inmate population is heterogeneous: inmates have different intensities of substance involvement, and different constellations of other problems that require service intervention. Because it is unlikely that correctional systems will ever be able to provide “treatment on demand” to all inmates, especially long-term and intensive treatment, it is important to distinguish among different levels of treatment need. Not all inmates need intensive residential treatment, and some inmates can be served with short-term interventions. Essentially, we are proposing a “triage” model of service delivery in which comprehensive clinical assessment of substance abuse and other health and social problems would be used to track inmates into different levels of treatment need. The proposed model parallels the American Society of Addiction Medicine (ASAM) Patient Placement Care Criteria, which provides guidelines for placement of patients with drug problems in a hierarchy of five treatment settings ranging from early intervention through intensive inpatient treatment.¹ The ASAM placement criteria recognize the need for more intensive care and additional services where the drug problems and their consequences are more severe. Other researchers have linked a hierarchy of treatment intervention level to both severity of drug dependence and the severity of other social and health problems.²

In this chapter we estimate the need for different levels of drug treatment among inmates. We start with the basic hypothesis that the more severe the drug use, the more intensive the

necessary treatment.³ We also hypothesize that inmates with a greater number of other health and social problems will require more intensive intervention. For purposes of these analyses, we focus on drug treatment and do not take into account alcohol use. Most inmates have used alcohol and many have abused alcohol, but we assume that drug treatment interventions will also deal with alcohol problems. Separate analyses would be needed to estimate the number of inmates needing different types of alcohol treatment.

As a conceptual framework for the treatment needs analyses we use the typical sentencing guidelines grid that is used in the federal and many state court systems.⁴ In sentencing guideline grids, two dimensions are typically used to determine the type and length of a sentence: the severity of the current charge and the severity of the defendant's prior criminal record. Drawing on that schema, we start with two dimensions to determine the intensity of drug treatment needed: the severity of the inmate's drug problem on one axis and the number of other problems on the other axis.* A third dimension is added within each cell: whether the inmate has reported experiencing three or more drug-related problems in their lifetime. The purpose of this other measure is to add "depth" to the estimated drug severity measure so that we do not rely solely on quantity/frequency measures of drug use, but also take into account the extent to which the inmate has experienced negative consequences as a result of his or her drug use.

Finally, for these analyses we propose four levels of treatment need:

- no treatment indicated (for inmates showing low levels of drug use, drug-related problems, and other problems);
- short-term intervention;
- outpatient treatment;
- residential treatment (for inmates with recent histories of frequent hard drug use, three or more drug-related problems, and a relatively high number of other problems).

* As in previous chapters, other problems include evidence of psychological, educational, employment, housing, health, or a history of sexual or physical abuse.

Table 10.1 shows the Treatment Needs grid. Using our classification of drug use severity (see Chapter III), the Y-axis is scaled from the least severe drug use category (never used hard drugs and did not use marijuana in the month prior to the offense) to the most severe category (in the month prior to the offense used hard drug[s] daily or used multiple hard drugs monthly or more often). The X-axis counts the number of other problems, ranging from 0 to 5. We further divide each cell of the grid according to whether the inmate has reported three or more drug-related problems.* By this schema, the lower right corner of the grid represents the most severely impaired inmates, who would need the most intensive treatment. The upper left part of the grid represents the least impaired inmates, who would probably not need any treatment or fairly minimal intervention.

We made several assumptions in applying a type of treatment to each of the cells in the grid. First, we assumed that any inmate in the most severe drug use category, regardless of the number of other problems or drug-related problems, should receive residential treatment while incarcerated. Second, we assumed that any inmate who has ever used non-marijuana illegal drugs should, at a minimum, receive outpatient treatment. Third, we assumed that having multiple other problems implies a need for more intensive treatment than would otherwise be suggested by drug use pattern alone. Finally, we assume that having had three or more drug-related problems should move an inmate up one level of intensity of treatment.

* These problems include ever having driven while under the influence of a drug, had an accident while under the influence, had arguments with family or friends while under the influence, gotten into a physical fight while under the influence, lost a job because of drug use, or had job or school trouble because of drug use.

We recognize that these treatment needs assignments are somewhat subjective and that others could make other assumptions about the types of treatment needed for inmates with different characteristics. We present these findings as one reasonable scenario to illustrate the potential types of treatment needs in the inmate population. Correctional officials and policy makers may be more or less conservative or cost-conscious in estimating the treatment needs for their correctional system. The basic underlying concept should not change, however: more extensive drug use, more drug-related problems, and more other problems should indicate a need for more intensive treatment.

Using this framework, we calculated prevalence estimates for each of the cells in the grid for the three correctional systems (state, federal, and local jail), based on the 1995-7 inmate survey data. We calculated prevalence rates separately for male and female inmates because most systems house males and females in separate facilities, and treatment programs would have to be sited separately as well. In order to estimate the actual number of treatment slots needed, we used the inmate populations as of 2000 and applied the prevalence estimates to these figures (Table 10.2).⁵

Table 10.2

Total Number of Inmates, 2000

	Male	Female	Total
State	1,155,109	81,367	1,236,476
Federal	135,171	10,245	145,416
Jail	543,120	70,414	621,149

Source: Beck, A.J. & Harrison, P.M. (2001). Prisoners in 2000. *Bureau of Justice Statistics Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Beck, A.J. & Karberg, J.C. (2001). Prison and jail inmates at midyear 2000. *Bureau of Justice Statistics Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Results

Tables 10.3 through 10.5 present the prevalence estimates for each treatment type. In state prisons, our analyses yield an estimate that at the end of 2000, there was a need for 363,295 residential beds and 216,061 outpatient slots for males and 42,558 residential beds and 13,140 outpatient slots for females. Female state prison inmates have a much higher estimated need for residential treatment (52 percent of female inmates) than males (32 percent). We estimate that about 30 percent of male state inmates and 23 percent of females needed no drug treatment intervention.

A lower percentage of federal prison inmates were projected to need treatment than state inmates. Our analyses indicate that 22 percent of male federal inmates (29,583) need residential treatment, as do 24 percent of females (2,487). Almost two-fifths (39 percent) of male federal inmates and 48 percent of females are estimated to need no drug treatment intervention.

In local jails, the treatment need prevalence estimates are similar to those for state prisons. We estimate that in 2000 there was a need for 167,067 male and 34,743 female residential beds, and 101,622 and 13,560 female outpatient slots.

Given the relative lack of treatment availability in prisons and jails (see Chapter VI), It should not be surprising that the estimated treatment needs are well beyond the actual number of treatment beds or slots currently available in prisons and jails. The challenge for correctional systems, legislators, and policy makers will be to achieve substantial expansion of treatment capacity. Although the initial funding outlay and logistical issues would be considerable, we believe that an extensive expansion of treatment access is needed to begin to meet the demand for such services. The long-term payoffs in terms of reduced recidivism, easier transition to the community following release, and reduced drug abuse are likely to be substantial.⁶

Table 10.3

*Estimated Drug Treatment Resource Needs,
2000, by Gender
State Prison*

	Male		Female	
	N	%	N	%
Residential	363,295	31.5	42,558	52.3
Outpatient	216,061	18.7	13,140	16.1
Short-Term Intervention	233,835	20.2	6,789	8.3
No Drug Treatment Needed	341,918	29.6	18,880	23.2
Total	1,155,109	100.0	81,367	100.0

Table 10.4

*Estimated Drug Treatment Resource Needs,
2000, by Gender
Federal Prison*

	Male		Female	
	N	%	N	%
Residential	29,583	21.9	2,487	24.3
Outpatient	19,458	14.4	1,650	16.1
Short-Term Intervention	34,130	25.3	1,209	11.8
No Drug Treatment Needed	52,000	38.5	4,900	47.9
Total	135,171	100.0	10,245	100.0

Table 10.5

*Estimated Drug Treatment Resource Needs,
2000, by Gender
Jail*

	Male		Female	
	N	%	N	%
Residential	167,067	30.8	34,743	49.3
Outpatient	101,622	18.7	13,560	19.3
Short-Term Intervention	117,291	21.6	5,627	8.0
No Drug Treatment Needed	157,140	28.9	16,485	23.4
Total	543,120	100.0	70,414	100.0

Conclusion

The treatment needs of inmates vary. For example, some inmates can be served by short-term treatment, while others may need intensive residential treatment. Using a schematic framework based on the severity of the drug use, number of other problem areas, and a history of three or more drug-related programs, we estimated the need for four levels of drug treatment interventions. The results show that female inmates in state prison have a higher estimated need for residential treatment than men. In addition, inmates in state prisons and jails have greater treatment needs than those in federal prisons. These results highlight the substantial gap between treatment slot needs and the actual number of treatment slots currently available in prisons and jails. The data, and the research literature on prison-based treatment, suggest the need for an investment in more extensive and intensive treatment to deal with inmates' drug-related problems coupled with aftercare services in the community following release.

Chapter XI

CONCLUSIONS

America's prisons have become a major growth industry and the nation now has one of the highest incarceration rates in the world. There were more than 2 million inmates in custody at the end of 2000, nearly a four-fold increase since 1980. Paying for these inmates has become an excessive burden on state and local budgets. Between 1980 and 2000, the cost of construction, maintenance, and operation of prisons and jails increased from \$7 billion to \$43 billion.

To a large extent, the growth in the inmate population reflects law enforcement and criminal justice policies toward drug offenders and the close links between substance abuse and crime. Our analyses of the 1995-1997 national inmate surveys find that the preponderance of inmates have histories of alcohol or drug involvement: 82 percent of state, 86 percent of federal, and 85 percent of local jail inmates had violated drug or alcohol laws, were under the influence of drugs or alcohol during their offense, committed a crime to get money to buy drugs, have a history of drug or alcohol abuse and addiction, or share some combination of these characteristics.

Most inmates, regardless of the type of offense they had committed, have histories of illegal drug use. For example, 69 percent of state, 56 percent of federal, and 64 percent of jail inmates have used an illegal drug regularly in their lives, and most inmates with histories of drug use were using during the month prior to committing their offense. Nearly one-third of state inmates and one-quarter of jail inmates had experienced three or more drug-related problems during their lives.

Chronic alcohol use is also common among inmates. About one-quarter of inmates used alcohol daily or almost daily during the year prior to their offense. One-quarter of state and local inmates had three or more positive responses to the CAGE screening instrument, indicative of an

alcohol problem. No matter what type of crime they had been incarcerated for, about half of inmates were under the influence of drugs, alcohol, or both, at the time they committed their offense. Inmates who were drinking at the time of their offense consumed large amounts of alcohol, especially those committing violent crimes. All drug use prevalence indicators increased from the previous inmate surveys conducted between 1989 and 1991.

From 1980 to 1997, the proportion of the state prison population who were incarcerated for drug law violations more than tripled, from six percent to 21 percent, while the proportion incarcerated for violent and property crimes declined. Similar patterns occurred in federal prisons and local jails.

Given the financial resources needed to support addiction, involvement with highly criminal drug-using subcultures, high conviction and incarceration rates for drug law violators, and the presence of mandatory minimum sentencing laws in most states, chronic untreated drug and alcohol abuse is likely to lead to rearrest and reincarceration.

High rates of recidivism among substance-involved and other inmates have contributed to the growth of our prisons and jails. The more prior convictions an individual has, the more likely that individual is a regular drug user, and 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 almost doubles the likelihood that state inmates will have had at least two prior incarcerations. Moreover, substance-involved inmates are more likely to have been on probation or parole at the time of their offense than other inmates.

In order to identify different patterns of substance use and levels of drug use severity among inmates, we created two classification schemes. In the first typology, we found that more than two-thirds of state and local inmates, and 56 percent of federal had histories of regular drug use. An additional nine percent of state, five percent of federal, and 14 percent of jail inmates were classified as alcohol-involved (they were not regular drug users but had an indication of an alcohol-related problem). An additional four percent of state and local inmates, and 23 percent of federal inmates, were classified as non-using drug law violators.

In a second classification, we created a scale of severity of drug use, and found that more than one-quarter of state and local, and about one-fifth of federal inmates, were in the most severe drug use category. About one-third of inmates in each system were in the least severe category.

With important implications for the more effective delivery of corrections-based treatment and other health and social services, we found that a history of involvement with drugs or alcohol distinguished inmates on a number of dimensions. Compared with other inmates, substantial proportions of substance-involved inmates were unemployed at the time of their offense, had no high school diploma, earned money through illegal income, spent time as a child in foster homes or institutions, had parents and peers who were involved in substance abuse and crime, or had histories of victimization from physical or sexual abuse. Women inmates in particular have a high prevalence of victimization from abuse.

Histories of prior mental health treatment are more common among substance-involved inmates, and indications of mental health problems have increased since the previous inmate surveys. Medical problems were common among inmates but did not differ substantially by substance involvement. Inmates have relatively high rates of HIV infection and about one-quarter of state and local inmates have histories of injection drug use, putting them at risk for HIV

infection. Yet adequate HIV education and prevention services are lacking in most correctional facilities. The inmate survey data indicate that correctional systems are not meeting the service needs of inmates. Most inmates who have histories of psychological, educational, or employment problems had not received services to address those problems since their admission to prison or jail. In general, the more severe the inmates' drug use histories, the greater the number of other problems that they reported.

Despite encouraging findings on the efficacy of prison-based residential substance abuse treatment (linked to aftercare services in the community) and the ever-increasing number of inmates in need of such treatment, the availability of treatment remains far lower than the need. Treatment participation rates in state and local facilities actually appear to have declined somewhat since the previous national inmate surveys. And most of this treatment is relatively short-term, non-intensive drug education, or 12-step groups such as Alcoholics Anonymous or Narcotics Anonymous, rather than the more intensive long-term psychotherapeutic or residential treatment needed by many inmates.

Our estimates of the projected need for treatment slots suggests that correctional systems need to greatly expand treatment capacity. In all correctional systems, a majority of inmates need drug or alcohol treatment, and large numbers need intensive residential treatment. Current capacity is woefully inadequate, and expanding treatment access will be a real challenge for correctional systems. Finding the resources to fund new capacity, recruiting and training treatment staff, locating space, motivating inmates to engage in treatment, determining the optimal timing of treatment delivery during incarceration, and resolving the tension between punitive and rehabilitative models of corrections are considerable barriers to overcome.

Yet, every year our prison and jail doors open to release to the community tens of thousands of untreated substance-involved offenders. Recidivism rates among untreated inmates are high, and the lack of treatment access both within correctional facilities and following release to the community contributes to continued prison growth, illegal drug markets, and crime problems.

Designing and administering effective substance abuse treatment services in correctional settings also requires attention to a range of inmate needs. Prison treatment alone, although necessary, is not sufficient to break the drug-crime cycle for many inmates. Even if more treatment were available, many substance-abusing inmates have other problems, such as mental or physical health needs and educational and vocational deficiencies that complicate the treatment and recovery process. The many social and legal consequences of incarceration must also be recognized as they impact the continuation of treatment and employability of inmates after they are released on parole. Research on prison-based residential treatment indicates that long-term impacts are greatly enhanced when released inmates engage in aftercare treatment services in the community.¹

As corollaries to expanded treatment capacity, correctional systems must improve the process of assessment. Incoming inmates should be routinely assessed for substance abuse and related problems using clinically validated instruments. More research and more sophisticated data collection and analysis are needed on the operations and impact of correctional treatment and aftercare services. Treatment programs for inmates and parolees should continue to be tested and evaluated to determine which modalities work best for which offenders. In the past, most correctional treatment research has focused on therapeutic community models. More research on the key elements of treatment that reduce relapse and reduce recidivism should also be

encouraged. It is also important to learn more about how to increase inmate participation in treatment, education, and job training programs. Finally, corrections departments must improve and increase staff training 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 more effectively assist inmates in the recovery process. Parole and Probation departments must also assure that their staff is trained to deal with alcohol and drug abuse, and to assist parolees and probationers in locating addiction services and staying in treatment. State substance abuse, health, and education policy makers need to expand training for substance abuse counselors to increase the number of qualified counselors available for expanded corrections-based treatment. Treatment and recovery issues raised by the particular needs and problems faced by inmates should be incorporated into substance abuse counseling curricula.

Most of these changes in policies need to be developed and implemented at the state and local level if they are to reduce the economic and social costs of incarcerating substance abusers and addicts in state prisons and local jails. Continuing federal leadership is also needed to (1) support national research on correctional treatment and the impacts of alternatives to incarceration; (2) guide the development of and provide funding for program demonstrations; (3) disseminate information about best practices and research findings to policy makers; (4) help provide training and technical assistance for practitioners in the criminal justice and treatment communities; and (5) provide funding for expanding treatment access for prison inmates and offenders in other parts of the criminal justice system.

Expanding access to substance abuse treatment and other services during and after incarceration will require a major shift in priorities and in the way we conceive of crime and punishment, as well as a substantial initial financial investment in expanded treatment and other

services. However, the potential rewards are enormous in terms of reduced crime, incarceration, recidivism, and addiction.

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SUMMARY OF BJS INMATE SURVEY METHODOLOGY

The most recent Survey of Inmates in State Correctional Facilities (SISCF) and Survey of Inmates in Federal Correctional Facilities (SIFCF) were conducted by the U.S. Bureau of the Census from June to October 1997, under sponsorship of the Bureau of Justice Statistics. A total of 14,285 state and 4,041 federal inmates were interviewed; the response rates for those selected for the interview were high: 92.5% for state inmates and 90.2% for federal inmates (see Mumola, 1999 for details on the sampling methodology). The most recent Survey of Inmates in Local Jails was conducted for the Bureau of Justice Statistics by the U.S. Bureau of the Census from October 1995 to March 1996. A total of 6,133 local jail inmates were interviewed; the response rates for those selected for the interview was 86.3% (see Harlow, 1998 for details on the sampling methodology).

Sample selection and weighting procedures are described below for the three inmate surveys. For all analyses, we applied the total sample weights to adjust for the probability that the respondent was selected for an interview, and to allow the projection of the results to the full prison and jail inmate populations.

The Survey Instrument. The *Survey of Inmates of Correctional Facilities* contains 12 sections, with questions on current and past crimes, current and past incarcerations, prison infractions, drug and alcohol use, participation in substance abuse treatment and other programs in and out of prison, and socioeconomic characteristics. Crime-related questions include details about the current offense (e.g. offense codes, victim characteristics, guns) and incarceration (e.g., when respondent was arrested, charges, time in prison). Additional questions cover the inmate's offense history (previous convictions, incarcerations, and sentences to probation, types of prior offenses) and involvement in

prison work programs. Detailed questions are also included on drug use and drug treatment. Respondents were asked if they had ever used various drugs (heroin, other opiates, cocaine, crack, amphetamines, methamphetamines, quaaludes, barbiturates, tranquilizers, PCP, LSD, inhalants, marijuana), how old they were when they first tried each drug, and frequency and recency of use. Additional questions ask whether or not the offender was under the influence of the various drugs at the time he or she committed offences. Detailed questions are also asked about previous or current involvement in drug treatment programs. Questions include the type of program, how often and for how long the offender had been attending the program(s), and whether or not the offender was attending such program(s) while in prison. Alcohol use and treatment questions cover topics such as: how often the offender drinks; how much the offender drinks; whether or not the offender was under the influence of alcohol when he or she committed the crime for which they were incarcerated; and the types of prevention, education or treatment programs the offender has ever attended (or is currently attending). The newer inmate surveys employed computer-assisted personal interview (CAPI) methods. It is not known how this survey administration technique affected the responses to sensitive questions about illegal drug use or criminal activity.

Sampling Methods: 1997 Survey of Inmates in State and Federal Correctional Facilities

The samples for the SIFCF and SISCF were selected from a universe of 127 federal prisons and 1,409 state prisons enumerated in the 1995 census of State and Federal Adult Correctional Facilities, or that were opened after that census and before June 30, 1996. The

sample design for both surveys was a stratified two-stage selection in which prison facilities were first selected and then inmates in those prisons.

Overall, 32 male facilities and eight female facilities were selected for the federal survey; all participated. For the state survey, 280 prisons were selected: 260 male facilities and 60 female.

In the second stage, inmates were sampled 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. A total of 4,041 interviews were completed for the federal survey and 14,285 for the state survey, for overall response rates of 90.2 percent in the federal survey and 92.5 percent in the state survey. The one substantive change from the 1991 survey was that the 1997 survey used computer assisted personal interviews (CAPI).

Sampling Methods: 1995-1996 Survey of Inmates in Local Jails

The sample for the 1995-1996 survey was selected from a universe of 3,328 jails that were enumerated in the 1993 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 462 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. A total of 6,133 interviews were completed.

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 1993 National Jail Census and the 1995 Annual Survey of Jails. As with the prison surveys, a substantive change from the 1989 jail inmate survey was that the 1995-1996 interviews were computer-assisted personal interviews (CAPI).

For both the prison and jail inmate surveys, weighting factors are included that are calculated from the probabilities that the respondent was selected for the sample, adjusting for variable nonresponse rates across selection strata, inmate respondent characteristics, and offense types. These weights allow the data from the surveyed inmates to be projected to the entire inmate populations for the years in which the surveys were conducted.

APPENDIX B

TRUTH IN SENTENCING POLICIES

“TRUTH-IN-SENTENCING” POLICIES

Since the early 1980s, sentencing policies have become more restrictive in response to widespread “get tough on crime attitudes” that have dominated both politics and media. States increased the severity of sentencing laws, restricting the possibility of early release by requiring offender to serve a substantial portion of their prison sentence. Such laws came to be known as truth-in-sentencing laws.¹ In addition, parole eligibility, earned time, and good-time credits are often restricted or eliminated. For example, states such as Florida, Mississippi, and Ohio now require all offenders to serve a substantial portion of their sentence, generally spanning from 50 to 100 percent of a minimum sentence.² For example, New York and Virginia require felony offenders to serve at least 85 percent of their sentence while offenders in Nevada must serve 100 percent of the minimum prison term. The definition of truth-in-sentencing can vary from state to state, along with the percent of time required to be served and the crimes covered by the laws. Under the Violent Crime Control and Law Enforcement Act of 1994 (the “Violent Crime Act”), the U.S. Congress authorized funding for the construction of state prisons and jails for states that met the eligibility criteria for the truth-in-sentencing program.³ Overall, the average length of sentences served increased from 38 percent in 1990 to 49 percent in 1999.⁴

Grants made to states under the Violent Crime Act are referred to as the Violent Offender Incarceration and Truth-in-Sentencing (VOITIS) incentive grant program and can be used both to build new facilities and to expand existing structures.⁵ In order to qualify for the grants, states must show that the average time served in prison for violent offenses is not less than 85 percent of the sentence. By the end of 2000, 29* states and the District of Columbia had adopted the

* Arizona, California, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Louisiana, Maine, Michigan, Minnesota, Mississippi, Missouri, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Utah, Virginia, Washington, Wisconsin

Federal truth-in-sentencing standards that require Part 1* violent offenders to serve no less than 85 percent of their prison sentence before becoming eligible for release.⁶ There are several states that have not adopted the federal standard. For example, Maryland and Texas have a 50 percent requirement for violent offenders while Nebraska and Indiana require all offenders to serve 50 percent of their sentence.⁷ Massachusetts requires 75 percent of a minimum prison sentence to be served while certain offenders in Arkansas must serve 70 percent of their sentence.⁸

One outcome of truth-in-sentencing legislation is the abolition of parole board release in many states. As of 1999, 14 states[†] had abolished early release by discretion of a parole board, with eight states abolishing parole board release during the same year truth-in-sentencing laws were passed.⁹ However, post-release supervision still exists and is generally referred to as community or supervised release with parole boards having the responsibility of setting conditions of release and having the authority to return offenders to prison.¹⁰ Mandatory parole releases increased by 91 percent increase between 1990 and 1999. Drug offenders accounted for 61 percent of the increase in annual releases from State prison to parole supervision between 1990 and 1999, while the number of property offenders decreased during that same time period. Overall, in 1999 discretionary releases from prison served 37 percent of their total prison sentence, while mandatory releases served 61 percent of their sentence.

* FBI Uniform Crime Report offenses which include murder, non-negligent manslaughter, rape, robbery, and aggravated assault.

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APPENDIX C

METHODOLOGY FOR CALCULATION OF ALCOHOL CONSUMPTION LEVELS AT TIME OF OFFENSE

Methodology for Calculation of Alcohol Consumption Levels at Time of Offense

In order to compare the amount of alcohol consumed at the time of the offense among inmates drinking different types of alcoholic beverages, we standardized consumption to the number of drinks that contain approximately 0.5 ounces of absolute alcohol.

According to standard published guidelines, 0.5 ounces of absolute alcohol is the approximate equivalent of one drink of most alcoholic beverages. 0.5 ounces of absolute alcohol can be found in the following approximate drink equivalents:

Ounces of Various Alcohol Beverages	Approximate ounces of absolute alcohol
12 ounces of 4% beer (one bottle)	0.48 ounces of absolute alcohol
5 ounces of 10% wine (small glass)	0.50 ounces of absolute alcohol
1.25 ounces of liquor (large shot)	0.51 (vodka, whiskey)-0.94 (151 proof rum) ounces of absolute alcohol
6 ounces of 8% malt liquor (40 ounce bottle)	0.48 ounces of absolute alcohol
20 ounces of 2.5% low alcohol beer (12 ounce bottle)	0.50 ounces of absolute alcohol
2.5 ounces of 20% fortified wine cooler (12.5 ounce bottle)	0.50 ounces of absolute alcohol

Using this scale, we standardized approximate ounces of beer, wine, liquor, malt liquor, low alcohol beer, and fortified wine that inmates reported they consumed and divided by the corresponding amount of absolute alcohol contained in those ounces of consumed beverages. This process yielded the number of drinks of 0.5 ounces of absolute alcohol each offender consumed at the time of the offense.

These absolute alcohol measurements represent approximate equivalents and will vary by type of alcohol and brand. More detailed information as to the type and brand of alcohol consumed (particularly for hard liquor) was not available from the inmate survey. This analysis was conducted for State and Federal Prison Inmates only.

Source:

Bailey, W.J. (1995). *Factline on Alcohol Doses, Measurements, and Blood Alcohol Levels*, 11(November). Indiana Prevention Resource Center. Indiana University. Retrieved from the World Wide Web on 11/21/01: <http://www.drugs.indiana.edu/publications/iprc/factline/alcdoses.html>

APPENDIX D

METHODOLOGY FOR CALCULATION OF TREATMENT NEED VS. NUMBER OF INMATES IN TREATMENT

METHODOLOGY FOR CALCULATION OF TREATMENT NEED VS. NUMBER OF INMATES IN TREATMENT

Treatment need was estimated for state and federal prisons for 1990-1999 assuming that 75 percent of all state inmates and 31 percent of all federal inmates for each year needed treatment, based on previous estimates by CASA and the U.S. General Accounting Office (CASA, 1998). Overall prison populations for each year were obtained from the Bureau of Justice Statistics website and BJS publications.

The estimated annual number of inmates participating in treatment was based on data from *The Corrections Yearbook, 1990-1999* (Camp and Camp, 1991-2000).

"Treatment," as reported by the prison systems of each state, the federal Bureau of Prisons, and the District of Columbia (N=52) can consist of a separate treatment unit, addiction groups, counseling, self-help groups, or a combination of the three. For each year, an average of 12 out of 52 systems did not report treatment participation data to *The Corrections Yearbook*, or reported illogical data (e.g. the number of inmates in treatment was greater than the state's entire prison population, or the number reported was grossly different from other survey years for that state). These outliers were disregarded from the analysis and treated the same as missing data. For years with missing data, the average number of inmates in treatment in that state across the other survey years was used as a replacement value. This method is different from that used in CASA's 1998 report, *Behind Bars: Substance Abuse and America's Prison Population*, which included data on treatment utilization for 1990-1996. In that report, data from all systems reporting for a given year were averaged and used to replace missing data for that year. We believe that the revised methodology used in the present report yields a more realistic estimate of the

number in treatment. Using the new methodology, we recalculated the data on treatment utilization from 1990-1996 for presentation in Figure 6.A.

The treatment participation data should be regarded as estimates because, as reported in *The Corrections Yearbook*, individual states do not use a standardized method of calculating treatment availability or inmate participation in programs. Prison systems and their administrators may use different definitions of treatment programs and calculations of participation. For example, in some systems participants may be double counted, and reported as participating in both addiction groups and separate unit treatment programs, while in other systems treatment numbers may be artificially low because some programs are overlooked.

APPENDIX E

**TREATMENT PARTICIPATION BY TYPE OF
SUBSTANCE USE**

Treatment Received Since Admission

Type of treatment	Regular Drug Users			Nonusing Drug Law Violators			Alcohol Involved Offenders		
	State	Federal	Jail	State	Federal	Jail	State	Federal	Jail
Self Help	26	16	10	15	3	2	28	15	7
Drug Education	15	23	5	8	8	0	14	12	2
Counseling	6	6	2	1	1	0	6	4	0
Residential	9	11	2	3	2	2	7	4	1

**Treatment History—State
Regular Drug Users**

Regular Drug Users					
Type of treatment	Ever	While under CJS	While Incarcerated	While on Probation/ Parole	Since Admission
Clinical/Medical					
Drug				16	15
Alcohol				11	10
Either	43	33	25	19	15
Self-Help/ Education					
Drug				17	26
Alcohol				14	23
Either	49	43	38	21	32
Either Clinical or Self-help					
Drug				24	36
Alcohol				19	27
Either	64	56	48	29	38

**Treatment History—State
Non-Using Drug Law Violators**

Nonusing Drug Law Violators					
Type of treatment	Ever	While under CJS	While Incarcerated	While on Probation/ Parole	Since Admission
Clinical/Medical					
Drug				1	2
Alcohol				2	2
Either	12	9	7	3	4
Self-Help/ Education					
Drug				5	13
Alcohol				5	11
Either	28	25	22	9	19
Either Clinical or Self-help					
Drug				6	14
Alcohol				6	12
Either	34	29	26	10	21

**Treatment History—State
Alcohol Involved Offenders**

Alcohol Involved Offenders					
Type of treatment	Ever	While under CJS	While Incarcerated	While on Probation/ Parole	Since Admission
Clinical/Medical					
Drug				1	2
Alcohol				11	12
Either	33	24	19	11	12
Self-Help/ Education					
Drug				2	7
Alcohol				14	30
Either	51	43	38	16	32
Either Clinical or Self-help					
Drug				3	8
Alcohol				19	35
Either	63	52	46	21	37

**Treatment History—Federal
Regular Drug Users**

Regular Drug Users					
Type of treatment	Ever	While under CJS	While Incarcerated	While on Probation/ Parole	Since Admission
Clinical/Medical					
Drug				11	13
Alcohol				7	10
Either	37	28	22	13	16
Self-Help/ Education					
Drug				13	30
Alcohol				10	23
Either	49	43	38	15	32
Either Clinical or Self-help					
Drug				18	32
Alcohol				13	28
Either	62	54	48	21	39

**Treatment History—Federal
Nonusing Drug Law Violators**

Nonusing Drug Law Violators					
Type of treatment	Ever	While under CJS	While Incarcerated	While on Probation/ Parole	Since Admission
Clinical/Medical					
Drug				1	3
Alcohol				1	2
Either	7	5	4	2	3
Self-Help/ Education					
Drug				1	8
Alcohol				1	7
Either	17	14	13	2	10
Either Clinical or Self-help					
Drug				2	10
Alcohol				2	9
Either	20	18	15	4	12

**Treatment History—Federal
Alcohol Involved Offenders**

Alcohol Involved Offenders					
Type of treatment	Ever	While under CJS	While Incarcerated	While on Probation/ Parole	Since Admission
Clinical/Medical					
Drug				2	1
Alcohol				4	7
Either	21	13	12	5	7
Self-Help/ Education					
Drug				2	6
Alcohol				11	21
Either	38	32	27	11	22
Either Clinical or Self-help					
Drug				3	6
Alcohol				12	24
Either	44	36	31	13	24

****NOTE: THE JAIL SURVEY INSTRUMENT DOES NOT BREAK DOWN ALCOHOL VS. DRUG PROGRAMS WHILE ON PROBATION/PAROLE. ONLY FOR "SINCE ADMISSION" IS THE INMATE ASKED TO SPECIFY ALCOHOL OR DRUG TREATMENT.**

**Treatment History—Jail
Regular Drug Users**

Regular Drug Users					
Type of treatment	Ever	While under CJS	While Incarcerated	While on Probation/ Parole	Since Admission
Clinical/Medical					
Drug					4
Alcohol					3
Either	45	35	26	24	5
Self-Help/ Education					
Drug					8
Alcohol					9
Either	45	32	24	21	13
Either Clinical or Self-help					
Drug					12
Alcohol					11
Either	59	40	30	27	15

**Treatment History—Jail
Non-Using Drug Law Violators**

Nonusing Drug Law Violators					
Type of treatment	Ever	While under CJS	While Incarcerated	While on Probation/ Parole	Since Admission
Clinical/Medical					
Drug					2
Alcohol					2
Either	8	8	4	4	2
Self-Help/ Education					
Drug					2
Alcohol					2
Either	13	8	4	5	3
Either Clinical or Self-help					
Drug					3
Alcohol					3
Either	22	9	5	6	3

**Treatment History—Jail^a
Alcohol Involved Offenders**

Alcohol Involved Offenders					
Type of treatment	Ever	While under CJS	While Incarcerated	While on Probation/ Parole	Since Admission
Clinical/Medical					
Drug					0
Alcohol					3
Either	36	33	21	21	3
Self-Help/ Education					
Drug					3
Alcohol					11
Either	50	31	19	20	13
Either Clinical or Self-help					
Drug					3
Alcohol					15
Either	60	38	24	24	15

^aConvicted inmates only.

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