

National Institute of Corrections Drug-Free Prison Zone Project

Evaluation component for each of Eight State Sites: Final Report

Submitted by

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May 25, 2002

Introduction

Drug interdiction in the broadest sense is an overarching goal of virtually any correctional institution. While the incidence and prevalence of drugs entering secure facilities varies widely from state to state, and even between jurisdictions within the same state, several ‘constants’ exist regardless of the correctional setting. The very existence of drugs and alcohol within an institution is disruptive by creating a subversive economy. Obviously, the use of drugs and alcohol by inmates creates behavioral problems on the individual and aggregate levels. By all counts, drugs and alcohol within a secure environment create population management problems that serve to disrupt every aspect of an institutional setting. These disruptions include population control, treatment delivery and effectiveness, staff-inmate relations, and security.

Many correctional institutions use several different methods of drug interdiction. The intensity of drug interdiction varies by correctional setting, history of documented problems and the predominant populations in confinement. Nonetheless, the vast majority of correctional systems employ some level of drug interdiction, drug detection, urinalysis, treatment options, and punishments/sanctions for those found in violation of drug policies. All of the aforementioned efforts and potentially others are employed in order to reduce the availability and use of illicit substances while at the same time making the population more manageable and removing other blockages to the primary goals of correctional institutional confinement.

Most of the research that has been conducted regarding ‘drug interdiction’ (broadly defined) has been descriptive in nature. For example, methods of drug interdiction/detection are investigated and described. In addition, policies regarding

inmate possession of contraband materials may be analyzed, or staff training/investigation strategies presented. Another implemented strategy is randomized urinalysis strategies designed to deter drug use within the setting. What the current research reveals is a wide variety of strategies designed to detect, eliminate, and respond to drugs within the prison setting. Unfortunately very little analysis exists regarding the long-term effectiveness of the various strategies.

Technological advances in the area of drug (and other material) interdiction and detection may offer a potential advantage for correctional institutions. Specifically ion spectrometry offers a reliable way to detect even trace amounts of drug materials. One disadvantage of this strategy includes its prohibitive expense, both in initial equipment costs as well as the cost of staffing to implement the various components of its use. Along similar lines regarding the detection of even trace amounts are drug-detecting dogs, or K-9 units. While K-9 units offer similar levels (if not more effective) of potential detection, they may offer additional advantages regarding their portability, and their ability to go into relatively small spaces, and scan a large area in an efficient manner. However, disadvantages to K-9 units include initial training costs, the necessity of staff dedicated to the K-9 unit, and limited use due to exhaustion.

Aside from technology, other advances in the areas of drug interdiction and detection (or deterrence) includes policy implementation such as randomized urinalysis, and/or punishment/sanction schedules. While these policies may be effective, there has been research done that purports some resources may be wasted by “randomly” testing portions of the population that are not (and likely will not) use drugs. In addition inmates may develop ways to disrupt the clarity of urinalysis, as well as provide disruption in

other ways such as refusing to participate. Similar disadvantages may exist for punishment/sanction schedules designed to deter and punish possession and use of illicit drugs.

In addition to technology and policy, substance abuse treatment is yet another strategy designed to reduce the use and demand for illicit drug materials. Drug treatment programs that are conducted in a high-quality fashion while adhering to the principles of effective intervention may present a viable solution to drug use issues on the individual level. However, even the most effective drug treatment curriculum and program will be greatly hampered if the environment within which it exists is not devoid of significant amounts of drug materials and the related activities and problems.

Due to the nature of illicit drug use and the problems it provides prison staff and administrators noted above, one thing remains clear: drug interdiction and eradication are indeed necessarily at the forefront of institutional correctional goals. How an institution or correctional system goes about the broad practice of drug interdiction may vary widely across jurisdictions. What remains to be determined is what the ‘best practices’ are regarding drug interdiction in general. Specifically, what is the “right” combination of efforts and emphases that will yield the greatest results? How should they be implemented? What are the short and long-term advantages and disadvantages of the prevailing drug interdiction methods? These and many other research questions are in need of investigation.

In order to assist in the investigation of various drug interdiction strategies, the National Institute of Corrections (NIC) issued a request for proposals for a Cooperative Agreement with State Department’s of Correction. The resources provided by the

Cooperative Agreement were to be used to implement (or enhance) some form of drug interdiction, through any number of methods, strategies or technologies. Efforts were made during the proposal selection process to choose projects that represented a wide variety of strategies, and/or methods of implementing strategies in hopes of identifying what the more effective strategies/methods are. For example, while several different sites chose various forms of technology (through either ion spectrometry or K-9 units) some used these tools in different ways. In all, eight States were selected for participation in the Drug Free Prison Zone project. As such, each state was awarded (approximately) \$500,000 for the primary purpose of implementing drug interdiction strategies, and employing some method that will potentially measure the effectiveness of the strategy chosen. The eight State sites were: Alabama, Arizona, California, Florida, Kansas, Maryland, New Jersey, and New York.

What follows represents a compilation of the final evaluation reports that have been received thus far from each of the eight State sites. The duration of each project was approximately three years (although some are yet ongoing under the original Cooperative Agreement under an extension status, or, have been continued using State funding). In addition, each project was different, representing either different strategies altogether, or different implementations of a common strategy or technology. One of the original purposes of the Cooperative Agreement was to encourage states to implement new strategies for drug interdiction. The ultimate goal is to create a basis for making future recommendations regarding the most effective and feasible process for conducting drug interdiction strategies within an institutional setting. Whenever the data allowed, tables and/or graphics are presented within the text of the report. Otherwise, tables and

charts pertaining to the individual state site projects will be located in an Appendix, labeled for each individual State where applicable. In addition, individual reports that were produced by each State site's research team are available as well. The individual reports served as a basis for, and provided material contained within the report below. Finally, three of the original eight State sites are yet producing their evaluation reports – Alabama, Arizona, and New Jersey.

Maryland

Activities related to the Maryland Drug Interdiction project were housed primarily at the Maryland House of Corrections Complex in Jessup, Maryland approximately 13 miles south of Baltimore. The project involved both the main facility at Jessup as well as the Annex. The resources requested from NIC were designed to (1) enhance current drug interdiction program; (2) create a new drug treatment program for inmates and (3) create a drug education program for staff, inmates, volunteers, and visitors. In addition to these three goals an evaluation was also designed and was to be executed by the Center for Substance Abuse Research (CESAR) at the University of Maryland, College Park.

Drug interdiction initiatives at Maryland included: (1) investigations by the Division's Internal Investigation Unit (IIU); (2) the use of narcotic detection dogs; (3) an ion mobility spectrometry (ion) scan; (4) mail inspection; (5) inmate personal identification number telephone restriction; (6) interagency cooperation with the Maryland State Police, Mid-Atlantic Great Lakes Organized Crime Law Enforcement Intelligence Group, National Major Gang Task Force, and Metro Area Gang Intelligence Network.

In congruence with the goals of the overall Drug Free Prison Zone project as expressed in Maryland's Cooperative Agreement, the evaluation component was comprised of three specific portions:

- Drug interdiction efforts will reduce use by inmates and to reduce the influx of drugs into the prison
- A drug treatment program for inmates will create and encourage a drug-free lifestyle and to enhance life skills among prison inmates
- A drug education program provide information regarding the harms associated with drug use to prison staff, inmates, volunteers, and visitors

Drug Interdiction: A total of 1,349 urine specimens were randomly collected from inmates at the Maryland House of Corrections Annex in 1997 which was used to serve as a baseline for the positive urinalysis rate. Of the 1,349 specimens collected, seven percent were positive for illicit drugs. In the MHC (the main facility at Jessup), 14 percent of the 1,053 tests were drug-positive. In order to enhance present drug interdiction operations, the MHCC conducted the following activities:

- Increased detection of narcotics being smuggled into the prison through the visiting room by installing four video cameras, monitoring screens, and video recorders. The increased surveillance of visitor activity provided greater detection capability and educated personnel about smugglers' behaviors and activities. These video cameras were expected to have significant deterrent value.
- Increased the number of hours each week that personnel were specifically assigned tasks to detect narcotic trafficking at the institution. Current

institutional staff, the DOC K-9 unit, and the IIU were utilized to review videotapes of visiting room activity and proactively conduct K-9 interdiction of staff, visitors, inmates, property, vehicles, and mail. The purpose of increased staff time was to develop intelligence, seize narcotics, and arrest individuals involved in illegal drug activity.

- Established a toll-free tip line in cooperation with the Maryland State Police for staff and others to report illicit drug activities. Reward money was to be used as an incentive.
- Enhanced communication by acquiring radios and cellular telephones; increased surveillance capability by acquiring night vision devices; and established a toll-free tip line with the IIU to develop leads. Emphasis was placed on proactive assignments, such as surveillance, intelligence gathering, and interdiction of drugs prior to entering the complex.
- Established three properly equipped K-9 drug interdiction teams to target inmates, visitors, staff, mail, and housing areas.

According to MHCC policy, inmate urinalysis tests are conducted randomly, routinely, and on a spot-check basis. “Random” testing is conducted monthly on 8% of the entire inmate population. Additional random testing of certain segments of a facility’s population is also conducted. Inmate urine samples are screened for the presence of alcohol, amphetamines, barbiturates, cocaine, marijuana, opiates, and phencyclidine (PCP). “Routine” testing is conducted on those inmates who were being considered for or participating in such activities as family leave, work details, or work

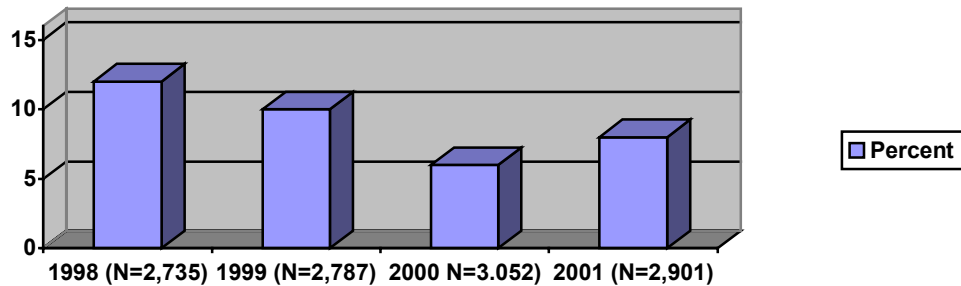
release. “Spot-check” testing was conducted on inmates when there was a reasonable suspicion that the inmate had or may have recently taken drugs.

For the drug interdiction component, two research questions were explored:

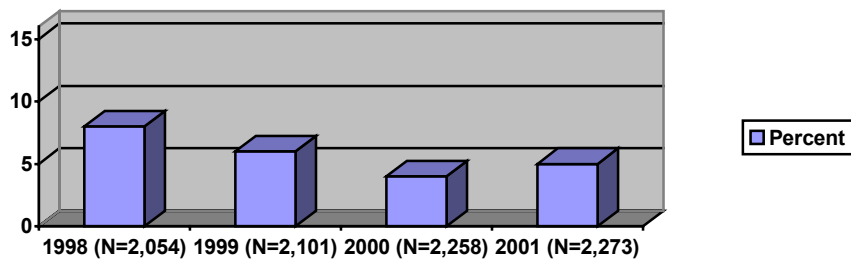
- 1) What are the changes in inmate drug use, as measured by urinalysis, between 1999 and 2001?
- 2) What are the changes in prison drug flow, as measured by K-9 and IIU alerts and charges, between 1999 and 2001?

The following figures represent yearly changes in rates of positive urinalysis tests for the Maryland study:

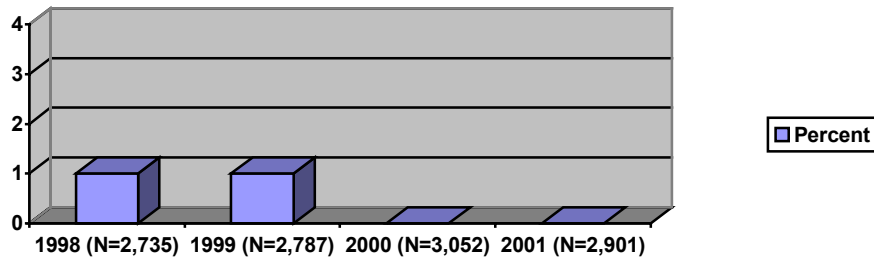
Marland Study: Total Drug-Positive Rates, by Year



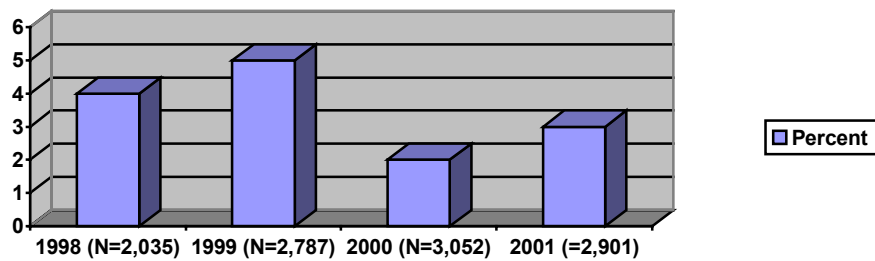
Maryland Study: Random Drug-Positive Rates, by Year



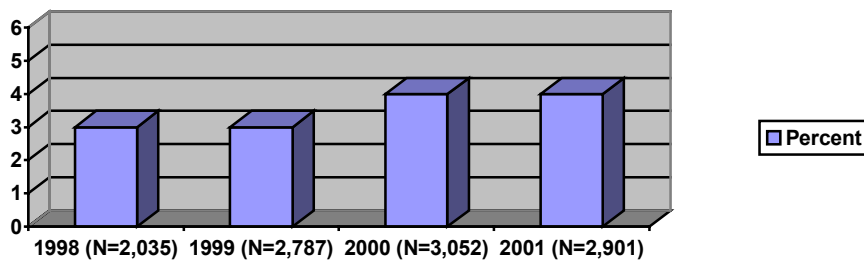
Maryland Study: Cocaine-Positive Rates, by Year



Maryland Study: Marijuana-Positive Rates, by Year



Maryland Study: Heroin-Positive Rates, by Year



As shown in the first Maryland figure, total drug-positive rates decreased 33 percent, from 12 percent in 1998 to 8 percent in 2001. As shown in the second figure, random positives decreased from 9 percent in 1998 to 5 percent in 2001. Cocaine-positive rates decreased from 1 percent in 1998 and 1999 to 0 percent in 2001, while marijuana-positives decreased from 4 percent in 1998 to 3 percent in 2001. The sole

exception to the decreased drug-positive rates was with opiates. The opiate-positive rate increased slightly, from 3percent in 1998 and 1999 to 4 percent in 2001.

K-9 and IIU: Data for K-9 and IIU alerts and charges were collected between June 1999 and December 2001. During the 28 months of data collection, 88 K-9 alerts were identified, resulting in nine (10%) individuals being charged (see table, below). This computes to approximately three alerts per month and one charge every three months. Expenditures for the K-9 unit between 1999 and 2001 totaled \$87,209.71. Most importantly, there was an overall decline of K-9 alerts/charges during this time frame. Between 1999 and 2001, K-9 alerts were reduced by more than 50% and K-9 charges were eliminated altogether.

As shown in the table, a total of 171 IIU alerts were identified between 1999 and 2001, resulting in 26 (15%) individuals being charged. This computes to approximately six alerts per month and one charge per month. Expenditures for the IIU unit totaled \$66,353.35. IIU alerts were reduced by more than 80% during this time frame, from 103 in 1999 to 16 in 2001.

Maryland Study: Number and Cost of K-9 and IIU Alerts/Charges

	K-9 alerts/charges	IIU alerts/charges
1999 (6 months)		
Number	34/6	103/9
Percentage charged	18%	9%
Cost	\$13,961.01	\$25,048.50
2000 (12 months)		
Number	38/3	52/6
Percentage charged	8%	12%
Cost	\$43,525.77	\$20,236.43
2001 (10 months)		
Number	16/0	16/11

Percentage charged	0%	69%
Cost	\$29,722.93	\$21,068.42
Total		
Number	88/9	171/26
Percentage charged	10%	15%
Cost	\$87,209.71	\$66,353.35

Drug treatment/life skills programming: Drug possession or use by inmates is an institutional rule violation that results in segregation. MHCC developed an intensive intervention program for inmates found guilty of using or possessing alcohol or other drugs (AOD). An initial interview assessed need and willingness to participate, at which point an intake referral form was generated. If the inmate agreed to participate and was formally approved by correctional staff, he was moved to a special housing area where a group treatment program took place. The housing area operated as a therapeutic living area. Known drug traffickers were not eligible for the program because experience has shown that these individuals disrupt the therapeutic process. The treatment intervention lasted four weeks, with groups meeting twice a week for two hours each. The addiction counselor provided inmates treatment and education. In addition, the inmates had the option of attending Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings. Upon successful completion, the inmate was encouraged to maintain abstinence and participate in other institutional substance abuse programs.

The MHC and the Annex established a housing unit in each complex for inmates participating in the intensive treatment program. Upon program completion, continued residence in this unit was encouraged as a way to support healthy, drug-free living. If the inmate refused or was terminated from this program, he returned to segregation to serve

the remainder of his sentence. After the four-week intervention program, inmates enrolled in a life skills class. The life skills curriculum focused on positive institutional adjustment, decision-making, parenting for institutionalized persons, continuing educational opportunities, and use of the institutional library as a resource for positive living. At the end of the life skills classes, teachers strongly encouraged regular school participation that ranged from basic education to college courses.

Data were compiled on the number of inmates entering the drug treatment program and the number of inmates dropping out and completing the program. Inmate success was defined as completing both the four-week drug treatment program and the life skills curriculum without a positive urine test and with no other institutional infractions. Following release from the program, six-month official data were collected regarding drug-related infractions within the prison. Thus, for all completers and non-completers the extent and frequency of drug-related infractions was determined (use and possession) during the six months after initiation of the program. It was hypothesized that those inmates who completed both the drug treatment and life skills courses would have significantly less drug-related infractions during the six months after completion than those inmates who never initiated or never completed the drug treatment and life skills courses.

For the drug treatment component, two research questions were explored:

- 1) What proportion of the inmates would complete the treatment and life skills courses?
- 2) Would inmates who completed both the drug treatment and life skills courses have less drug-related infractions during the six months after completion than

those inmates who never initiated or never completed the drug treatment and life skills courses?

Because the outcome variable in the current analysis is drug-related infractions during the six-month period after treatment completion, analyses were conducted only with those inmates for whom six-month data were available. The analyses were limited, therefore, to data collected between July 1999 and March 2000. During this time frame, 60 inmates were approached for participation in the study. Of these, 95% (N=57) were approved by correctional staff and agreed to participate. Of those who began the program, 37 (65%) successfully completed both the drug treatment and life skills courses. Subsequent analyses are based on a comparison between the completers (N=37) and the non-completers (N=23).

As shown in the table below, a majority of both subgroups was African-American. Thirty-four percent of the completers and 39 percent of the non-completers had been convicted of murder. Although the sample sizes for the two subgroups were extremely small, completers were slightly more likely to have earned a high school diploma or General Equivalency Degree (GED) (73% v. 59%, n.s.) and to have worked in the prison during the past 30 days (81% v. 78%, n.s.). Completers were significantly more likely than the non-completers to have a sentence of five years or less (11% v. 0%, $p<0.01$) and to have first used an illicit drug at a younger age (38% v. 17%, $p<0.10$). Completers were also more likely (73% v. 59%, n.s.) to have had past drug treatment than the non-completers. Finally, non-completers were significantly more likely than completers to have had any drug-related violations in the six months preceding the start

of the program (100% v. 81%, $p<0.05$), suggesting that this subgroup of inmates may have had more drug-related problems to begin with, and thus would have been more difficult to keep in treatment than the completers. Taken collectively, these findings suggest comparability between the two inmate subgroups.

The key outcome variable for the current analysis was the extent to which inmates were guilty of drug-related infractions during the six months following their completion of the treatment/life skills programs (completers) or their termination from the program (non-completers). It was hypothesized that those inmates who completed both the drug treatment and life skills courses would have significantly less drug-related infractions during the six months after completion than those inmates who never initiated or never completed the drug treatment and life skills courses. This hypothesis was not supported. While sample sizes were small, there were no differences across all of the outcome

Demographic Characteristics of Treatment Completers and Non-Completers (N=60)

	Completers (n=37)	Non-completers (n=23)
Race		
African-American	81%	83%
White	16%	17%
Other	3%	--
Criminal offense		
Murder	34%	39%
Rape	14%	6%
Armed robbery	31%	17%
Drug sale	11%	28%
Aggravated assault	6%	6%
Kidnapping	3%	6%
Sentence		
Five years or less	11%*	0%*
Earned a high school diploma or GED		
Yes	73%	59%

Worked in prison during the past 30 days Yes	81%	78%
Age of first illicit drug use <13	38%**	17%**
First illegal drug used Marijuana	76%	65%
Any past drug treatment No	73%	59%
Six-month drug violations before program initiation Yes	81%***	100%***

*Comparison significant at the $p<0.01$ level.

** Comparison significant at the $p<0.10$ level.

*** Comparison significant at the $p<0.05$ level.

measures between the completers and non-completers. As shown in the Maryland Outcome table, inmates who completed the drug treatment/life skills program were slightly *more* likely (46% v. 39%, n.s.) than the non-completers to have engaged in a drug-related infraction in the six months following program termination. Non-completers, however, were twice as likely as the completers to have been charged with a violence- or weapon-related offense (22% v. 11%, n.s.) or a destruction of property offense (17% v. 8%, n.s.). The number of violations six months post-discharge was comparable between the two subgroups. Completers were slightly less likely than non-completers (30% v. 35%, n.s.) to have one violation post-discharge and about as likely as the non-completers to have two or more violations post-discharge (51% v. 52%, n.s.).

Maryland Outcomes Comparison of Outcome Measures between Treatment Completers and Non-Completers (N=60)

	Completers (n=37)	Non-completers (n=23)
Violations during six months after program completion/termination		
Drug use	46%	39%
No violations	19%	17%
Violence or weapon possession	11%	22%
Refusal to work and obey an order or to give false information	16%	--
Destruction of property	8%	17%
Possession of contraband	--	5%
Number of violations six months post discharge		
None	19%	17%
One	30%	35%
2-3	38%	22%
4 or more	13%	30%
	}51%	}52%

Education component: While the education component was an innovative portion of the overall drug interdiction project, the implementation appears to have been limited. The educational videos were technically difficult to hear and the analyses that resulted were primarily descriptive in nature, with no outcomes present.

Maryland Conclusions

Overall drug use as measured by various forms of urinalysis appears to have declined throughout the duration of the drug interdiction project. This is encouraging, particularly for the very low positive ‘hit’ rates for cocaine, as this particular drug has traditionally provided many difficulties for prison staff in recent decades (although it

should be noted positive rates for cocaine were very low to begin with). Another indication of the drug interdiction effectiveness is the decline in ‘hits’ by the K-9 and IJU units. Presumably, lower amounts of seizures and charges are an indication of lower amounts of drugs actually entering the facilities.

California

Drug Reduction Strategy (DRS) Background, Planning, and Implementation

Experience in other states (e.g., Wisconsin and Pennsylvania) suggests that interventions involving random drug testing, canine drug detection teams, and drug-scanning equipment are effective in reducing substance use and substance-related problems in prisons. With funding from the California State Legislature, and in response to the Governor’s Office request that the California Department of Corrections (CDC) propose a plan to reduce substance use in its prisons, the CDC’s Office of Substance Abuse Programs (OSAP), in cooperation with CDC Wardens, Regional Parole Administrators, Institutions Divisions, and the Technology Transfer Committee, developed the Drug Reduction Strategy (DRS) strategy. A DRS Task Force was assembled and charged with the task of creation and oversight of the project.

Four sites were selected for participation based on similarities in institutional demographics and geographic diversity. The sites selected were Ironwood State Prison (ISP), California State Prison, Solano (SOL), Pleasant Valley State Prison (PVSP), and Mule Creek State Prison (MCSP). Three sites were designated interventions sites (ISP, SOL, and PVSP) and one site was designated a comparison site (MCSP). All inmates not in administrative segregation, hospitalized, or in a substance abuse treatment program at

the three intervention sites were subject to weekly random drug testing and, depending on the institution, to having their cells and belongings searched by canine units or drug detection equipment. The project interventions were implemented in two phases. The Phase I intervention—weekly random urine testing—was an augmentation of existing urine testing procedures (e.g., for cause, after family visits, etc.) and was expected to have a more systematic impact on inmate substance use. Interventions selected for Phase II consisted of drug-detecting canine teams and drug-detecting equipment. All preexisting drug interdiction efforts (e.g., monitoring of phone calls, use of cameras in visiting areas) continued. Point prevalence estimates of substance use derived from a random sample of 20% of the eligible inmate population at each of the four participating institutions were gathered at Baseline, the completion of Phase I, and the completion of Phase II.

DRS Interventions and Concurrent Drug Control Measures

Phase I Intervention: Weekly UA testing commenced in October 1999 at ISP, PVSP, and SOL. Phase I testing was completed in March 2000. At each of the three intervention sites (ISP, SOL, PVSP) 150 inmates were selected weekly from the eligible inmate population and required to provide a urine sample. The UA battery included assays for alcohol, amphetamine, methamphetamine, benzoylecgonine (a metabolite of cocaine), morphine, phencyclidine, barbiturates, and THC metabolites (the psychoactive ingredient in marijuana). Sanctions were enforced for the provision of a drug-positive urine sample and could include non-restorable credit forfeiture of up to 150 days; mandatory random drug testing of up to four tests per month for 1 year; suspension of privileges for up to 90 days; confinement for up to 10 days; AA, NA or substance abuse

education; and endorsement to a substance abuse program. Maximum penalties were applied to third offenses, with sentence packages differing depending on whether the drug-positive was a first or second offense. Sanctions were also enforced for failing to provide a sample.

Phase II Intervention: Implementation of the Phase II interventions began on May 1, 2000, and concluded on December 31, 2000. The second intervention phase involved continued random urinalysis testing at the three intervention sites; however, additional measures were employed. At ISP, drug-detecting equipment supplemented urine testing. At SOL, drug-detecting canine teams supplemented urine testing.

Concurrent Drug Control Measures: Measures including camera observation of inmate visits and monitoring of inmate phone conversations have been in place for a number of years at CDC institutions. For the duration of the DRS, standard drug control measures were continued at each site, with the interventions being added to those standard measures at the locations designated as intervention sites.

Evaluation Results

Inmate Appeals: Inmate appeals in response to the DRS interventions were relatively infrequent. This suggests that inmates offered little resistance to the implementation of the DRS using the appeals process. The most frequently cited reason for appeals across all four institutions was program participation, or being selected for provision of a urine sample (65 appeals). Medical/medication reasons was the next most frequently cited reason for appeal (48 appeals). Thirty-nine, 31, and 27 appeals were filed against the collection process, disposition of 115s (115s are disciplinary write ups for

rules violations), and selection and notification, respectively. These numbers represent the raw total for appeals in each category combined across all institutions.

Baseline and Phase I Prevalence Estimates: In order to evaluate differences between Baseline and Phase I prevalence estimates, a chi-square (χ^2) analysis was conducted. Results support the contention that drug-use estimates obtained at the Phase I point-prevalence estimate were significantly lower than those obtained at the Baseline point-prevalence estimate. In comparing the drugs detected during the Baseline and Phase I prevalence estimates, it appears that reductions occurred in morphine and THC detection in particular.

A test of the difference (again using χ^2) in positive drug test results between the three intervention institutions and the comparison institution indicated that substance use at the Phase I prevalence estimate was significantly lower at the intervention sites than at the comparison site. This comparison was done using the raw percentages for refusals plus positives at the four institutions.

Phase I and Phase II Prevalence Estimates: A χ^2 test was used to compare the Phase I and Phase II prevalence estimates. This analysis suggested that significant reductions in substance use occurred between the Phase I and Phase II point prevalence estimates. This analysis includes all four of the participating institutions. Therefore, it does not speak to any differences between institutions.

Findings from an analysis of the two Phase II intervention sites (SOL and ISP) versus the random-urine-testing-alone site (PVSP) indicated a significant difference between the estimated drug use levels; however, drug-use estimates were higher at the two Phase II intervention sites (ISP, SOL) relative to the urine-testing-only site (PVSP).

This is likely due to the relatively high percentage of drug-positives plus refusals at SOL (2.89%). SOL has unique characteristics in that it is located near a large urban center where opportunity for trafficking is greater and drug trafficking may be less conspicuous than at the rural locations of the other institutions.

The estimated drug-use level at ISP was significantly lower than that at SOL. Taken at face value, the findings from this analysis suggest that the use of drug detection equipment at ISP may have had a greater effect on inmate substance use than the K-9 drug detection teams at SOL. As noted above, SOL is located near a large urban center and is a larger institution than ISP, both of which make drug interdiction and substance use suppression more difficult.

Canines alerted for possible drug finds 71 times during the course of the Phase II intervention. Ten finds resulted from these alerts. Thus, approximately 14% of alerts resulted in a drug find. K-9 teams spent 450 hours conducting searches in various prison locations. Search hours were highest during October (86 hours) and lowest in December (21.5 hours). Urine samples were requested 74 times. There were 13 refusals to provide a sample and 4 drug-positive samples. Assuming that a refusal is equivalent to a drug-positive result, the percentage of refusals plus positives over the course of Phase II in the for-cause testing was approximately 23%.

A Comparison of Baseline, Phase I, and Phase II Point Prevalence Estimates at all Four Participating Institutions.

	Baseline September 1999	Phase I April 2000	Phase II January 2001
% Positive + Refusals			
Intervention Sites			
ISP	8.33%	1.64%	0.33%
SOL	9.22%	3.70%	2.89% [#]
Average of Phase II Intervention Sites	-*	-*	1.61%
PVSP	4.13%	3.61%	1.14% [@]
Average of All Intervention Sites	7.23%	2.98% [‡]	- *
Comparison Site			
MCSP	7.34%	7.10%	4.26%
Over all [†]	8.85%	3.74%	2.07%

[#] Value significantly different from that obtained at ISP during Phase II (Chi-Square [df=1] = 20.95, p < .05).

[@] Value significantly different from the average of the Phase II intervention sites (Chi-Square [df=1] = 6.33, p < .05).

[‡] The comparison for Phase I percentages for the average of all intervention sites versus the comparison site was statistically significantly different (Chi-Square [df=1] = 69.01, p < .01).

*These values were not computed because they were not relevant comparisons.

[†] Baseline and Phase I percentages are statistically significantly different (Chi-Square [df=1] = 107.05, p < .01. Phase I and Phase II percentages are statistically significantly different (Chi-Square [df=1] = 26.88, p < .05).

K-9 teams spent a total of 302 hours searching common areas such as entrances, building perimeters, yard locations, and programming areas. Cell search hours totaled 47. Six finds occurred as a result of cell searches in the early months of the intervention (May through August). A total of 57.5 hours were spent conducting quarterly package searches,

which resulted in one drug find. Although 39.5 hours were spent searching mail, no drug finds occurred.

Total hours of Itemizer (an ion-scanning drug detection device) search time per month ranged from a low of 2.0 hours (May 2000) to a high of 101.5 hours (October 2000) (See Table 9). The total number of hours searched with the Itemizer during Phase II was 489.5. Average use per month for the Itemizer during Phase II was 61.2 hours. During Phase II, 2,541 quarterly packages were searched at ISP using the Itemizer equipment. Inmates were searched 910 times. Family visit searches were conducted 713 times. Six hundred and seventy-one mail searches occurred, and 459 religious packages were scanned. A total of 91 cell searches were conducted in November only. Forty-nine urine samples were requested after Itemizer alerts. There were no refusals or drug-positive samples. The data from ISP did not provide a breakdown of the number of hours spent in conducting each type of search. Infrequent searches occurred in the following areas: 30 in culinary areas, 116 in vocational areas, 35 in health areas, and 77 in minimum security housing areas. No drug finds occurred.

Vapor Tracer (another ion-scanning drug detection device) usage occurred from May through August only. Monthly hours of usage for the Vapor Tracer ranged from a low of 8.1 hours (May 2000) to a high of 43.5 hours (July 2000). After August of 2000 the Vapor Tracer equipment was no longer employed. During Phase II, 2,908 quarterly packages were searched using the Vapor Tracer. Mail searches totaled 153; religious packages, 140; persons, 116; and family visits, 92.

Although there were numerous alerts for the presence of drugs between the two forms of equipment, only one drug discovery occurred. Twenty-eight and seven tenth

grams of marijuana were found in a quarterly package using the Vapor Tracer. This discovery was questionable in that the equipment identified the substance detected as being LSD, but a search of the quarterly package revealed the presence of marijuana, not LSD.

The Phase II prevalence estimate continued the pattern found for declines in estimated use of THC and morphine between Baseline and Phase I.

Historical and Concurrent Data and Qualitative Site Visit Information

Historical and Concurrent Data for Institutional Environment Variables: In an attempt to evaluate the effects of the DRS project on the institutional environment, a number of variables were tracked for 12 months prior to project implementation through the completion of the project. Variables tracked included possession of alcohol, possession of drugs, distribution/introduction of drugs, possession of drug paraphernalia, inmate-on-inmate violent incidents, and inmate-on-staff violent incidents.

The data on these variables were marked by great variability. Due in part to this variability, few statistically significant differences were found between the historical time period and the months during which the DRS was active. The most notable exception was that possession of drug paraphernalia dropped significantly at ISP and MCSP from the historical time period to the end of Phase I.

Qualitative Information from Site Visits and CDC Contacts: Site visits by the evaluation staff offered them the opportunity to meet with the various institutional DRS staff, obtain a detailed account of project activities at each institution, and observe each prison facility. Weekly phone calls with CDC staff involved in the project allowed for the tracking of project implementation and the settling of project issues as they arose.

During site visits some minor variations in urine collection procedures were observed between institutions. Three of the four participating institutions (PVSP, SOL, MCSP) notified inmates 12 hours before urine collection, whereas one institution did not (ISP). No variation was observed in procedures in the event that an individual could not produce a urine sample upon request, or if an individual refused to provide a urine sample. All institutions conducted observed urine collection, sealed and labeled urine samples, stored and shipped urine samples appropriately, and maintained an unbroken chain of custody records.

Two issues that arose during the course of urine collection were a concern on the part of inmates that CDC staff might tamper with urine samples before they were sent to the lab for testing, and the collection of urine samples from disabled inmates. In order to address concerns related to potential tampering, staff placed labels across bottle tops, allowed inmates to seal and package their own samples, and generally took measures to increase inmate confidence in the sealing of urine samples. No firm policy was established for the collection of urine samples from disabled inmates.

Because inmates who claimed an inability to provide a urine sample upon request were given up to 3 hours to produce a sample, the potential for water loading among this group existed. That is, high volume water consumption leads to the dilution of urine samples because the kidney releases the excess water very soon after ingestion, reducing the ratio of water to solutes in solution. A number of measures are possible should the CDC choose to address the issue of water loading.

California Conclusions:

Discussion of Evaluation Results and Statewide Implementation Issues

Random Urinalysis Testing: The main finding from Phase I of the DRS evaluation was that random urinalysis testing coupled with sanctions for drug-positives or refusals to test was an effective means to reduce substance-use levels at the three intervention sites relative to the comparison site that used traditional drug interdiction and detection measures. Inmate opposition to random testing, as measured by appeals, was fairly limited. Given the low rate of appeals and the demonstrated effectiveness of the random urinalysis intervention, one can expect that statewide implementation of such measures would face only minor inmate appeals opposition and have the desired effect in reducing substance use.

Drug Detection Equipment: A single drug find resulted from the use of the drug detection equipment during the DRS. Drug detection equipment, as employed in the DRS project, was not used to screen visitors; however, using the equipment to screen visitors is more consistent with the implementation of drug detection equipment of this type in other states (e.g., Pennsylvania). Given the decision to limit the use of drug detection equipment to inmates and prison locations, some of the capabilities of the equipment may not have been realized. A second issue related to the application of the drug detection equipment was the relative infrequency with which it was employed to conduct cell searches. The K-9 teams had success locating contraband substances early in Phase II as a result of cell searches. Perhaps drug-detection equipment could have been employed successfully in this manner as well.

Training, maintenance, and staff confidence in equipment were all issues of concern that arose in the application of the drug-detection equipment. If drug-detection equipment is purchased for statewide implementation of drug control measures, a comprehensive and ongoing training component would be necessary.

K-9 Drug Detection Teams: K-9 teams proved relatively more successful in making drug discoveries than the drug detection equipment. Over the course of the Phase II intervention, just over 1 in 10 canine alerts resulted in a drug find (actual substance or remnant materials with trace amounts). Further, for-cause urine sample collection resulted in a 23% positive-plus-refusal rate. This high rate suggests that the canines were likely alerting to the trace odor of contraband substances even if no drugs were present at the time of the search. K-9 teams conducted a number of cell searches in conjunction with intelligence reports early in the Phase II intervention and were successful in locating contraband. This suggests the utility of coordinating the application of K-9 units with intelligence gathered from other sources.

Statewide Implementation Issues: Inmate appeals as a result of the implementation of random urinalysis testing at the three intervention sites were infrequent. Many appeals were filed within the opening months of random urinalysis testing, and at no point did the level of appeals at an intervention site exceed one per hundred inmates tested. Where inmate testing was less frequent, and therefore less established as part of the institutional landscape (i.e., at MCSP), inmate appeals exceeded two per hundred inmates tested. One could infer from this data that after initial opposition to random urinalysis testing, CDC inmates would accept the process with little sustained formal opposition.

Staff voiced concerns that repeated selection of particular inmates during Phase I and II urine testing led to a perception of non-random testing. This issue can be addressed by continued informal education of inmates as to the nature of random selection and that correctional staff have no influence on who gets selected. A second issue that should be considered and settled before statewide implementation of random urinalysis testing is the notification process for inmates required to provide urine samples. At three of the four institutions (PVSP, SOL, MCSP) inmates were notified 12 hours in advance of a request for a urine sample. Such notification provides the opportunity for inmates to drink a lot of water, which will result in some false negative tests. At the same time, unannounced testing may not be feasible in all institutions for scheduling or logistical reasons.

Statewide data on random urine testing would be useful to the CDC. Such information could help to inform CDC personnel on institutional, departmental, and directorial levels.

Before using the equipment statewide, a decision should be made as to the application of drug-detection equipment to screen incoming visitors. In addition, one clear indication from the use of equipment at ISP was the need for an extended training relationship between equipment operators and the manufacturer.

One consideration for the deployment of K-9 search teams would be the introduction of regionally based K-9 units that could be deployed periodically to a number of institutions rather than having institution-specific K-9 units. It would be necessary to maintain an element of surprise and randomness in the use of these units to maintain their deterrent power. A second option would be a K-9 team with a home

institution, but a cooperative agreement with a number of other prisons in the same region.

It should be noted that the current evaluation was somewhat artificial in that the two forms of drug interdiction measures (K-9 teams and drug detection equipment) were used independently of each other. Perhaps overlapping the use of the two measures could increase their effectiveness.

Efforts to discourage substance use through random urine testing programs can complement other measures designed to control drug supply by reducing demand. If inmates are aware that their drug use could be detected and sanctioned, they will be less likely to take the risks associated with drug use. Random urine testing can identify inmates who may be eligible for referral to one of the CDC's substance abuse treatment programs. Through a comprehensive and coordinated plan that includes a variety of supply-reduction and demand-reduction interventions, a prison system can succeed in reducing drug use and the associated security and health risks to minimal levels.

Kansas

Hutchinson Correctional Facility (HCF) is a large multiple security level complex, which consists of three (3) units, located on seventy (70) acres. All custody levels within the Kansas Department of Corrections (Minimum, Medium, Maximum and Special Management) are currently housed at HCF. The Central Unit (CU) currently houses 1088 special management, maximum and medium custody inmates within a 100 year old traditional walled prison environment. The East Unit is located one (1) mile away and houses 480 medium custody inmates within a fenced perimeter in a Dormitory

setting. The South Unit is located ¼ mile from the Central Unit and houses 216 minimum custody inmates (46 of which are involved in Community Work Release) in Dormitory settings.

It has long been recognized that a large aging physical plant presents unique challenges to corrections administrators. Because of the need to use resources effectively, inmates from each of the custody settings come into contact with inmates from each of the other custody levels throughout the course of a day. This contact between inmates of different custody assignments presents significant challenges in terms of contraband control.

On July 23, 1990, the Kansas Department of Corrections implemented a policy of inmate substance abuse testing that called for the random testing of offenders using manual on site drug testing devices. Despite the random testing program, there was evidence that use of illegal drugs within the prison was increasing.

On July 6, 1998, 163 inmates housed at the SU (minimum unit) were required to provide urine samples for testing. Using the on site testing method, Fifty one (51) of these inmates initially tested positive for THC (31.3% positive). Given the potential inconsistencies involved in the interpretation of the field screening tests, a quantitative laboratory test was used for further screening of the 51 initial positive samples. The confirmation tests revealed that Thirty Seven (37) inmates were in fact positive for usage of THC, which represented a positive rate of abuse for those tested of almost 23%. Based on this information, a plan for intervention was formulated. This plan became the basis of the department's request for funding of a drug free prison grant.

In August 1998, an application for participation as a Drug Free State Demonstration Project was submitted by Kansas to the National Institute of Corrections. In December 1998, KDOC received notice that the application had been accepted as a project site.

Project Description

Strategies developed in the plan included comprehensive and intensive drug testing of inmates, the use of technology that enabled the establishment of a zero tolerance policy; the use of advanced technical equipment to screen visitors, staff and inmates at entry points for drugs; increased searches of the grounds utilizing canines; and development of an enhanced screening program for packages entering the facility.

Urine Testing: The urine testing enhancements provided by the grant funding included the implementation of a more reliable testing procedure: increasing the total number of tests run, and identification and targeting of chronic drug users for enhanced testing.

Prior to implementing the grant plan, THC was the only drug tested for on a regular basis at HCF. A minimum of 8 percent of the population was being tested on a monthly basis, in accordance with departmental policy. While there were no indications that other drugs were present, no specific data was available to confirm or belie this belief. Testing was done using an on site testing kit. If an inmate tested positive using this method, another staff person retested the same sample with the same type of kit as a “confirmation” test. If the results were again positive the inmate was subject to internal disciplinary sanctions. Although this testing method did identify some drug usage, intelligence information suggested that much drug usage went undetected.

In an attempt to further identify illicit drug usage, drug-testing equipment capable of providing a qualitative testing method to the strictest tolerances for initial screening was sought. The system that was selected (Syva Emit) provided for the detection of illicit drug usage at the most stringent tolerances supportable by current science. Further, the equipment was capable of testing each sample for 6 different types of drugs. For confirmation of positive samples identified through this method the sample was tested using GC/MS methodology.

During the two years prior to the grant award, an average of 136 samples per month were tested. Over the course of the three (3) year grant period, an average of 322 inmates being tested per month.

Prior to the grant award, little targeted testing was being done. Over the course of the project, inmates who tested positive for use of substances were subjected to quarterly retesting until they had remained drug free for 12 consecutive months. The purpose of this intervention was to identify the chronic abusers within the population, and to send a straightforward message of a zero tolerance policy. Enhancements in disciplinary sanctions accompanied the enhancements in testing. The maximum allowable penalties under the disciplinary code were imposed on the inmate testing positive for drug usage, discovered to be trafficking in drugs, refusing to provide a urine sample, or other drug related offenses.

Searches: The second area of intervention addressed the need for enhanced screening on visitors, staff, packages, and other articles entering the facility as well as in the frequency of searches being conducted on inmates and facility grounds. This was

accomplished through the use of an increased canine presence; and the use of ion spectrometry equipment; and the use of backscatter X-ray equipment.

Prior to the grant period, the amount of time dedicated to facility searches by canine units was minimal. The project included the addition of a full time canine unit with the sole purpose of searches and drug interdiction. Accordingly, it was possible to increase the frequencies of searches being conducted on visitors, staff, inmates, and vendors entering the facility, as well as for all deliveries of goods. During the course of the project the K-9 unit conducted a total of 32,795 visitor, inmate, staff and area searches at the facility.

During the course of the project, each visitor at the facility was required to pass some type of drug screen before being allowed to come in contact with inmates. These screenings were accomplished through the use of two (2) ion spectrometers and one backscatter X-ray machine. Each visitor entering the grounds of the prison was required to pass an ion spectrometer screen or canine screen prior to admission. If an alert occurred, the visitor was searched either by strip search or back scatter search X-ray, as well as a canine search of their vehicle. If all of these searches did not produce any contraband drugs, the visitor was allowed to visit under non-contact conditions. At future visits, if the person passes the series of screenings the visitor was allowed to continue contact visiting. In cases where contraband was found, the visitor was arrested and permanently barred from visiting within any correctional facility in the state. If a visitor refused any element of the search, they were removed from the facility and banned from visiting at any facility for a minimum of 12 months.

During the course of the evaluation period, 34,349 searches were conducted on visitors, staff and inmates with the ion spectrometers. 119 Strip searches and 107 backscatter searches of persons were conducted in association with canine and ion spectrometer alerts. An additional 514 packages were inspected with the Back-Scatter X-ray technology during this time period.

Training: Prior to the project, drug interdiction training was provided to investigations staff, perimeter control points, canine units, special security teams, drug testing officers, and key supervisory staff.

During the course of the project all staff and contract workers received training specific to drug identification. A training program containing information about typical behavior associated with use, known methods of contraband introduction, and how the key components of the facility's interdiction have been implemented. This training program is designed to provide all staff with tools to develop intelligence regarding drug trafficking, and to reinforce the notion that all staff must be actively involved in the interdiction efforts of a facility.

Intelligence Gathering: Prior to the project, little was being done in the area of mail or telephone monitoring. During the course of the project, mail monitoring in its current state was initiated early in the evaluation period (March 1999), while the phone monitoring equipment was not installed until April 2000.

During the course of the project, telephone monitoring equipment capable of recording every inmate phone call made within the facility was procured. Each call was recorded to CD ROM for archiving. Calls to be monitored are determined by intelligence staff. Telephone monitoring proved to be one of the most useful tools available. In

addition to drug information, details of other types of crimes including a conspiracy to commit murder and escape plans were uncovered and relayed to the appropriate law enforcement agencies. Mail of those inmates identified as potential drug traffickers was read by investigative staff.

Methodology

Several data elements were examined for potential impact of the various drug interdiction strategies. Impact-outcome variables included positive drug rates, incidents of staff batteries, incidents of inmate batteries, and use-of-force incidents. Each of these variables were tracked over the period of the drug interdiction project. Positive urinalysis rates are available for a period of 4.5 years prior to 2001.

Results

Kansas Chart 1 (see Appendix) depicts the monthly rate of positive urinalysis tests for the time period beginning July 1996, and ending December 2001. The dates of implementation of project interventions are also noted for reference. The data reflects a four and one half year decline in the rate of positive drug test results. Prior to initiation of intervention efforts, the rate of positive drug tests varied widely. Immediately following implementation of the project drug testing strategy, there was a marked increase in positive test results, followed by a decrease. This increase coincides with the implementation more stringent drug testing standards. The low rates remain as of this writing. (March '02)

Kansas Chart 2 (see Appendix) depicts the monthly rate of positive urinalysis tests for the period of the project. As noted in Kansas Chart 1, the data reflects that the rate of positive drug tests varied widely. As in Kansas Chart 1, immediately following

implementation of the project drug testing strategy, there was a marked increase in positive test results, followed by a decrease. This increase coincides with the implementation more stringent drug testing standards. The low rates remain as of this writing.

Kansas Chart 3 (see Appendix) depicts the monthly number of incidents of battery of staff members by inmates through the duration of the project. The data reflects that there was a decline in the number of incidents in which inmates battered staff during this time period.

Kansas Chart 4 (see Appendix) depicts the monthly number of incidents of battery of inmates by other inmates during the project. The data reflects that there was a decline in the number of incidents in which there was a report of battery of an inmate by another inmate.

Kansas Chart 5 (see Appendix) reflects the monthly number of incidents in which staff found it necessary to use force to regain control of inmates within the correctional facility. The data reflects that there was a decline in the number of these incidents throughout the period of the project.

Kansas Conclusions

The impact of Kansas' project was much as anticipated. There was an increase in the number of inmates producing urine samples that tested positive for illicit substances. This was to be expected given the lowered detection threshold established for the project. The increased rate of positive tests noted in September 1999 corresponds with the implementation of this intervention. It was further anticipated that as the inmate population gained an understanding of the new standards, behavior patterns would be

modified, and the number of positive tests would decline. To date, the positive drug test rate remains the lowest of any time period on record, while maintaining the most stringent of standards for drug testing procedures.

Outcome indicators pertaining to batteries of inmate on employee violence, inmate on inmate violence, and aggressive behavior of inmates toward staff all showed declines during the period of time corresponding with the project.

It was recognized that prison populations are neither static, nor homogeneous. It was also recognized that any behavioral research of prison communities will be, to some extent, contaminated with uncontrolled variables, both known and unknown. Nevertheless, it is important not to overlook the fact that over the duration of the project, there was a marked improvement in key indicators pertaining to safety of staff and inmates, and in the key indicator of illicit drug usage by inmates. On these merits alone, the project may be considered a success.

In addition to the data, anecdotal support for drug control efforts were gathered. With the increased searches of visitors, staff, inmates and facility grounds those persons involved in the drug trade were constantly kept off balance. In several cases information was obtained by telephone and mail monitoring processes that many other persons were tempted to enter into the drug trade at the facility. However, the risks had increased to the point where they were unwilling to participate in this activity. It became evident that the search procedures that were implemented were visually intimidating to those considering introduction. One recorded telephone conversation between an inmate and a family member poignantly demonstrated this. The inmate was attempting to persuade one of his family members into bringing marijuana into the facility for him. The family

member told him in no uncertain terms that this was not going to happen. “The Warden has those machines in the gatehouse to catch us, no way am I going to try and get past them. He is serious about this and I ain’t going to chance it.”

New York

Need for the Program

Since 1996 the New York State Department of Correctional Services (NYSDOCS) has conservatively estimated that approximately 70 percent of the inmates under its custody have histories of alcohol or other substance abuse. Beyond this, the Department has maintained that even more problematic to the operation of the system is the use of drugs and alcohol by inmates during their incarceration. In an effort to eliminate substance abuse within the Department, NYSDOCS began the Drug Free State Prison Demonstration Project in calendar year 2000.

For inmates in the general population of New York State's seventy prisons, a three-part drug interdiction policy consistent with the philosophy of the National Institute of Corrections (NIC) was already in place. Specifically, NYSDOCS utilizes an extensive random inmate drug-testing program supplemented by intelligence gathering measures, visitor and package search procedures and the use of canine units. Consistent with the second prong of the drug interdiction policy, sanctions are imposed upon inmates receiving drug misbehavior reports. Finally, substance abuse treatment programs are offered for those inmates with identified needs. Institutional treatment programs are intended to reduce the demand for illegal drugs both in prison and following the inmates' release to their communities.

The impetus for this project was the identification of a sub-population of inmates for whom the existing interdiction strategy appeared not to be working. These inmates were receiving repeated drug related misbehavior reports resulting in numerous and lengthy periods of confinement in Special Housing Units (SHUs). Using VOI/IS funds, NYSDOCS recently constructed nine 200-bed SHUs in which inmates are locked down in double-cells for twenty-two hours per day. A review of the inmates housed in one of the new SHU200 units prior to this demonstration project indicated that over one-third were being disciplined for drug use, drug possession, or failure of drug tests while they were incarcerated. The target population of "hardcore drug users" were cycling in and out of SHU indicating that although detection was working, punishment was clearly not. Exacerbating the situation was the fact that these inmates spent little time in general population where they could take advantage of existing substance abuse treatment. Therefore, an effective demand reduction strategy was missing for this population of inmates.

Program Description

To fill this void, the Pilot Workbook Program was conceived to provide substance abuse treatment to the hard-core drug users housed in SHU for drug related violations. The program consists of two main components. First, inmates serving SHU time complete an introspective three-part, cell study workbook entitled, "Time to Think About Change." This phase of the program, which runs between fourteen and sixteen weeks, is intended to prepare participants for subsequent substance abuse treatment. Consistent with the Department's Alcohol and Substance Abuse Treatment (ASAT) philosophy, the self-study workbook helps inmates begin to develop familiarity with and competency in

the nine areas believed critical to achieving and maintaining a drug-free lifestyle. A dedicated ASAT counselor interacts with participants to ensure that they are treatment-ready upon completion of this phase.

Following successful completion of pre-treatment and SHU time, inmates are afforded priority placement into one of the Department's sixteen Residential Substance Abuse Treatment (RSAT) programs. RSAT is six to twelve months in duration and represents the second component of the Pilot Workbook Program.

Originally, NYSDOCS designed the demonstration project for two sites, the SHU200 units at Greene and Mid-State correctional facilities. The program was implemented at Greene in June 2000 and at Mid-State in August 2000. At these facilities, the program operates in one gallery of the SHU, with twenty-six beds in thirteen program designated cells. Inmates sent to SHU for drug related disciplinary infractions lose "good time." Inmates who successfully complete the pre-treatment component at Greene or Mid-State followed by the RSAT program earn a discretionary review by the facility Superintendent for the restoration of their good time.

The original plan was amended to include Upstate Correctional Facility as a comparison site in which the incentive of restored good time is not available. At Upstate, which began operations in May 2000, participants are scattered in double-celled SHU beds across multiple buildings in the facility. The capacity of the program at Upstate has fluctuated between 26 and 40 beds.

In 2001, NYSDOCS received additional funding from the New York State Department of Education to supplement the pre-treatment component at Greene Correctional Facility with substance abuse and recovery videos to be broadcast over a

closed circuit television system. In August 2001, video monitors became operational in all thirteen program designated cells. The SHU ASAT Counselor at Greene, with the assistance of Central Office Substance Abuse Services staff, designed and implemented a daily video schedule to enhance the workbook curriculum.

Several issues arose early in the program implementation that indicated a comprehensive strategy was necessary to ensure the proper flow of inmates through the program, particularly at three pivotal transition points. The first is program entry upon determination of eligibility, when movement to a participating facility is required. The next transition point occurs upon successful completion of pre-treatment, when transfer to an RSAT facility and actual RSAT enrollment take place. The last pivotal point in program operation is the successful completion of RSAT, when a discretionary review must be held for the restoration of good time for Greene and Mid-State participants.

At these intervals in particular, the program requires coordination among several divisions and many facilities within the Department. Substance Abuse, Research, Classification and Movement, and Security staff needed to collaborate on a series of operational decisions and logically divide the ensuing tasks. A policies and procedures document has been created to formalize these decisions and tasks as well as general program operation. This document will serve as a guideline for the Department upon adoption of the program on a larger scale following the conclusion of the pilot project.

Evaluation Methodology

NYSDOCS is currently conducting both an outcome and a process evaluation of the Pilot Workbook Program. The primary expectation of the program was to reduce drug use during incarceration by a target group of inmates serving SHU time for drug

misbehaviors. Additionally, it was anticipated that the program would reduce other prison misconduct by participants and would begin to change their attitudes toward substance abuse and criminal behavior in a progression toward a drug-free and crime-free lifestyle.

Accordingly, the principle outcome measures being examined are frequency and severity of drug and other infractions recorded on the Department's mainframe computer system. These disciplinary events will be analyzed both pre- and post-program experience for participants and will be compared to those committed by a comparison group of similar inmates. As part of the outcome analysis, drug-testing results available for pilot participants and comparison inmates will also be examined. The Department electronically maintains drug-testing data, which includes the results of random tests as well as tests requested "for cause".

Additionally, for each program participant, treatment readiness as well as attitudes toward substance abuse and criminal behavior are measured before and after the pre-treatment component of the program. Specifically, each participant completes a variation of the Jesness Attitudes Scale, the SOCRATES Alcohol Questionnaire, the SOCRATES Drug Use Questionnaire and the Simplified Screening Instrument (SSI) at these two points in time. Attitude questions provided by Dr. Holsinger were also included in the survey package. Scores on these instruments are being entered on a database and will be compared pre- and post-program to determine whether the expected increase in treatment readiness and improvement in attitudes are observed.

Finally, other data have been collected on the participant group that include: history of substance abuse and treatment, employment and income information, length of time in the program and amount of good time restored. These and other demographic data

available on the Department's mainframe databases (ie. age, ethnicity, criminal history etc.) will be incorporated into the analysis to determine what if any impact they may have on outcome.

As part of the process evaluation for the implementation of the Pilot Workbook Program, Research staff have begun to conduct inmate interviews about the value of the program focusing on issues pertaining to program content and implementation. Topics covered in the interview include: motives for program participation, workbook content and format, interaction with staff, mental health service utilization, academic cell study programming, visitation, and previous experiences in SHU and with substance abuse treatment.

To date, five inmates who completed the SHU pre-treatment component of the program at Greene or Mid-State and were awaiting transfer to an RSAT facility have been interviewed. Additional interviews are planned for all of the program sites. Research staff are currently in the planning stages for another series of inmate interviews that will target those who have completed both phases of the program. These interviews will cover the same topics but expand the focus to the value of the Pilot Workbook Program in its entirety.

A second part of the process evaluation will consist of staff interviews about program content, implementation and value. It is expected that these interviews will commence during the next project quarter. Staff to be interviewed will include ASAT counselors, facility security staff at multiple levels and facility administration.

Finally, Research staff are currently in the process of determining the availability of facility level records that may provide valuable insight into the impact of the program

on the environment within the Special Housing Units. Facility security staff have begun to identify a variety of documentation that may depict the mood and functioning of the SHU both prior to and during program implementation.

Data Analysis

a. Tracking Participation

Inmates' participation in the Pilot Workbook Program is tracked in detail in New York Tables 1, 2 and 3 (see Appendix). To date, two-thirds of the inmates who entered the Pilot Workbook Program were successful in completing the pre-treatment phase. It is too early to project a success rate for the full program, which would include completion of the RSAT component. Through March 25, 2002, 74 inmates have successfully completed both components of the pilot program.

As indicated in Table 1 (see Appendix), 566 inmates have used the pre-treatment workbook across the three SHU sites. Of these, 377 (67%) have successfully completed the SHU pre-treatment component of the program, 77 (14%) are currently active in the SHU pre-treatment program and 112 (20%) failed to complete SHU pre-treatment program requirements.

As shown in Table 2 (see Appendix) of the 349 inmates who completed the pre-treatment Component and completed their SHU time, 228 (65%) entered RSAT, 32 (9%) are pending RSAT enrollment and 89 (26%) never entered RSAT. Twenty-seven participants (8%) never entered RSAT because they refused the program, 15 (4%) had insufficient time remaining in DOCS custody to complete the program and 47 (14%) failed to enter RSAT because they received misbehavior reports that disqualified them. As seen in Table 3 (see Appendix), of the 228 participants who were enrolled in RSAT,

74 (33%) have successfully completed the program, 89 (39%) are currently active, 3 (1%) were administratively removed but are pending re-admission into RSAT and 62 (27%) failed to complete the program.

b. Preliminary Evaluation Analysis

Preliminary analysis of the inmate-based evaluation data examines information collected from the 377 inmates who successfully completed the pre-treatment component of the pilot project as of March 25, 2002 (see Table 1). Data cleaning and data entry of both pre- and post-program questionnaires have been completed for about 300 of these inmates. The number of cases currently available for specific pre/post comparisons (i.e., for SOCRATES or Attitudes) varies based on the number of inmates who answered the relevant questions in both the preprogram and post-program package.

While it was originally planned for all participants to submit a completed post-program data package, in all but a handful of cases, counselors were not able to get post-program information from inmates who failed to complete the pre-treatment part of the pilot. Pre- and post-program comparisons of scores on the Jesness, SOCRATES, and SSI instruments will therefore be limited to inmates who completed the SHU pre-treatment component. However, for both program failures and successes, disciplinary and drug-testing data will be available pre- and post-program participation. Disciplinary data will also be available for a comparison group of SHU inmates who did not participate in the Pilot Workbook Program.

Results from preliminary analyses are promising. Initial examination of the attitude questions show interesting pre/post differences that are indicative of program impact.

For example, before participating in the Workbook program, 65 percent of the inmates reported that they would blame a man who broke someone's nose if the man was very drunk when he threw the punch ("Robert was drunk"). After completing the pre-treatment component of the program, the percentage of inmates who would not excuse Robert because he was drunk increased to 76 percent. Similar pre/post differences were found in the case of "Cheryl", who took money from the restaurant where she worked. Before the program, 70 percent of the inmates blamed Cheryl for taking the money even though Cheryl was an addict; blame increased to 83 percent after program completion ("Cheryl was an addict.").

Another interesting finding involved the statement "Most people that are ahead in life have broken the law in order to get there." Before participating in the program, 31 percent of the inmates agreed with this statement. After completing the program, only 22 percent agreed. Comparable pre/post differences were found for most of the Attitude questions in the section, and preliminary analyses found most of the differences to be statistically significant at the .001 level.

Our initial analyses of SOCRATES for drug abuse also proved interesting. Average (mean) scores among inmates who completed pre-treatment increased from pre-program to post-program on the predicted scales -- Determination, Action and Maintenance. The biggest difference was found for Determination, which could have been expected because the first phase of the program is designed to prepare inmates for meaningful participation in group treatment. More than half of the inmates increased their scores on the Determination, Action and Maintenance scales after participating in the pilot program.

Similarly, SOCRATES scores on Miller's "underlying processes" also indicated changes in a positive direction between pre- and post-program. Table 5 indicates that the mean score on Ambivalence decreased (although only slightly), but Taking Steps and Readiness scores both increased. Almost two-thirds of the program participants increased their Readiness and Taking Steps scores after completing the pilot.

Average (mean) pre-program SOCRATES scores were also used to compare SHU pretreatment graduates and failures, to see whether SOCRATES scores may predict program outcome. Preliminary results indicate that graduates tended to score higher than program failures on all but the Precontemplation scale, although the differences are not large and have not yet been tested for statistical significance.

New York Conclusions

Program Impact: These preliminary results of the Attitude and SOCRATES data are encouraging and seem to indicate positive program impact on attitudes and treatment readiness on a particularly hard-core group of addict-inmates. Further analyses will be conducted to investigate different ways to consider the data, to explore relationships between treatment readiness and attitudes, and to assess the impact of treatment readiness and attitudes on prison behavior. Additional analyses will also be performed using data from the Jesness Attitudes Scale and the SSI. Demographic and criminal history data will also be incorporated.

To assess prison behavior through misbehavior reports and drug-testing results (our primary outcome measures), an extensive level of computer programming routines needed to be developed to convert the Department's operational database of disciplinary incidents into a file useful for research purposes. The protocol for such analyses has been

developed. Preliminary results, which require further testing before dissemination, are quite encouraging regarding the impact of the pilot program.

The evaluation timeline for the pilot project was presented in our February 15, 2001 letter to Dr. Holsinger regarding our request for a no-cost extension to the pilot project, which was granted by NIC. Based on this timeline, the full evaluation will be conducted after September 30, 2002, when data collection for the pilot project will end. Preliminary data analyses and evaluation methods developed now will be applied to the complete group of inmates, as well as appropriate comparison inmates, in the full report provided to NIC.

Florida

Project Description

The Florida Department of Corrections envisioned an ambitious, three-pronged strategy to reduce drugs in the prison system (known collectively as STRIDE):

1. Enhanced Inmate Visitation Screening and Tracking
2. Targeted Drug Testing and Interdiction
3. Development of an Integrated Criminal Intelligence System

Enhanced Inmate Visitation Screening and Tracking: The Department's goal was to have a dynamic automated system that enhances the gathering of visitor intelligence, standardizes visitor application review, and stream-lines the entry and exit of visitors through the secure perimeters. To that end, the department pursued major operational and policy changes.

To enhance standardization of the application review process, the Central Visitation Authority developed approval standards and guidelines. The newly developed Visitor Screening Matrix includes factors such as arrest, primary felony convictions, relative misdemeanor convictions, prison incarcerations, felony supervision, prior visitor violations, and other factors. This enhanced information is now used to directly inform the decision whether or not to approve an individual for visitation status. This matrix, along with an Automated Visitor Registration system, and a Biometric Reader at each institution in the Florida system serves to reduce the number of non-approved individuals who will enter into the institution for visitation purposes.

Enhanced Drug Interdiction: In addition to enhanced technology surrounding visitation policies, the Florida Department of Corrections enhanced existing drug interdiction efforts through the purchase (in 1999) of a second Ion Spectrometer (manufactured by Ion Track Instruments). This greatly increased the department's capability of performing scans for illicit narcotics on visitors, staff, and inmates. The department provided the funding to pay for four additional senior inspectors and 20-25 security staff members to man a second interdiction team. Each team would conduct approximately four unannounced interdiction operations per month. These operations consisted of processing each visitor and staff member coming into the institution with the Itemizer in addition to using a narcotic canine to conduct an inspection of each vehicle entering onto the department's property. For the three year period 1999-2001 these operations resulted in the arrest of 168 individuals for the possession and/or introduction of narcotics at correctional facilities.

In August of 2000, the department implemented the first full-time narcotic K-9 program. Prior to this time the agency was utilizing K-9's from the Florida Highway Patrol and part-time K-9 teams from various department institutions around the state. The implementation of a full-time team allowed the agency to standardize training and certification of the dog/handler teams. In addition, these teams work narcotics exclusively and devote all of their training to specific types of narcotic searches (vehicles, buildings, and areas). The addition of narcotic K-9 teams has been the perfect complement to the drug interdiction program, enabling vehicles and property to be searched, whereas the Itemizer is used to check persons.

Additional operations, utilizing the Itemizer machines, are conducted on inmate work squads. These operations consist of locating and processing inmates with the Itemizer while they are at their job sites. Inmates indicating positive for illicit substances are transported back to the institution and given an on-site drug test. These operations are not only designed to intercept illegal narcotics that an inmate may be attempting to conceal and bring into an institution, but also as a deterrent to any inmate who may be considering this action.

Most recently STRIDE project funds were used to purchase drug-testing devices (which are used to perform a presumptive test of substance believed to be illegal narcotics), digital cameras to photograph evidence to be maintained in the case file for use in legal proceedings and portable radios to enhance communication between team members during interdiction operations.

Integrated Criminal Intelligence System: The department hired a Criminal Intelligence Analyst on April 16, 1999 in support of the STRIDE project. The

Department successfully recruited a retired Army Intelligence Analyst with 25 years of intelligence experience. The focus of the analyst position is to conduct intelligence analysis utilizing the techniques of compilation, evaluation, link analysis, and intelligence dissemination as well as coordinating development of enhanced criminal intelligence software.

The Criminal Intelligence Analyst is assigned to the Security Threat Intelligence Unit of Classification and Central Records. The analyst actively integrates all the disciplines of the STRIDE module on a daily basis. In the arena of Security Threat Intelligence, the analyst reviews over three hundred documents daily for the presence of gang, drug, escapes, disturbances, assaults, murders, and other illegal activities within the prison setting. The analyst also performs criminal background searches on prospective visitors who had a showed propensity for gang affiliation.

The analyst is required to coordinate inter and intra state information pertaining to criminal activity, inmate/offender disruption, criminal movement, perform detailed research of criminal investigations on subjects, offenders and documents related to ongoing criminal activities of gangs, organized crime, terrorism, and inmate/offender disruptions.

Lastly, the analyst prepares and presents oral briefings, reports, intelligence assessments, threat assessments and threat index reports used by the agency to evaluate investigative and operational priorities.

The three-tiered STRIDE effort outlined above has served as Florida's drug interdiction strategy that has been implemented across seven institutional pilot sites.

Methodology

The seven pilot institutions were compared to other institutions across several different measures of drug use. In addition, due to the nature of the inmate population under consideration other analyses were conducted comparing “Security Threat Group” (or, STG) inmates to Non-STG inmates for many of the same data elements.

Specifically, urinalysis was the primary focus of the outcome data for the Florida study, although drug-related disciplinary reports, and drug-related management information notification system incidents were examined as well. Data were presented on a monthly basis for the three-year project period.

Results

Over the three year project period, Florida Chart 1-1 (see Appendix) shows a higher UA positive rate of random drug tests for the Pilot sites until approximately May of 2000. From that point until January of 2002, the positive rates for Pilot sites are more similar to all other institutions in the Florida Department of Corrections. It should be noted however that during the period from May 2000 to January of 2002 the positive UA rates are highly unstable for the Pilot institutions.

Florida Chart 1-2 (see Appendix) compares Security Threat Group (STG) inmates to Non-STG inmates regarding positive rates for randomized drug tests. In general the STG inmates appear to have substantially higher positive UA rates for randomized tests, although there is a large amount of fluctuation in STG rates compared to Non-STG rates.

Regarding for-cause drug testing, not surprisingly the data appear to show relatively similar rates of positives tests when comparing pilot sites to non-pilot sites. As

displayed in Chart 2-1 (see Appendix) while the pilot sites may have slightly higher positive rates for for-cause testing, the trend lines follow a very similar course.

When comparing STG inmates to Non-STG inmates regarding for-cause testing, again a high amount of fluctuation is observed in the STG inmate group (see Appendix for Chart 2-2). In addition, the STG for-cause testing is substantially and fairly consistently higher than the Non-STG inmate group. Incidentally, the most frequently detected drug was marijuana/THC, with approximately 84 percent of positive tests showing positive for that drug.

Chart 4-1 (see Appendix) compares Pilot sites to Non-Pilot sites regarding drug related disciplinary reports. The Pilot sites appear to have a substantially higher rate of drug-related disciplinary reports when compared to Non-pilot sites, although the trend lines come together starting in September of 2000. In addition, there is a substantially larger amount of variation in the trend line representing the Pilot sites.

Chart 4-2 (see Appendix) displays the rates of drug related disciplinary reports issued for STG inmates compared to Non-STG inmates. Throughout the analysis period, the STG inmates had a substantially higher rate of drug-related disciplinary reports, although than Non-STG inmates. In addition, there is a much higher amount of variation during the study period for STG inmates regarding this outcome variable.

Chart 5-1 (see Appendix) compares contraband incidents for Pilot sites and Non-Pilot sites over a portion of the project period (from September 2000 to January of 2002). The raw number of contraband incidents is substantially higher for all other institutions when compared to the Pilot sites involved in the study. While this appears encouraging regarding the success of the various drug interdiction efforts, compared to the previous

analyses, it would appear possible that while the raw number of contraband incidents may be lower, drugs are still entering into the prison environment causing generally higher positive UA rates across the pilot institutions.

Similar to Chart 5-1, Chart 5-2 (see Appendix) presents the drug-related contraband incidents for the same project period, but compares STG inmates to Non-STG inmates. Again, the number of contraband incidents is substantially higher for the Non-STG inmates. This further supports the notion that something must be causing the positive urinalyses that are observed in previous analyses.

Florida Conclusion

Due to the geographic position of Florida, the state is arguably a gateway for drug-related contraband to enter into the United States. It stands to reason that Florida's prison system is quite literally on the front lines of institutional drug interdiction. The Florida Department of Correction chose a relatively unique approach in placing such an emphasis on intelligence gathering and information networking as a drug interdiction strategy. While this strategy is undoubtedly of benefit both for security threat recognition as well as other administrative functions (i.e., the ease at which regular approved visitors can enter and leave the institutions), it is also likely that it will take more time for actual drug interdiction benefits to be revealed. Specifically the positive urinalyses and drug-related disciplinary actions for the Pilot sites should drop to approximately equal levels with the comparison group if indeed the efforts are to be judged effective.

Overall Conclusions

The above report presents results (in some cases preliminary) for five of the eight original State sites involved in the National Institute of Corrections Drug Free Prison Zone Project. Many different types of projects were employed, in many different ways. Unfortunately the data that were present concentrated mostly on trends examining one or two variables simultaneously, and often in aggregate (i.e., yearly) fashion. While results presented in this fashion were beneficial and useful in displaying effects of the drug interdiction efforts in some cases, it did not allow for statistical control, or the investigation of other potential impacts. Regardless, several things can be gleaned from the research efforts outlined above:

- Drug interdiction is a highly valuable organizational goal, and can be greatly enhanced by the use of technology, provided the technology is implemented appropriately and with integrity
- While several of the State sites used similar technology, implementation is indeed key. For example, the states of Kansas and California appear to have reaped the most benefits from their technological implementation. In both of these sites, the dedication of the staff and professionalism of the training effort appear to have been key to the success.
- While drug treatment, and the preparation for that treatment (i.e., treatment readiness) are important correctional functions, it is not yet possible to determine whether or not placing much effort toward these functions under the guise of drug interdiction is wise. More time, data, and careful analyses are necessary to determine what effect if any is realized from the treatment-

readiness activities occurring in New York. While the preliminary results presented do indicate some change on the measures of treatment readiness there are several more hurdles for the inmates to clear. For example, the inmates who are being readied for treatment now have to: enter into treatment; complete that treatment successfully; enter back into general population; resist drugs and general ‘trouble’ for the remainder of their stay in prison; remain drug-free post-release.

- Similarly, the verdict may yet be out regarding the effectiveness of a different type of technology – specifically the efforts going into Florida’s STRIDE project represent intelligence gathering, in addition to some enhancement in actual physical drug detection and interdiction. As mentioned above, the actual impact of such a large-scale and varied technological implementation may take some more time to be realized. As it currently stands, the pilot sites who have been experiencing and using the new technology appear to have yet higher rates of positive urinalyses than Non-pilot sites.
- The State of Maryland’s emphases, while involving some technology also diversified into education and drug treatment. It is difficult to determine what the trend-lines are like based on yearly data (monthly data from all the sites had been requested for inclusion in the individual site reports). Some success was observed, particularly when examining the by-year randomized rates of positive for drug tests, as well as the cocaine-specific drug tests. As mentioned above it is not yet possible to glean meaningful results from the

treatment and education components of the project. It is possible that if the resources dedicated to those two components had been re-allocated for hard-style drug interdiction activities and technology, the results would have been more easily observable.

The primary lesson learned from these pilot analyses appears to be relatively clear: drug interdiction efforts are most effective when they involve advanced technology such as ion spectrometry and K-9 units with capable handlers, and when those efforts are implemented in a concentrated fashion with a high level of integrity. Based on the limited analyses presented above, when other activities, while innovative and unique, begin to be considered to have even an indirect effect on contraband entering a facility, results appear to wane, or, become undetectable.

Should additional resources and efforts be placed toward drug interdiction within the United States' prison system, it is recommended that those efforts utilize existing technology and dedicate efforts toward activities that will yield the most results. The religious and systematic scanning of inmates, visitors, and mail packages in a concentrated fashion appears to have an effect on the amount of drug material entering a secure facility as measured by rates of positive urinalyses as well as other indicators. These effects were observed in the State projects above that stuck to the primary goal of drug interdiction – i.e., directly aiming toward keeping drugs from entering facilities.

Florida Appendix

Kansas Appendix

New York Appendix